



Department of Mental Health

PO Box 2087
Merced, CA 95344

MENTAL HEALTH SERVICES ACT

PREVENTION AND EARLY INTERVENTION THREE – YEAR PROGRAM AND EXPENDITURE PLAN

IN ACCORDANCE TO THE
DMH PROPOSED GUIDELINES: ENCLOSURES 1-6
RELEASED SEPTEMBER 2007

**FINAL DRAFT FOR REVIEW BY THE
MERCED COUNTY BOARD OF SUPERVISORS**
FIRST POSTED DATE: AUGUST 4, 2008

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

ACKNOWLEDGEMENTS

The Department of Mental Health wishes to thank the many consumers and their family members who gave their time and energy to this process. Their words of wisdom and stories of optimism, wellness, resiliency and recovery have shaped every component of this plan.

In addition, DMH wishes to recognize the contributions of the members of the Planning Council who helped guide the development of the planning process and the creation of this plan.

Prepared by Resource Development Associates

With Mental Health America, Central Valley

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PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

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PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE
PLAN FACE SHEET (FORM # 1)

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

Form No. 1

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

County Name: Merced	Date:
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COUNTY’S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):

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AUTHORIZING SIGNATURE

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

Signature _____ Date _____

County Mental Health Director Date

Executed at Merced, California

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PEI COMMUNITY PROGRAM PLANNING PROCESS (FORM # 2)

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

County: Merced

Date: July 31, 2008

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

Frank Whitman, Director of Merced County Department of Mental Health (MCDMH) spearheaded the overall community planning process. Mr. Whitman convened the Planning Council that reviewed findings and made formal recommendations for Prevention and Early Intervention (PEI) efforts in Merced County.

Iris Mojica de Tatum, Administrative Operations Manager at MCDMH, was responsible for day-to-day planning activities. Ms. de Tatum was supported in her efforts by Resource Development Associates (RDA), a consulting firm with 25 years experience planning public mental health systems, and Mental Health America of the Central Valley (MCA-CV), a non-profit education, advocacy, and support organization for individuals and family members with mental health issues.

The overall community planning process involved several key components:

- Planning Framework and Design, Kayce Rane, RDA
- Convening the Planning Council, Frank Whitman, Director of MCDMH
- Community Outreach and Engagement, Dave Weikel, MHA-CV
- Community Assessment of Needs and Assets, Kayce Rane, RDA
- Research into Evidence Based Practices, Patricia Reyes, RDA
- Developing Consensus on PEI Approaches, Kayce Rane, RDA

b. Coordination and management of the Community Program Planning Process

Kayce Rane, of RDA, with oversight from the Merced County Department of Mental Health coordinated and led the PEI planning effort. RDA has worked with mental health departments throughout California in efforts ranging from developing permanent supportive housing for mentally ill homeless individuals, treatment planning for co-occurring disorders, and creating data sharing policies and tools between juvenile mental health and probation units. RDA also conducted San Francisco's Community Services and Supports planning process.

Using county staff experience and expertise, Ms. Rane developed and implemented a community-wide outreach and engagement strategy that reached across the County

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and into different cultural population segments. Based on the findings learned through the outreach and engagement portion of the planning process, RDA implemented a community deliberation process designed to get input and buy-in on potential strategies for Merced County. A Planning Council made final decisions regarding proposed PEI funding strategies.

Under the direction of Mr. Whitman and Ms. de Tatum, RDA conducted interviews, convened community meetings, organized opportunities for targeted stakeholder involvement, and ensured that the community was aware of the planning process. MHA-CV, headed by Executive Director Dave Weikel, partnered with RDA to provide outreach and to help facilitate community participation. Mental Health America (the parent affiliate of MHA-CV) has a national reputation for mental health advocacy and is thoroughly invested in this mission throughout California's Central Valley Region. Mr. Weikel is actively engaged in regional and state conversations regarding the planning and implementation of mental health services and was able to bring that knowledge and experience to his outreach with community members through out the County. The consulting partnership of RDA and MHA-CV ensured that the planning process was appropriately staffed by individuals knowledgeable about the unique aspects of Merced County and the Central Valley.

All RDA and MHA-CV staff who participated in this planning effort were trained in the prevention and early intervention goals of the Mental Health Services Act. Additionally, both Mr. Weikel and Ms. Rane participated in the regular monthly teleconference to discuss PEI activities.

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

The Planning Council—made up of representatives of public agencies and non-profits, educators, civic leaders, consumers, and others representing the diverse interests of Merced County—reviewed all planning activities and was responsible for ensuring that the Planning Process was open to and inclusive of all stakeholders. For instance, when review of materials showed that Southeast Asian participation was low, the Planning Council recommended that an additional focus group be arranged to encourage more input from that target community.

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LIST OF PLANNING COUNCIL MEMBERS

Frank Whitman , Director	Merced County Mental Health Department
Iris Mojica de Tatum , Administrative Operations Manager	Merced County Mental Health Department
Tammy Moss , Deputy Director	Public Health Department
Kathy Hassett , Deputy Director	HSA: Family Services
Martin López Diaz , Poder Popular para la Salud del Pueblo Program Manager/ La Conexion -Farmworker Mobil Health Administrator	Golden Valley Health Center
Armida Oliveros , Educator	Spanish-Speaking ECE Providers
Susan Coston , Assistant Superintendent	Merced County Office of Education
Gaye Riggs , Assistant Superintendent	Merced County Office of Education
Noah Lor , City Council Member	Merced City Council
Ge Thao , Mental Health Clinician	Merced Lao Family
Julia Garcia , Representative	Wellness Center Advisory Board
Daniel Nielson , Deputy Director	HSA: Children and Adult Services
Christopher Jensen , Program Manager	The RAFT
Pat Highlander , Chief Probation Officer	Juvenile Probation
Linda Nicholas , Program Administrator	HSA: Older Adult Services

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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

Merced County has a unique demographic makeup, with very large populations of Latino and Southeast Asian immigrants who are at various levels of integration into the dominant culture. Each community has mental health needs that depend on such cultural factors as spirituality, family/social dynamics, and attitudes toward medicine and doctors/healers.

The lack of culturally competent care is part of a self-defeating cycle that can lead to isolation and distrust of public health systems. When people do not get care, they cannot recover, and when treatment is ineffective or inaccessible, people will not seek help. To engage and understand cultural nuances that factor into effective mental health care, the planning team made a significant effort to reach unserved/underserved populations. Merced County worked directly with organizations such as Golden Valley Health Centers (which serves a large Latino/Hispanic immigrant population) and the Merced Lao Family (a CBO that provides culturally competent mental health care and social services) in outreach efforts. Many components of the planning process such as focus groups, peer-to-peer interviews, and online surveys were conducted in Spanish, Hmong, and English. The needs assessment process was thus able to incorporate opinion on evidence-based practices from many members of unserved and/or underserved communities.

Demographic information was collected on all participants of the planning process. This demographic information was continuously reviewed to ensure that representatives of underserved populations were adequately represented. When indicated by low representation, the Planning Council requested additional outreach to specific target populations.

COMMUNITY PLANNING PROCESS DEMOGRAPHICS

	Planning Council	Focus Groups	Community Meetings	Key Informant Interviews
Consumer or Family Member	46%	47%	57%	63.1%
TAY Age 18-25	0%	14%	8%	0%
Older Adults Age 66+	9%	15%	0%	5%
White/Caucasian	55%	39%	53%	68%
Black/African American	0%	2%	5%	0%
Hispanic/Latino	27%	41%	32%	21%
S.E. Asian	18%	15%	5%	11%
Mixed Race/Other	9%	3%	5%	0%

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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 community planning process was designed to provide multiple opportunities to participate in the effort. Events accommodated various age groups and people representative of the many important demographics within Merced County, as described in the demographic table above.

Special meetings were set up to ensure that community members felt comfortable sharing their personal information. Three focus groups were conducted with transitional age youth, two with teen moms and one with young consumers and their parents. One very large discussion group, with approximately 25 older adults representing local senior groups concentrated specifically on mental health prevention and early intervention respective to aging.

Focus groups were conducted in multiple languages as well. Three focus groups were conducted in Spanish and one group was conducted in Hmong. Outreach materials were also translated into multiple languages to ensure that trainings on prevention and early interventions were culturally appropriate. A community survey was also posted on the MCDMH website in three languages.

Because of factors such as work schedules, transportation access, and age, planners held events in several population centers and accessible, familiar venues. Focus groups targeted key populations and were held in the City of Merced, Livingston, Los Banos, and Planada. Five separate groups were conducted in Los Banos including a meeting with community leaders, parents, and school administrators.

Key Informant interviews asked specific questions about the needs of the LGBT population and particularly of LGBT Youth. One Key Informant self-identified as a member of PFLAG. The demographic information collected on all meeting participants included a question about gender identification with the following choices: male, female, transgender. Copies of the demographic form and interview tool are in the appendix (pages 119 and 124, respectively).

Outreach for the planning effort was conducted broadly within Merced County in hopes to attract diverse participants to the planning process. Regular notices were sent to libraries, schools, clinics, the Boys and Girls club, the WIC office and other public locations in the hopes of attracting diverse members of the public. All non-profits identified in the community resource manual were also notified of the planning process. All agencies contacted were requested to post community newsletters and meeting flyers in public locations. Despite this outreach very little participation was noted from Punjab or Native tribe members of the community, both of whom represent less than 1% of the populations.

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More specific information about all of the opportunities provided for individuals to participate are described below.

1) *Community Newsletters on the Planning Process*

As part of the community outreach activities, Merced County distributed a series of monthly newsletters to individual residents and public forums. The newsletters served several functions:

- To inform the public of the Planning Process;
- To educate and provide information about public mental health and the Mental Health Services Act;
- To encourage participation from community members;
- To initiate dialogue about mental health issues; and
- To advertise the time, dates, and locations of all public meetings.

RDA distributed the newsletter via an e-mail outreach effort. All participants of any public meeting were sent the newsletter as an e-mail attachment. Recipients were encouraged to forward the newsletter to others in their agency or to distribute them to clients, friends, or family members in Merced County. Many agreed to post the newsletters on agency bulleting boards. Newsletters were also sent to all county libraries and all school districts with a request to post or distribute. The Area Agency on Aging sent the newsletter to all seniors in the county on their mailing list.

2) *Key Informant Interviews*

RDA staff conducted Key Informant interviews early in the planning process. Key Informants included individuals with leadership roles in the mental health field, such as public officials, directors of non-profit community organizations, and clinicians. They responded to questions about their involvement with previous MHSA planning efforts and PEI needs and mental health system challenges, and they offered suggestions for improvements to services and programming. An effort was made in selecting participants for the key informant interviews to ensure that those interviewed represented different demographic interest areas, including TAYS and seniors, Latino and Hmong, public and non-profit entities, consumers and family members.

A copy of the Key Informant questionnaire and list of interviewees is included in the Appendix. A summary of notable interview comments by issue area (Latinos, Older Adults, LGBT, etc) is also included.

3) *Focus Groups*

Focus groups are meant to provide a space for facilitated conversation among individuals with shared interests. The Planning Team conducted 20 focus groups centered on certain demographics and target populations such as recent immigrants,

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school administrators, juvenile justice, teen parents, and adult consumers and their caretakers.

Focus groups provide a unique opportunity for researchers to gather in-depth qualitative data. Information gathered in focus group conversations can be very personal, but is valuable to the planning process because of structured facilitation. Because of the confidential setting and emphasis on sharing personal experiences, the focus groups offered a unique look in to the lives of consumers and providers.

Focus groups were conducted by Iris Mojica de Tatum, Merced County Department of Mental Health; Kayce Rane, Resource Development Associates; and David Weikel, Mental Health Association of the Central Valley. Spanish and Hmong translators also participated in select focus groups (see appendix for a complete list of focus groups).

4) Community Meetings

The County of Merced held three community meetings through the course of the community planning process. These meetings were open to all community members. The County advertised community meetings through newsletters and extended more specific invitations to representatives of relevant organizations and departments. Each of the community meetings had a specific focus: Community Mental Health Needs (with a focus on consumers) (3/14/08); Adults and Older Adults (4/9/08); and Children and Transitional Age Youth (4/10/08).

The meetings began with an overview of mental health, MHSA and PEI. The participants then engaged in conversation with a facilitator about how new funding and programming could best engage the community and address identified problems.

Attendees were presented with information regarding a series of evidence-based practices sanctioned by the Substance Abuse and Mental Health Services Administration and the California Department of Mental Health, as outlined in MHSA protocol. Care was taken to inform participants of the cultural competence, resource efficiency, and target populations of the proposed evidence-based practices. Participants then showed support for individual evidence-based practices, and tallies were taken to reflect those preferences. This process not only informed and educated the public of the scope of PEI programming, but also gauged public opinion to report to the Planning Council for final review. A shuttle van also provided free transportation between the Wellness Center and the adult/older adult community meetings to help encourage consumer participation.

5) Children's Summit

The Merced County Children's Summit, an annual conference with the intent of developing a strategic plan for youth, provided a great opportunity to engage a large cross-section of the community. Approximately 250-300 community members, business leaders, elected officials, and health care providers attended. During the Summit, the

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planning team conducted three focus groups that dealt with issues relevant to children and transition age youth, including one in Spanish. Additionally, approximately 60 community members stopped at the Mental Health Department's information booth to learn more about the PEI planning process, provide input, and participate in a planning prioritization exercise. Materials at the information booth were provided in English and Spanish and a Spanish speaking planning team member attended the booth.

6) Community Surveys

A community survey was posted on the MCDMH website in English, Spanish, and Hmong. Invitations were sent to various community agencies asking them to please encourage their staff, clients, and constituents to complete the community survey. The Community Survey was also advertised in the Community Newsletter. Over 400 people responded to the Community Survey.

English Responses, 379

Hmong Responses, 31

Spanish Responses, 6

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

A concerted effort was made to involve consumers and their families directly in all stages of the planning process. Two focus groups were conducted with consumers and family members and were co-sponsored by NAMI and Challenge Family Resource Center. Consumers at the meetings noted their appreciation that the facilitator self-identified as the parent of a consumer and the sense of safety that was created to have honest conversations.

One community meeting was held next door to the Wellness Center, and consumers were invited to walk over and attend the meeting. At a second community meeting, a van was provided so that consumers at the Wellness Center could be transported to and from the event. Consumers and family members were invited to all appropriate focus groups and accounted for 41% of all focus group participants.

The Wellness Center also helped to facilitate a series of peer-to-peer interviews. Conducted in three languages (English, Spanish, and Hmong), peer-to-peer interviews provided a unique opportunity for consumers to interview consumers in a confidential setting. Ten consumer-interviewers attended the MHA-CV facilitated peer-to-peer interview training and 40 interviews were conducted. All consumer interviewers received a stipend for their activities. Consumers and transitional age youth who otherwise participated in the planning effort received gift certificates in appreciation of their involvement in the planning process.

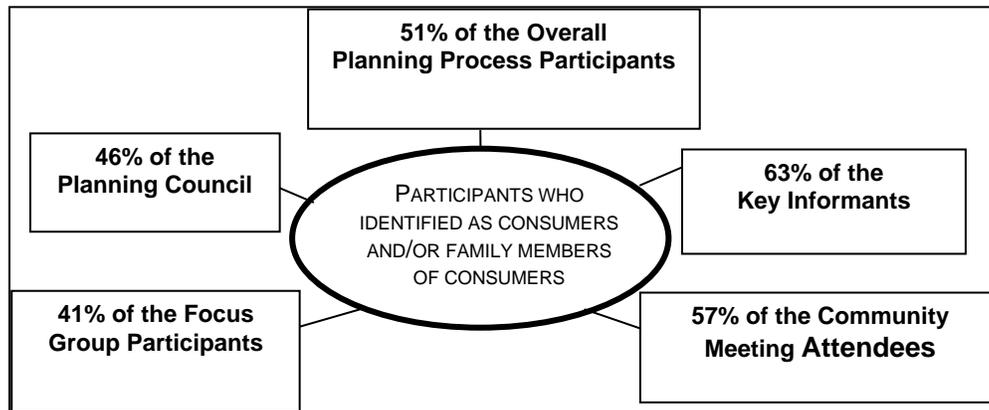
Consumer input and insight was sought at all levels of the planning process. Guiding this involvement was the consumer representative of the Planning Council, with years of

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experience in the public mental health system. Her insight and courage in sharing her stories with the Planning Council were instrumental in ensuring that all planning activities stayed meaningful to consumers and family members.

Overall, 51% of people involved in outreach and needs assessment activities self-identified as a consumer and/or a family member of a consumer.

CONSUMER AND/OR FAMILY MEMBER PARTICIPATION



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; and
- Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families.

All participants of the community planning process were asked to complete confidential demographic questionnaires and, when appropriate, provide contact and affiliation information. Gathering this data helped to ensure that the community planning process was inclusive of the target populations of Merced County. Continually reviewing the demographic information guided planning efforts, informing decisions about event planning and outreach.

As mentioned above, slightly more than half of all people involved in the planning process self-identified as consumers and/or family members of consumers.

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Consumer/family participation was especially strong in the key informant interviews and community meetings.

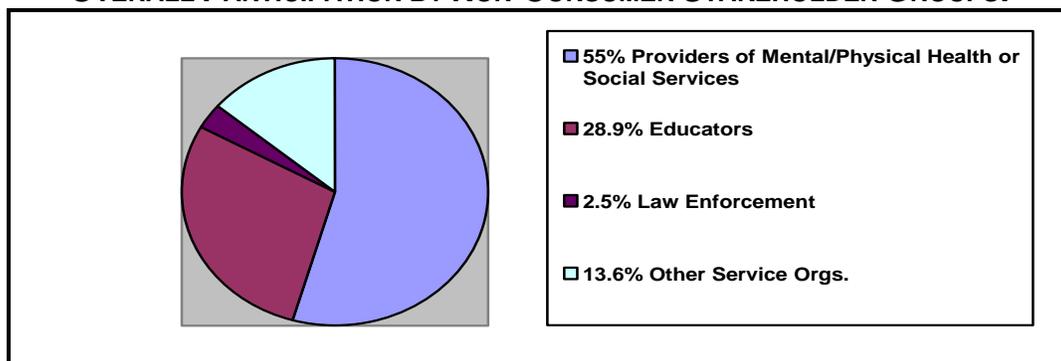
Mental health providers represented the most significant non-consumer group, with 130 in attendance during the various planning phases. The definition of “provider” was used broadly and included clinicians, hospital directors, and social workers. Multiple focus groups were convened with health providers in specific fields such as dual-diagnosis, older adults, and Spanish-language services.

Since children and transitional age youth are such an important demographic in PEI programming, special focus was placed on outreaching to educators. Representatives from the Merced County Office of Education, including administrators, teachers and school health workers, served as Key Informants and served on the Planning Council.

The justice system is a common “first contact” for people with or at-risk of mental health problems. Law enforcement representatives provided vital information on criminal activity and arrests for the PEI needs assessment. A focus group on juvenile probation was conducted and representatives from the justice system participated in key informant interviews and community meetings.

Other social service and community-based organizations, including the Merced Lao Family, faith-based organizations, and recovery groups participated in various planning activities, as well. Their input was important as representatives of the community, but they also aided in community outreach and services such as translation.

OVERALL PARTICIPATION BY NON-CONSUMER STAKEHOLDER GROUPS:



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

The planning process was very closely focused on the goals of mental health prevention and early intervention. All interviews, focus groups, newsletters and community meetings were prefaced with a brief training that explained the definitions of prevention and early intervention for mental health care. This was done in part to ensure that all

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participants understood the PEI goals, but also to help ensure that conversations stayed focused on PEI topics and did not stray into treatment or community services and supports. The following message was either read to or given to all participants prior to engaging in the planning process:

The Prevention Element of the PEI program is meant to reduce risk factors and stressors that can lead to an initial onset of a mental health problem. The Prevention Element is also intended to promote, support the well-being, and reduce the suffering of “at risk” individuals who are experiencing challenging life circumstances.

The Early Intervention Element of the PEI program is designed to prevent a mental health problem from getting worse. These programs are directed toward people for whom a short-term (less than one year), relatively low-intensity intervention is appropriate to measurably improve their mental health, avoid the need for more extensive mental health treatment or services, or prevent a mental health problem from getting worse.

A comprehensive training on the requirements of the PEI plan was conducted at the first meeting of the Planning Council. This one-hour training reviewed the guidelines developed for prevention and early intervention and provided an overview on the imperative of mental health prevention and early intervention. This training helped the Planning Council develop a series of guiding principles which governed the planning process (see page 27). A condensed version of this training was conducted prior to beginning all focus groups and community meetings. Sample training materials are included in the Appendix.

The planning team continued to meet regularly with the Planning Council. At subsequent meetings the team presented a summary of the *Preliminary Findings Report* and facilitated a discussion about the findings to determine if these findings resonated with the experiences of the members of the planning council and to build a baseline consensus. Later the Planning Council was presented with an overview of select evidence based practices, after which they discussed how to incorporate these practices into any existing programs.

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.

Many lessons were learned from the CSS plan regarding successful outreach and involvement methods. The PEI planning process continued the aggressive outreach begun in CSS planning by reaching out to all of those originally involved in the CSS planning and asking for their support in making sure that community members, consumers and family members and service providers throughout the county were invited to participate in the PEI planning effort.

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Newsletters were distributed to all contacts to help get word out and keep interested parties informed of progress. Recipients of the newsletters were asked to post them on agency bulletin boards, mail them to agency clients, or otherwise distribute them to interested parties. Facilitators encouraged new participation throughout the process by presenting a summary of findings to date and information about the planning and decision-making process at each community meeting. In the CSS planning process it was noted that a personal contact or invitation had a great impact on meeting attendance. Over 200 phone calls were placed to encourage stakeholders and consumers to attend the public planning meetings.

The community services and supports planning process also provided a wealth of insight into the potential needs and interests for prevention and early intervention activities. Meeting minutes and survey findings that documented all suggestions related to PEI were carefully archived and available for review. The first series of questions asked for reflection on the past planning process to understand which of the prevention ideas originally proposed in 2005 were still relevant. The most common responses reflected an interest in working with children and a need to provide early intervention activities within primary care centers. These interests are reflected in this plan.

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.

Outreach activities had three primary targets:

- Those who work and have regular contact with the priority populations identified in OAC's PEI process, particularly youth at-risk of school failure and involvement in the juvenile justice system and those who are unlikely to seek help from traditional mental health services because of social stigma or other barriers.
- Those who work in early intervention sites such as those where people go for basic needs such as food, housing, substance abuse prevention, or medical care
- Consumers, family members, and transitional age youth

In addition, the meetings targeted a wide range of community stakeholders including:

- | | |
|---|--|
| • Public and non-profit social service providers and administrators | • Consumers |
| • Mental health service providers | • Family members of consumers |
| • Staff and membership of community based organizations | • Criminal Justice and Police representatives |
| • Educators, including head start, preschool and K-12 | • Substance abuse treatment/prevention representatives |
| • Mental health and other community advocates | • Leaders from ethnic communities, particularly Hispanic and Hmong |
| • Business leaders | • Public health providers |
| • Homeless and housing advocates | • Faith-based organization representatives |
| | • County policymakers and |

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- Farm worker representatives
- Disability advocates
- Veteran affairs representatives
- administrators
- Senior citizen representatives
- Transitional Age Youth

Community outreach resulted in in-depth discussions with hundreds of individuals through the following activities:

Key Informant Interviews	Conducted: 19
Focus Groups	Attending: 187
Peer to Peer Interviews	Completed: 40
Community Meetings	Participants: 157
Children's Summit	Attending: 330/30 at focus groups
Community Survey	Completed: 416

The concerted outreach efforts ensured that a majority of participants self identified as consumers or family members of consumers. Additionally three focus groups targeting transitional age youth resulted in nearly 30 youth voices to the process.

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

a. The date of the public hearing:

<u>Date</u>	<u>Time</u>	<u>Hearing</u>
September 2, 2008	4:30 – 6:30 pm	Merced County Mental Health Board

The public hearing was held at 4:30 pm on Tuesday, September 2nd. Kayce Rane of Resource Development Associates gave a brief presentation on the planning process and the projects selected for Merced County. Following the presentation the Mental Health Board invited members of the public to provide input and comments.

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

On August 4, 2008 Merced County posted the DRAFT Prevention and Early Intervention Component of the MHSA Three Year Program and Expenditure Plan. The Plan was posted on the Merced County Department of Mental Health website in its entirety. Public notices of the availability of the plan for review and the public hearing were distributed to all county departments for distribution and to the media by the Merced County Director of Governmental Affairs per county regulations. Additionally e-mail messages were sent to all participants in the planning process who had shared their e-mail addresses with the planning team. E-mail notices were sent on August 4, 2008. On August 20, 2008 the Agenda for the Mental Health Board Meeting was

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distributed. On September 1, 2008 a second e-mail was sent to planning participants and other key stakeholders to encourage their attendance at the September 2nd Mental Health Board Meeting.

Documents representing the public notice of the posting of the DRAFT PEI Plan and the Mental Health Board hearing are included in the Appendix.

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

Public Comments were received between August 4th and September 2nd during the 30 day public review period. All written comments are included in the Appendix for review. The Department of Mental Health reviewed these comments and prepared a document summarizing the comments with recommended responses (see page 19). This document was distributed during the Public Hearing. All recommendations were reviewed and approved by the Mental Health Board. Where appropriate this document has been modified from the DRAFT distributed for Public Comment on August 4, 2008 to reflect those changes.

Specifically this draft has been modified from the draft released for public comment in the following places.

- Explanation added on pages 8 and 9 on investigation into the mental health prevention and early intervention needs of lesbian, gay, bisexual, and transgender youth.
- Clarification on pages 63 and 65 on the intended target population for the TIP program and its alignment with the priority populations identified by the Mental Health Services Act planning guidelines.
- The Prospect Training was listed as a separate program on page 68.
- On pages 68 and 71 the language defining the staff permitted for the Integrated Mental Health in Primary Care Settings was expanded from “care coordinators” to read “care coordinators, LCSWs, or other licensed or unlicensed mental health professionals.”
- The funding for the Integrated Mental Health in Primary Care Setting program was clarified to be \$255,000 annually, with \$25,000 recommended for first year implementation and start-up on page 68.
- Language was strengthened to more clearly state an intention to fund services across the county. On pages 43, 56, 65, and 76 the following sentence was added: “All funded entities will be asked to demonstrate the ways in which their activities reach out to underserved and isolated communities including language/cultural communities and the many geographically isolated communities of Merced County.”
- Sections 5, 6, and 7 (pages 77-93) comprising all financial documents were edited prior to the public hearing. The revised documents were presented at the public hearing. The revised forms include minor formatting changes in the required forms and clarification of the narrative per the request of the Fiscal Department. There were NO changes to the amounts budgeted for individual programs. Slight modifications were made to the budget categories for

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Form No. 2**

administration (Form 5) although the total amount remained the same. Under administration the amount available for evaluation was reduced slightly, salaries were adjusted to meet county classifications, and facilities costs were added. An overview of the projects and the funding distribution was also presented at the public hearing. This document is now included on pages 20 and 21.

Two stakeholder groups had substantive comments which did not result in plan amendments. A group of stakeholders from the city of Los Banos requested that specific funding be allocated for programs in Los Banos or on the Westside of the County. A representative of Golden Valley Health Centers requested an increase to the funding allocated for early intervention mental health services in clinic settings. Due to financial constraints and an interest in ensuring programs be available throughout the county these requests were not deemed feasible by the Mental Health Board.

d. The estimated number of participants:

Approximately twenty members of the public attended the Mental Health Board Meeting, including representatives from the Office of Education, Human Services Agency, Golden Valley Health Centers, Challenge Family Resource Center, Los Banos Unified School District, Delhi Unified School District and Los Banos Police Department. Five members of the Planning Council were in attendance: Gaye Riggs, Susan Coston, Daniel Nielson, Christopher Jensen, and Ge Thao. Of the meeting participants, four were Latino, three African American, one Southeast Asian, and one reported being another race. The remainders were Caucasian.

Six Mental Health Board Members were in attendance.

- James Fuller, Chair
- Norma Blackwood
- Kim Carter
- Kathleen Crookham
- Mary Ellis
- Sally Ragonut

The Mental Health Board approved the DRAFT Plan with the changes recommended and requested that this revised version of the Plan be prepared for submission to the Merced County Board of Supervisors.

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**Merced County Mental Health Department
MHSA Prevention and Early Intervention Planning Process**

MHSA PEI Public Hearing

Responses to Public Comments

Were seniors involved in the community meetings?

- Seniors were invited to attend the community meeting on April 9 to discuss the needs of adults and older adults. Invitations were distributed through the Area Agency on Aging. Demographic forms returned for that day and other community meetings have no record of persons age 65 or older attending the community meetings although several who represented senior serving organizations attended. A focus group at the Area Agency on Aging on March 24, 2008 included over 30 older adults and senior providers.

Page 65 refers to care coordinators and care managers what is the difference?

- The terms are synonymous.
- Recommendation – replace the phrase care coordinator with care manager for consistency of meaning.

Can the funding allocated for community clinics in the Integrated Mental Health in Primary Care Settings (Project 3) include clinically trained staff?

- The current wording of the DRAFT PEI plan states that funding is available for up to five, half time care managers.
- Recommendation – broaden the language to allow clinics applying for funding to request funding for the clinical staff necessary to implement integrated mental health.

\$230,000 is not enough to implement the integrated mental health in primary care settings, can additional funding be allocated?

- The \$480,000 allocated for Project 4: Integrated Primary Care and Mental Health represents 36% of anticipated ongoing funding.
- \$255,000 will be annually allocated to clinic services. In year 1 a portion of this funding, \$25,000, is recommended for staff training and new project start up.
- No Recommendation.

Los Banos Unified School District anticipated that a portion of the proposal would target and fund “direct services” for at-risk students and families on the Westside.

- No specific funding is allocated for the Westside, rather all programs are intended to serve the County broadly.
- Recommendation – Strengthen language to more clearly state an intention to fund services across the county. (Example: “RFP responses must demonstrate outreach to all communities within Merced County;”)

Why is some funding directly allocated and other funding awarded through an RFP process?

- The Planning Council unanimously agreed that three programs that are currently being implemented by County agencies be expanded so that more locations can be served throughout the county. All other programs, for whom it is anticipated that community based organizations and others may express interest in implementing, will have funding awarded through an RFP process.

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**Merced County Mental Health Department
MHSA Prevention and Early Intervention Planning Process**

MHSA PEI Public Hearing

Summary of Projects and Proposed Funding

Total Funding Requested for FY 08/09: \$1,903,000

Administration	\$193,500
PEI Program Implementation and Coordination: One (0.4) PT Staff Services Analyst One (1.0) FT Office Assistant	\$100,000
PEI Evaluation (Required) (includes (0.6) PT Staff Services Analyst)	\$ 70,740
Operating costs Facilities, materials, supplies, travel	\$ 7,760
Systems Coordination and Community Collaboration (One time funding)	\$ 15,000
<i>Administrative costs equal 10% of the overall budget.</i>	
Project 1. Public Awareness and Education	\$360,000
All Project 1 funds are available for one year only.	
Program 1: General Public Awareness and Education Merced County Mental Health Funding split, (\$60,000 adults and \$60,000 TAYs)	\$120,000
Program 2: Cultural and Linguistic Outreach Provider(s) identified by RFP	\$120,000
Program 3: Campaign for parents, teachers, and caregivers Provider(s) identified by RFP	\$120,000
Individuals and Families Served: (See page 35)	
Individuals: Prevention: 25,000 requires use of radios and billboards for messaging	
Families: Prevention: 6,000 (Requires use of radios and billboards for messaging)	

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Project 2. Skills Building in Children 0-13	\$544,500
Program 1: Mental Health Training for Educators-1yr. Provider(s) identified by RFP, funding available for one year only	\$ 64,500
Program 2: MCOE Caring Kids Year 1 staff training and expansion funding	\$160,000 \$ 25,000
Program 3: MCOE Second Steps Year 1 staff training and fidelity support	\$180,000 \$ 50,000
Program 4: Middle School Mentoring Program Expansion-RAFT	\$ 65,000
Individuals and Families Served: (See page 48)	
Individuals: Prevention: 1,184	Early Intervention: 5
Families: Prevention: 516	Early Intervention: 5
Project 3. Life Skills for At Risk TAYs (14-25)	\$ 325,000
Program 1: Transition to Independence Collaborative Providers identified by RFP Year 1 staff training and fidelity support	\$250,000 \$ 75,000
Individuals and Families Served: (see page 57)	
	Early Intervention: 15 TAYs that are ages 14-17
	Early Intervention: 30 TAYs that are ages 18-25
Project 4: Integrated Primary Care and Mental Health	\$480,000
Program 1: Integrated Mental Health in Primary Care Settings Provider(s) identified by RFP Staff training Depression Training for Health Care Providers Funding requested in above RFP Year 1 county-wide training PROSPECT Suicide Prevention	\$230,000 \$ 25,000 \$ 20,000
Program 2: Cultural Brokers for MH Services Provider(s) identified by RFP: Priority to Project 1 funded providers	\$ 95,000
Program 3 Program to Encourage Active, Rewarding Lives for Seniors (60+) Provider(s) identified by RFP	\$110,000
Individuals and Families Served: (See page 68)	
Individuals: Prevention: 10,120	Early Intervention: 2,200
Families: Prevention: 400	Early Intervention: 0

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**PEI ASSESSMENT OF COMMUNITY CAPACITY & STRENGTHS
(ADDENDUM)**

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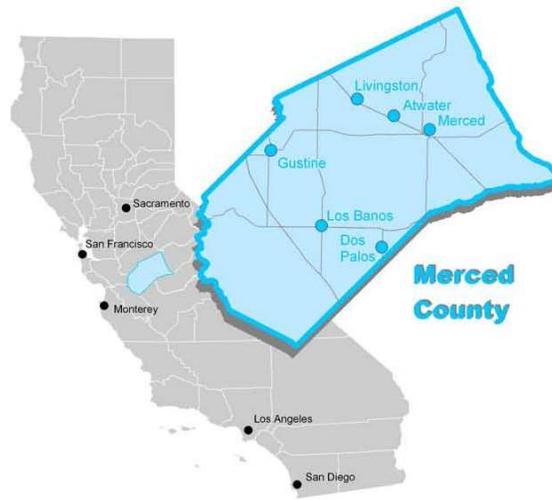
1. Overview of Merced County

With a population of over 255,000 (2008 estimate), Merced County lies in the heart of California's San Joaquin Valley. Formerly characterized by small rural agricultural communities, in recent decades, as more families are attracted to the affordable housing, expanding economy and small town "feel", Merced's population has blossomed.

Population Growth in Merced County		
Locality	4/1/2000	1/1/2008
Atwater	23,113	27,571
Dos Palos	4,385	5,024
Gustine	4,698	5,199
Livingston	10,473	13,795
Los Banos	25,869	36,052
Merced	63,893	80,608
County Total	210,554	255,250

Source: CA Dept. of Finance (http://www.dof.ca.gov/research/demographic/reports/estimates/e-4_2001-07/)

As a mid-size county, Merced encompasses approximately 2,000 square miles. Population centers are clustered along two parallel freeways, Highway 99 and Interstate 5. The County seat, Merced City, is located along the southern end in Highway 99. The next largest city, Los Banos, is located 35 miles away along Interstate 5. This geographic distance between communities has resulted in distinct cultures and attitudes. Los Banos and neighboring Dos Palos, Gustine, Volta and Santa Nella are often referred to as "West County," and access to services are a major concern. In addition to the geographic divide there is also an "urban/rural" divide. Most of the towns in Merced County are very small and accessing nearly all public services requires significant travel.

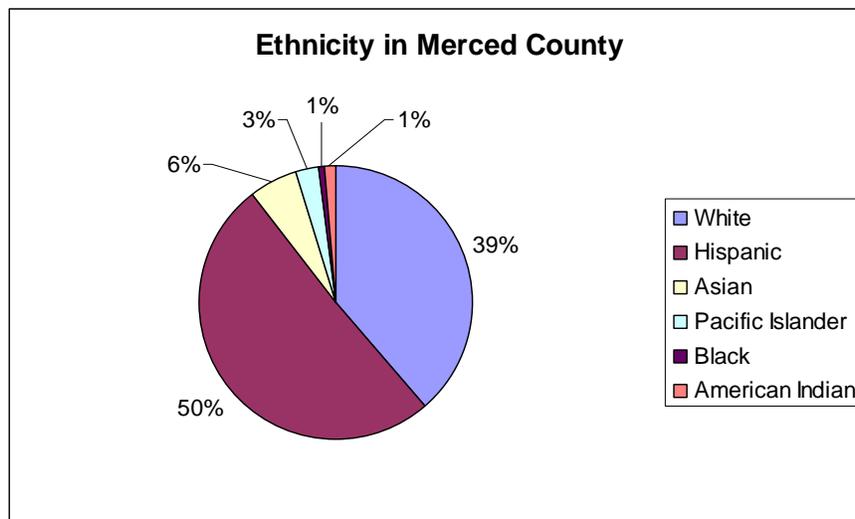


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The primary industry in Merced County is agriculture, although service sectors, health care, and education make up a growing proportion of the local economy. UC Merced recently began accepting undergraduate students; however the full potential of the campus is still some years out. Los Banos and other West County communities are frequently characterized as commuter towns with a large portion of the residents driving to San Jose and other Bay Area cities for work everyday. In the 2000 Census the average commute time for Los Banos residents was 45 minutes, compared to 21 minutes for residents of the City of Merced.

Like much of California and the San Joaquin Valley, Merced's population is extremely diverse. It is home to one of the largest Hmong communities on the West Coast. According to the 2000 U.S. Census, over 3,800 Merced residents were Laotian-born, representing two percent of the Laotian immigrant population in the country. Latinos account for 45% of the population, a rate that has risen steadily for many years. Latinos also account for most of the younger residents of the County, again reflecting California trends towards a younger, non-white population. Merced County has the youngest population of any California county; thirty-four percent of the population is under 18, 29% is under 15, and 9% is under 5. Seventy-five percent of those under five are minorities, with Latinos representing the bulk of this group. Sixty percent of all children under 5 are Latino. (National Economic Development and Law Center, *The Economic Impact of the Child Care Industry in Merced County: 2003*).

Many Latinos have lived in Merced and surrounding communities for generations, but a large portion are recent arrivals. While accurate numbers of documented versus non-documented immigrants are impossible to ascertain, in focus groups, legal status was discussed as a major stress factor as well as a major barrier to accessing care. This is true for the large Hmong population as well, though considered legal residents through a refugee resettlement agreement, many live in constant fear that their refugee aid will be taken away, leaving them financially destitute.



Source: California Department of Finance

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The educational attainment and English language proficiency of the County's population are important characteristics to consider when designing interventions. Data from the US 2000 Census illustrates that many in the County have lower levels of educational attainment and lack English language proficiency. School district data provides more insight into the language capacity of the County. In the 2004-2005 school year, 32% of students in the County were classified as English Language Learners, the vast majority of whom were Spanish speakers (27% of all students). Included in this group were also Hmong, Punjabi, Portuguese, and Mien speakers. The elementary school districts with the greatest proportion of English Language Learners were Planada (71%), Livingston Union (61%), Winton (58%), El Nido (54%), Le Grand Union (46%), and Ballico-Cressey (45%) (CA Department of Education; <http://dg.cde.ca.gov>).

Merced County has been hit very hard by recent economic downturns. Household median income in Merced is far below the State average (\$38,000 vs. \$53,000) and home prices have declined 35% in the past year. In the past months Merced foreclosure rates have been some of the highest in the nation. The April 2008 unemployment rate for Merced County was 12.3% (13,900 unemployed), nearly double the state rate of 6.3%. (California Employment Development Department; <http://www.abormarketinfo.edd.ca.gov>). Merced follows Fresno and Tulare Counties for the highest percentage of population receiving CalWORKS (7%), more than twice the statewide rate (3.2%).

Merced residents are less likely to have medical insurance than the average Californian, irrespective of age. The 2001 California Health Interview Survey (CHIS) showed that 21% of Merced County adults between the ages of 18 to 64 were uninsured, while the state average was 18%. Among immigrants and farm workers, insurance rates are much lower. A 2004 report from Cal State Fresno, titled *Health in The Heartland: The Crisis Continues*, revealed not only a widespread lack of health insurance among Merced County's immigrant families, but also that 70% of the people employed in agriculture and related industries (who earn as little as \$7,500 annually) lack health insurance. Immigrant children have correspondingly high rates of lack of medical insurance (23% of uninsured documented immigrant children and 48% of uninsured non-documented immigrant children).

Central Valley-wide, the percentage of all children under age 18 lacking health insurance is twice the State rate of 8.6%, according to Children Now and the CHIS. Golden Valley Health Clinics, a major provider of health care in the County, serving 40,000 residents annually (or 20% of all county residents) estimates that approximately one third of their patients are farm workers (12,800) and nearly 40% (16,000) have no insurance at all.

2. Planning Methodology

The methodology of the planning process was designed by Resource Development Associates in partnership with the Merced County Mental Health Department. All activities were reviewed and approved by the Planning Council prior to initiation. When appropriate, the Planning Council advised on additional contacts and groups to be included in the planning process.

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Phase 1: Assessment

The Assessment portion of the planning process involved a series of focus groups and key informant interviews to discuss community strengths and assets and to understand the principal stressors related to mental health for individuals in Merced County. Accompanying this qualitative input was a secondary data analysis that examined trends in key indicators of mental well being including domestic violence and child abuse, suicide rates, teen pregnancies, employment and financial security.

Phase 2: Project Identification

The second phase of the planning process included a review of the best practices for mental health prevention and early intervention. All of the potential projects in the MHSR Resource Guide (Enclosure 6) as well as other evidence based practices reported by SAMHSA were reviewed for feasibility and local appropriateness. A limited selection of potential projects was brought before the community in a series of community meetings held in April 2008. Community input and discussion regarding the most feasible programs for Merced County was brought before the Planning Council for consideration. Over the course of two meeting sessions in May 2008 the Planning Council determined the recommended projects, associated programs and funding allocations.

Phase 3: Public Hearing

The PEI Plan was drafted and reviewed by the Planning Council in June 2008. A final draft was circulated for public comments in August 2008. All organizations and individuals that participated in the planning process were notified of the draft plan circulation, with the exception of some focus group members who chose not to give us their names and e-mail addresses. A public hearing was held September 2, 2008 and presented to the Board of Supervisors on September 16, 2008 for final approval.

3. Assessment Findings by Population Group

a. Children

Many planning participants reported deep concerns regarding the risk of mental health issues in young children 13 and under. Planning participants talked about very young children and the impact that living in stressed families can have on brain development. Participants talked about witnessing or experiencing violence, exposure to substance use, food insecurity and the general strain experienced by many families struggling to make ends meet.

Food security is important because many families don't have enough money and make choices on how to spend money, debating between food, transportation, and rent. According to a report from Second Harvest food insecurity causes anger and loss of concentration in school children. For young children it can profoundly effect brain development and physical health. – Key Informant

Schools were identified as the primary venue in which to impact children. But caregivers and teachers all expressed concern about their capacity to respond to

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children with social or emotional delays. Training was a large concern, as was the amount of time required to work deeply with a child, and being able to work with parents effectively. There was overwhelming consensus that any mental health prevention efforts that address children respond to the “whole child” with concurrent interventions developed for parents, families, and school environments.

Participants of the planning process reported that middle school was a critical time in a child’s life, given the pressure of entering a new school and the physical, emotional and social changes experienced by middle school-aged adolescents. Many planning participants felt strongly that middle school students need appropriate support at this crucial juncture to ensure that they don’t start engaging in risky behaviors as a means to alleviate their stress. Drug and alcohol prevention was discussed as was the development of positive relationships, healthy outlets for energy and creativity, and information about how to seek help in a crisis.

Key PEI needs include:

- Public awareness of children’s mental health;
- Teacher training on working with difficult children;
- Parenting classes;
- Behavior modification programs for children (aggression, etc); and
- Peer mentoring.

b. Transitional Age Youth

Many planning participants talked about the difficulties faced by adolescents and young adults, especially transitional age youth who are most at-risk of juvenile delinquency and school failure. The biggest concerns centered on youth gang involvement and teen birth rates.

While juvenile crime rates have shown steady declines in recent years, county probation officials attribute this decline to intensive, grant-funded probation and case management services for juveniles 13-17. Crime rates for young adults 18-25, on the other hand, are reportedly “skyrocketing” and probation staff who participated in the planning process requested that more services and supports be directed to this age group.

Teen pregnancy continues to be a critical issue in Merced County. One planning participant claimed that there are so many young girls having babies that her agency has stopped working with the 18 and 19 year olds because they are full to capacity with the 17 and under teen moms. There were 559 births to girls 15-17 and an additional six births to girls 14 and under in 2004.

Two focus groups were conducted with teen moms to learn more about the issues facing at-risk transitional age youth. The 18 young women attending the groups ranged in age from 15 to 19. Key issues that emerged from these conversations included a general distrust in their parents’ ability to support them,, a desire to receive financial and emotional support from their babies’ father, and a strong need to obtain good jobs to support themselves and their children. The participants also talked about how hard it is

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to be young mothers and requested more services to provide the emotional support they need to care for their children.

Key PEI Needs:

- Mentoring and Emotional Support
- Case Management
- Life Skills

c. Adults

Service providers and community members reported that the economic downturn, felt moderately in other regions, has hit Merced County very hard. Merced County has seen property values tumble on average 30% in the past twelve months and foreclosure rates are some of the highest in the nation. During community meetings, interviews, and focus groups, participants talked about the toll this has taken on the most vulnerable populations, where the threat or experience of eviction, food insecurity, or unemployment has overwhelmed the mental wellbeing of many individuals. The isolated geography of Merced can exacerbate depression in older adults as they lose the capacity to get themselves out of the house and into community activities. Suicide rates amongst older adults are some of the highest in the state.

The poor economy has really impacted low-income families. Many of these are working poor, struggling day to day to get by, but not coming to anyone's attention. I think they are the ones most in need of prevention and early intervention services. We need to give them good family counseling. – Key Informant

Key PEI Needs

- Screening for Depression
- Low-intensity Interventions

d. Older Adults

Focus group participants talked about the profound impact that aging has on mental wellbeing. Additionally, participants reported that as they lose their independence and physical health, many older adults feel that life has lost meaning and value. Some older adults feel isolated and sense a lack of respect from younger community members, which leaves them feeling like they have no role to play in society or in their families. This feeling is especially exacerbated by grief and loneliness after the loss of a spouse or loved one.

When older adults lose their independence, they can become depressed. When my mom entered an assisted living facility, she just understood her feelings as being sick and not feeling well, but I thought it was depression. When we went to the doctor we talked about not giving her anti-depressants, but rather about getting her up and out. - Key Informant interview

Planning participants indicated that many adults, particularly parents and grandparents, are under an enormous amount of stress; which can lead to debilitating depression. In

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Merced County, common stressors include poverty, economic insecurity and raising children in challenging circumstances. Merced County residents are disproportionately impacted by high foreclosure rates. Foreclosures impact homeowners as well as renters, who receive very little notice of their loss of housing. Older adults are increasingly impacted by the stress of raising grandchildren. One school representative estimated that at least 20% of the children enrolled were primarily cared for by grandparents. Other service providers stated that more families in crisis are experiencing domestic disputes, parenting problems, and adolescent misbehaviors. Depending on the level of family resiliency these issues may result in domestic violence, child abuse, substance use, gang involvement, or school failure.

The working poor are in need of services, but family counseling is so expensive. I am also seeing families going through foreclosures. We are hearing more stories recently. They are struggling and are in crisis, they need to know help is available. – Key Informant Interview

For seniors, food insecurity is so stressful. I have known a few cases where it has actually led to people contemplating suicide. How can we ask people to choose between eating and getting their medications? When you are in that situation, faced with those choices, you just get so depressed you want to give up. – Public Comment April 9th community meeting

Lack of access seems to be a secondary factor to depression; access to health care, jobs and all the things we need. Many of the older adults are homebound. Mostly these are individuals who do not have a car or who cannot drive. For them walking and taking the bus is hard, they are don't know how or are afraid to take the bus. So they pretty much feel stuck in their residence. There is a lot of depression, more than in other populations. – Key Informant Interview

Key PEI Needs:

- Screening for Depression
- Low-intensity Interventions
- Suicide Prevention

e. Underserved Racial, Ethnic and Cultural Populations

Though many people identified “trauma exposed” and “individuals experiencing onset of serious psychiatric illness” as priority populations, the necessity of addressing their needs was most loudly expressed by the Latino and Hmong communities in Merced. Though frequently without the clinical terms to describe their traumas and depression, individuals from both cultures told profound stories of their “common” difficulties. In the Hmong population, most of the men and women over age 40 had horrific experiences as they fled Laos in the mid-seventies. Following the departure of US troops in the region, Hmong families were persecuted for their alliance with the United States. Nearly every Hmong adult who participated in the planning process had a story of homes destroyed, families forcibly separated, children lost, or terrifying crossings of the Mekong River before arriving to the relative safety of refugee camps in Thailand. Latino immigrants in Merced escaped grim poverty or guerilla warfare in their own home

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countries only to face a harrowing journey north across deserts to the uncertain safety of Merced.

Acculturation remains a constant challenge for many immigrants. Beyond learning a new language, life in the United States is profoundly different from the experiences to which they were accustomed. Community cohesiveness, safety, respect for elders, and gender roles are profoundly different from their previous lives: families live further apart; neighborhoods are more violent; gambling, drug and alcohol use is a depressing reality; women can find work easier; and children are taught to value the individual. Some families face a constant threat of deportation and a fear that their homes and lives could be torn apart due to immigration issues.

One of the concerns the community has right now is depression and stressors for older [immigrant] adults (45 and older). We need targeted mental health prevention to support their well being and reduce suffering. Everything is so different here. A generation ago we literally lived in huts in the jungle. – Key Informant Interview

In an on-line survey of prevention and early intervention needs, 84% of Hmong and 60% of Latino respondents prioritized services for “people experiencing trauma” Furthermore, only 20% of Latinos and 3% of Hmongs felt like there was enough information about how to find and access existing mental illness prevention and early intervention services in Merced County.

Linguistic and cultural isolation also has a profound impact on wellbeing and serves as a major barrier to making friends, accessing services, and engaging in day to day community activities. The impact of cultural and linguistic isolation was heard most strongly from Latino and Hmong community leaders in Merced. Middle age and older adults appear to have the hardest time

At home everyone was always together all the time. I would step out of my house and meet with the other women. We would laugh and talk as we walked together to the fields. We would work together all day and then come home. Here there is no one to talk to and nothing to do. I can't work here. I am too old to learn new ways. I sit in my house all day and cry. – Focus Group, Southeast Asians

In the Latino community there are issues of depression, bipolar, domestic violence, post traumatic stress, schizophrenia, suicide attempts, attention deficit disorders, and elder abuse--the whole plethora of mental health issues. I don't know how you approach it in the general population but for low- income Latinos and farm workers, it seems they mostly just wear anxiety and depression on their shoulders and try to bear it. – Key Informant Interview

Key PEI Needs

- Culturally Appropriate Supports
- Screening for Depression
- Low-intensity Interventions

4. Overview of Project Selection Process

During the initial planning phase, the County conducted a comprehensive needs assessment which focused on each of the key mental health needs identified by the

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MHSA Oversight Committee and outlined in the September 2007 PEI Guidelines. During the 19 key informant interviews conducted in February 2007, each respondent identified the two mental health needs that they thought were the most relevant to Merced County. The following is a ranked list of their priorities:

1. At risk children, youth and young adult populations
2. Disparities in access to mental health services
3. Psycho-social impact of trauma
4. Suicide Risk
5. Stigma and discrimination

These findings continued to hold true in subsequent focus groups, planning council sessions, and community meetings. Most participants in the planning process were very engaged in the topic of at-risk children, youth and young adults. The second largest topic of conversation related to disparities in access either because of geography, language and culture, or income status.

As required by the PEI Guidelines, all selected projects address underserved racial/ethnic and cultural populations; additionally special outreach and educational programs were selected specifically to reduce disparities in access for some of the most vulnerable, linguistically and culturally isolated populations. These programs recognize that reducing disparities in access will require more than translation and interpretation services. Rather, they seek to change the perception of mental health within specific cultural communities and shift the paradigm of care offered through the use of trained cultural brokers to act as skilled liaisons.

In addition to prioritizing key mental health needs, community participants helped planners identify local priority populations. The majority of participants in the planning process were very eager to talk about the needs of children and transitional age youth. Within the context of children and youth, participants talked extensively on the issues relating to stressed families (poverty, young parents), school failure (lack of resiliency), juvenile justice involvement (principally gang activity), trauma (related to child abuse, maltreatment and parent substance use), and the onset of serious psychiatric illnesses (including teen depression and suicide). However when it came to talking about adults and older adults, participants were somewhat more reticent. Ultimately the planning process was divided into two tracks so that the issues of children and youth, and adults and older adults could be discussed in separate forums.

A total of 87 community members, responding to an on-line survey recommended that the County “provide early and periodic screening, diagnosis, and treatment for mental illness at primary health care, school/college, pre-school, child care, and workplace settings.” The selected projects reflect this recommendation as well as the slightly less popular recommendations to “train teachers and doctors” and “provide education and support services for parents and other caregivers”.

Based on PEI goals and the community needs determined through the planning process, the Planning Council identified four projects for prevention and early intervention activities:

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- **Public Awareness and Education** to reduce stigma and discrimination and improve access;
- **Skill Building in Children 0-13** to reduce risk factors and stressors for children;
- **Life Skills for At-Risk Transitional Age Youth 14-25** to support their wellbeing and reduce the suffering of any minor children; and
- **Integrated Primary Health Care and Mental Health Services** to prevent a mental health problem from getting worse and avoid more extensive treatment.

Two of the recommended projects specifically target children and transitional age youth. The others are designed to respond to the needs of all age groups, including children and youth. These projects are also promoted with an understanding that providing mental health prevention and early intervention services to adults is critical to the mental wellbeing of their children.

A few guiding principals, endorsed by the Planning Council, governed the selection and development of the PEI projects:

- Services should be provided in places where people already go, such as schools and doctor's offices, and not at the mental health department, which continues to be stigmatized.
- Culturally and linguistically appropriate programs require more than translation and interpretation services. Prevention and early intervention efforts must incorporate the values, traditions and wisdoms of the community served.
- Implementing new programs can be more costly, require more training and buy-in, and less effective than expanding existing effective models. New programs should only be initiated when there are no local models.
- Prevention and early intervention programs must be comprehensive; touching not just the consumer but also the parents and other family members, and should incorporate trusted community leaders and service providers to help reinforce prevention messages.

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 3**

PEI PROJECT SUMMARY (FORM # 3)

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**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 3**

County: Merced

PEI Project Name: 1. Public Awareness and Education

Date:

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	X	X	X	X
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"/>		
4. Stigma and Discrimination	X	X	X	X
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 type="checkbox"/>	<input type="checkbox"/>	X	X
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	X	X	X
3. Children and Youth in Stressed Families	X	X		
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"/>		

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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 battled 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.” A diagnosis of a serious mental illness, though difficult, provided welcome information and treatment recommendations. The following are quotes from consumers and family members engaged in the planning process:

My son was diagnosed at age 19. Looking back in high school there were some things that were weird and I put it down to stress. Parents with kids in high schools need to know what to look for and not just attribute behaviors to having bad kids or delinquents. Schools need to recognize that there are biological illnesses that kick in at a young age.

As a young person I did not know that my mother had a history of mental illness. I did not know to seek help when I witnessed suicides in my school. I did not know that the feelings I was experiencing could be diagnosed.

I wish I had had more information earlier. Looking back, there were all kinds of warning signs that were missed, by us, by the schools. Things like irrational thought processes, paranoia, conversations that did not make sense. Everyone just assumes someone has a drug problem. Schools need to be more in tune when there are problems, and not just suspending children or sending them to continuation school. We need to get information out to the public and do it in better ways, perhaps through the schools.

According to current research half of all mental disorders emerge by age 14 and 75% by age 24. Parents, school nurses, mental health advocates and others who engaged in the planning process talked about the need to educate all who work with children about the signs and symptoms of mental illnesses and how to seek further help. Planning participants charged the mental health department with creating a broad based public awareness campaign that could educate and inform parents, teachers, and pediatricians on likely signs and symptoms of mental health disorders.

Because denial by family members can prevent timely access to services, participants recommended that public awareness and education campaigns address stigma and discrimination.

There is still a lot of perception that “crazy” people get mental health services, not average folks who are having hard times. There is a lot of stigma. This is particularly true for some cultural groups.

While at least one of the parents in my group had a child experiencing mental health conditions, they were generally unaware of what mental illness was, what caused it, the prevalence, the behaviors indicative of mental illness, and what to do about it.

Mental health issues range from mild depression and anxiety to more serious illnesses such as schizophrenia. Public awareness and education campaigns 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.

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Summary of Findings

- All residents of Merced County must be better informed on the nature of mental illnesses to help reduce stigma and discrimination and to increase awareness about avenues for support and help should a mental health issue arise.
- Children, particularly adolescents age 14-25 are a vulnerable population for mental health. A special public awareness campaign should seek to reinforce the messages of the broad public awareness campaign for parents and teachers. Targeted messages should also be directed at adolescents as peers are often the first to be aware of mental health issues in their friends.
- Culturally and linguistically isolated individuals are at high risk of depression and anxiety and are most likely to be unaware that services are available to help. Specially trained cultural brokers are needed to help get messages to the community.

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

Program 1: Public Awareness and Education Campaign: General

Provider: Merced County Mental Health

Funding: 1 Year, \$120,000 (\$60,000 adults and \$60,000 transitional age youth)

Use of Funds:

- Prepare Public Awareness and Education Campaign targeting TAYs and adults
- Adapt materials from NAMI, Mental Health America, and SAMHSA for Merced County use
- Distribute materials, develop billboards, or purchase advertising or radio time

Program 2: Public Awareness and Education Campaign: Cultural and Linguistic Outreach

Provider: Identified through RFP Process. One or more providers may be identified.

Funding: 1 Year, \$120,000

Use of Funds:

- Adapt materials developed by Mental Health Department, as appropriate, for cultural and linguistic subpopulations of Merced County
- Recruit cultural brokers to help disseminate information
- Distribute materials, develop billboards, or purchase advertising or radio time

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Program 3: Public Awareness and Education Campaign: Children and Families

Provider: Identified through RFP Process. One or more providers may be identified.

Funding: 1 Year, \$120,000

Use of Funds:

- Develop and engage in a targeted campaign to parents, teachers, and other caregivers addressing mental health issues for children and youth 0-25.

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Program Summaries

Merced County envisions a one-year Public Awareness and Education Campaign to increase awareness of mental illness and to disseminate information about available services. The project envisions a general campaign spearheaded by MCDMH which will review available outreach messages and select those most appropriate for Merced County. Based on the research conducted by MCDMH, selected contractors will refine the messages and the outreach strategies for selected target populations. The three components of the Public Awareness and Education Campaign are described below.

General Campaign

The first program will be public awareness and education campaign targeting the general public of Merced County. This program, conducted by the Mental Health Department, will build upon outreach and education materials previously developed by NAMI, Mental Health America, and other mental health organizations to create broad public awareness of the signs and symptoms of mental health issues and to reduce the stigma and discrimination felt by individuals in seeking help. This will be a broad based public awareness campaign that will include some use of mass media, such as radio or billboards, to direct messages to a large segment of the county population.

This outreach campaign will specifically target individuals and families and will be developed for youth, adults, and older adults age 16 and older. It will provide information regarding the nature of mental health issues and will help ensure that more people in Merced County know the signs and symptoms of mental illnesses and know how to seek help. Approximately 50% of the funding will be targeted for transitional age youth.

Two additional programs will be released for public bid and will target specific population groups: children and families and linguistically and culturally isolated families.

Linguistically and Culturally Isolated Campaign

Responding to the shortage of appropriate outreach to and education of Latino, Hmong and other culturally and linguistically isolated families, funding will be dedicated to organizations that can develop culturally appropriate information materials and outreach strategies.

For individuals and families from culturally and linguistically isolated communities, the English-language outreach and education campaigns developed by the Mental Health Department will not be adequate. Merced County envisions using the English-language outreach program as a building block for reaching out to different linguistic and cultural groups. Funding will likely be distributed to more than one organization in order to ensure that materials and outreach efforts reflect the specific needs of Hmong, Latino, Punjabi, and other cultural groups. Potential activities may include radio advertisements, trainings for cultural brokers, and the development and distribution of culturally appropriate and relevant written materials.

Children and Families Campaign

The Mental Health Department is committed to ensuring that treatment happens as early as possible. A special outreach and education campaign will target parents, teachers, and child care professionals and will provide information on recognizing initial signs and symptoms of mental illness and mental health disorders in children. Information will be disseminated

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through parenting classes, child care classes, and through PTA meetings. Funding may be distributed to one or more organizations.

Addressing Disparities in Access

The Public Awareness and Education Project sets the foundation for all ongoing work to reduce disparities in access to mental health services. The one year outreach to efforts begun with culturally and linguistically isolated populations are intended to launch a series of discussions within the targeted communities that will continue ongoing through the efforts of the other projects. Please see the Project summaries on the following pages for an understanding of how the different projects support a county-wide effort of reducing disparities in access.

Estimating Numbers Served

The Public Awareness and Education campaign is intended to be a “universal” prevention effort. Multi-media outreach efforts through radio or billboards are expected to reach a large number of people. Planning participants emphasized the importance of reaching out to the community this way, particularly the Spanish speaking community for whom the local radio stations are common venues for hearing about health issues and community related events.

Transition to Existing Mental Health Services

The Public Awareness and Education Campaign will focus on prevention efforts and will not be a broad based outreach effort. However it is assumed that by increasing awareness more individuals will feel safer in seeking support services. All written materials will include information on how to seek help.

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4. Programs

Program Title	Proposed number of individuals or families to be served through June 2009		Number of months in operation through June 2009
	Prevention	Early Intervention	
County-Wide Public Information and Outreach (Based on NAMI's anti-stigma campaign and the SAMHSA Eliminating Barriers Initiative) for adults and transitional age youth	25,000 individuals (using billboards &/or radio)	N/A	
Targeted Outreach for Culturally and Linguistically Isolated Families (Adapted from materials developed above; based on work of cultural brokers or <i>promotores</i>)	5,000 families	N/A	
Targeted Outreach to Children and Families (Adapted from materials developed above, also from ZERO TO THREE early childhood mental health resources)	1,000 families	N/A	
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 25,000 Families: 6,000	Individuals: Families:	

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5. Alternate Programs

- Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3).

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

One of the primary purposes of this project is to help individuals and families obtain or link to other supports and services by increasing awareness of the potential need for and availability of services. While not strictly an “outreach” project, one of the main objectives of the Public Awareness and Education Campaign will be to reduce disparities in access to mental health services. This will be achieved by aggressively working to inform people of the availability of both prevention and early intervention services, and treatment-oriented community services and supports.

7. Collaboration and System Enhancements

The Mental Health Department will take the lead on developing the general public awareness and education campaign. Between two and five community partners will be identified to work with the special target populations identified for this project. Potential partners include schools, clinics, community based organizations serving distinct cultural populations, churches, and others who can demonstrate their ability to reach different target populations. Working with these organizations will enable mental health messages to filter more deeply into the community. It will also help build the capacity of organizations, not previously defined as mental health organizations, to learn more about the formal mental health system in Merced County. Although this project is only funded for one year, it is anticipated that the effort made in partnering with these organizations will have a long-term impact on their knowledge of mental health services and will better enable them to refer their clients to mental health services over the next two to five years.

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8. Intended Outcomes

The principal outcomes for the Public Awareness and Education Project will be to reduce stigma and discrimination and reduce disparities in access to mental health services. The logic model below illustrates the theory of change and the rationale for selecting these projects to meet the intended outcomes.

Focus Area	Resources	Activities	Outputs	Outcomes	Measures	Impact
<i>List the most important things the program will accomplish</i>	<i>Describe the resources that will support the program activities</i>	<i>Describe and define the program activities</i>	<i>For each activity identify ways to demonstrate that services have been delivered</i>	<i>Identify what changes you expect each activity to effect</i>	<i>Specify the ways that these outcomes will be measured</i>	<i>Describe the impact that the community will feel in 1-2 years as a result of the program</i>
Reduce disparities in access to mental health services. Reduce stigma and discrimination towards people who need mental health services.	Funding to develop and purchase materials. Staff time to distribute materials and conduct trainings. Cultural brokers to bring information to culturally and linguistically isolated communities. CBOs, churches and schools that are deeply connected to target populations.	Distribute flyers. Create billboards. Present to groups. Air on radio. Train cultural brokers.	Count of materials distributed. Count of presentations and trainings conducted. Count of participants by key characteristics.	Informed public re: mental health issues. Informed on how to seek help. Knowledge of special issues for different populations.	Change in knowledge of training and presentation participants. Analysis of activities by key characteristics.	More knowledge of mental health, generally. More knowledge of available services. More knowledge of how to seek help. Increase in requests for assistance from culturally and linguistically isolated populations. Earlier requests for assistance.

The Public Awareness and Education Campaign will also lay the groundwork for ongoing PEI and CSS efforts by advertising throughout Merced County on the nature of programs available through the mental health department and the importance of understanding, preventing, and responding to mental health issues early. This one-time use of funds is necessary for all of the ongoing PEI projects documented in this plan.

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9. Coordination with Other MHSA Components

The Public Awareness and Education Campaign is a critical addition to Merced County's MHSA planning efforts. All outreach efforts developed through the community services and supports planning process are aimed at high-risk and already diagnosed individuals. But to the extent that there are individuals who need screening, assessment, early intervention or treatment services but who are not already engaged with any portion of the mental health system in Merced County, there is not good information about what services exist and how to get help. The Public Awareness and Education Campaign is intended to blend seamlessly with the programs components developed in both the PEI and the CSS planning process.

10. Additional Comments (optional)

The Merced PEI plan is designed so that all projects reinforce and support one another. Project 1, Public Awareness and Education, lays the framework for all other projects by providing broad community information on mental health and on (1) the importance of early intervention in preventing mental health issues from becoming more severe and (2) the ability to prevent mental health issues from arising in the event of a troubling or traumatic experience. It is intended to spark interest in mental health prevention and help bring people into the programs supported through the remainder of the PEI plan.

All funding released in Merced County through the Prevention and Early Intervention Component of the Mental Health Services Act will be made available through a formal RFP and/or MOU process. All funded entities will be asked to demonstrate the ways in which their activities reach out to underserved and isolated communities including language/cultural communities and the many geographically isolated communities of Merced County.

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County: Merced

PEI Project Name: 2. Skill Building in Children 0-13

Date:

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	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	X	<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	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	X	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	X	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	X	<input type="checkbox"/>		

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

Participants in the planning process prioritized services for children and youth in stressed families and children at risk of school failure. Planning participants pointed to high rates of teen pregnancy and family stressors related to poverty, including low wages, unemployment, unstable living situations (increasing due to the foreclosure crisis), and lack of access to services due transportation, linguistic, or cultural barriers. Additionally, participants raised the concern that young and/or stressed families are likely to experience substance use and domestic violence.

Teen Births

Births to Young Women 19 and under			
Age of Mom	Merced Births	Merced % of Births	CA % of Births
14 and under	6	.1%	.1%
15-17	170	4%	3%
18-19	389	9%	6%

Source: CA Dept. of Public Health

Child Abuse

The number of reported incidents of child abuse is declining in Merced County. However, the fluctuating number of children in foster care indicates that overall, the incidence of substantiated child abuse that results in children being removed from their home has not changed significantly over the past years.

Child Abuse Reports (Ages 0-17)			
	2001	2002	2003
Number of Abuse Reports	5,253	5,199	4,753
Rates per 1,000	71	70	63

Foster Care Placements (Ages 0-18)			
	2002	2003	2004
Number in Foster Care	482	571	536
Rate per 1,000	6	7	7

Source: Children Now 2005 County Fact Book

Substance Abuse and Family Violence

After holding steady during the late nineties, the number of arrests for drug violations rose sharply between 2000 and 2001. The rate of drug violations in Merced County is also much higher than that reported for California as a whole (14.4 arrests per 1,000 for Merced and 10.0 arrests per 1,000 for California overall). Anecdotal evidence provided by public health officials and current newspaper reports that these numbers continue to climb, fueled in part by a growing epidemic of methamphetamine use.

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Adult Arrests for Drug Violations (Ages 18-69)			
	1999	2000	2001
Total Arrests	1,421	1,638	1,889
Rates per 1,000 adults (18-69)	11.4	12.8	14.4

Source: Community Indicators of Alcohol and Drug Abuse Risk, Merced County 2004.

Domestic violence calls for assistance fluctuated slightly between 1998 and 2001. Merced County had a somewhat higher rate of domestic violence calls than California overall (11.8 versus 8.8 per 1,000 adults for 2001).

Given the high rates of domestic violence, child abuse and illicit substance use in Merced County have a disproportionately heavy impact on children and youth. Participants expressed a profound belief that the opportunity to conduct mental health prevention was best realized in young children. Young children, stakeholders agreed, can be taught resiliency skills, anger management and appropriate peer relations; adult behavior patterns are harder to reshape.

I recommend stress inoculation programs. We should be giving skills upfront so that when kids are confronted with traumatizing situations, there is less of an effect. Instead of waiting and dealing with kids that have exposure to traumatizing life experiences, whether family trauma or bullying at school, we need to give children the tools to respond in a healthy manner. Evidence shows that waiting until after exposure results in a higher rate of trauma. This I believe is the key difference between prevention and early intervention. –Key Informant Interview

I think there are huge opportunities for intervention in families and with young kids. We can impact social-emotional development. I think we need to focus on the youngest children and first attachment. We need to be looking at it in child care settings, and addressing risk factors and trauma. –Planning Participant

One consumer talked about having witnessed violence as a young child and how important it would have been for her to know that violent behaviors were not appropriate responses. Others talked about how children manifest mental health problems very early, telling stories of infants and toddlers that can't form attachments or make friends, of preschoolers who smear feces on the wall when angry, of childhood bullying, and the depression and anxiety of middle school children.

This current generation is not emotionally prepared to take on challenges. Kids today have no idea how to deal with failure or poor outcomes. We took away competition from little league and have given them grades to reflect effort not actual performance. We need to create middle school and high school programs that teach emotional skills, so their first response is not anger.—Key Informant Interview

We get a lot of calls from parents frustrated with schools after their children have been suspended for bad behavior. Teachers are frustrated too. We need interventions or programs in schools to help identify children early to prevent them from having trouble later and ending up in juvenile hall. We need more social skills or pull out programs to work with kids who are having difficulties. We need more support for parents too. Lots of times parents are sent to parenting classes, but those are for “typically developing” kids, not for the difficulties associated with parenting children with more severe behaviors.

In a focus group with Spanish speaking child care providers, the caregivers talked about excessive vomiting, children who don't have enough to eat, children whose parents tell them they are worthless, children traumatized by divorce, using excessive profanity, being

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unusually fearful against a backdrop of parents in denial, blameful of providers, and unwilling to discuss or receive assistance. These and others who spoke with us at community meetings emphasized the importance of existing resources such as ACCESS (the local resource and referral agency), Challenge Family Resource Center, and Caring Kids, all of which provide resources to parents as well as children.

Summary of Findings

- Young children 0-5 who are experiencing or witnessing anger or violence have a tendency to mimic those behaviors. Child care providers report that working with those children and communicating with their parents can be very difficult and that they need help in figuring out what to do.
- School teachers report that they can have the most influence on children's behavior in the younger grades (K-3) and that by fourth or fifth grade behavior patterns such as anger management and peer relations are fairly well established.
- Middle school can be a difficult time for young adolescents and experiences in middle school can profoundly shape how well a child will transition to high school, both academically and socially.

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

Program 1: Mental Health Training for Educators

Provider: Identified through RFP Process. One or more providers may be identified.

Funding: 1-year, \$64,500

Use of Funds:

- Provide mental health training in English and Spanish for early care and education staff and child care providers.
- Provide mental health training for school teachers (grades k-12).
- Create awareness of, and need for, more intensive mental health prevention and early intervention activities in schools.

Program 2: Caring Kids

Provider: Merced County Office of Education, Caring Kids

Funding: Ongoing, \$160,000, 1-year \$25,000 for staff training

Use of Funds:

- Expand Caring Kids capacity to:
- Screen large numbers of young children in multiple environments for social, emotional, developmental, or behavioral delays.

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- Teach strategies to child care providers and early care and education staff with children 0-5 who are identified with social, emotional, or behavioral delays to develop social competence and resilience in children in their environments.
- Provide one-on-one assessment and early behavioral intervention for children 0-5 and facilitate referrals for more long-term interventions to Merced County Interagency Children's Roundtable, Mental Health Department or special education.
- Conduct parent trainings (for groups and individuals) and home visits as necessary to teach parenting strategies and support the development of home environments that promote social competence in young children and assist parents in responding well to children with social, emotional, and behavioral delays.

Program 3: Second Step

Provider: Merced County Office of Education, allocated to individual schools per principal application

Funding: Ongoing, \$180,000, 1-year \$50,000 training and fidelity support

Use of Funds:

- Provide training and curricula materials for elementary school classrooms k-3.
- Provide fidelity oversight to program
- Provides for teaching assistants at schools to ensure model integration
- Provides for one Second Step Coordinator to work with participating schools
- Includes screening

Program 4: Middle School Mentoring Program Expansion

Provider: Merced County Alcohol and Drug Programs, Prevention Unit

Funding: Ongoing, \$65,000

Use of Funds:

- Enhance curricula to include Across the Ages evidence based mentoring components to improve positive relationships and attitude towards school.
- Expand target schools from three sites with six schools to nine sites with eighteen schools.

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Program Summaries

The Skill Building in Children 0-13 is intended to provide school-based mental health prevention and early intervention. The two-pronged strategy of the project is intended to (1) change the culture and understanding of mental health issues within schools and (2) provide PEI programs directly to children within the schools. Changing the culture will help promote the PEI programs by building faculty and administrative supports for the efforts as well as a better understanding of how to respond should early intervention be required. The three school-based programs target different age groups with the intention that program coordinators will “feed” children to the next level program as they “age out” of the various programs.

Mental Health Training for Educators

The first program funded for this project will be an intensive education effort targeting countywide educators. An RFP will be issued for this program with an understanding that one or more existing Merced County programs will likely be funded to complete this task. The education component envisions mental health classes that reach into every child care center and family day care home in the county and teacher trainings that are mandatory for all school staff on the topic of mental health.

Trainings will include information about what mental illnesses are, what causes them, prevalence, behaviors indicative of mental illness, and what to do about it. Trainings will discuss a broad spectrum of risk factors as well and talk about childhood depression, anger, violence, eating disorders, and substance use in the context of mental health. It will also help educate teachers on the difference in development and appropriate expectations for children with mental health issues or early onset of mental health illnesses.

These trainings will be offered one time and will be intended to help advertise the availability of new prevention and early intervention resources in the county and will talk to teachers and school staff about the existing programs available to come to their schools to aid prevention and early intervention efforts. This approach will build early buy-in for the three programs described below.

Caring Kids

The Caring Kids expansion will provide more staff to Caring Kids so that services can be provided to a greater number of children and families in a wider array of community environments where young children spend time. Caring Kids uses an evidence-based best practices model similar to other well-vetted programs (most notably *Incredible Years*) and has a successful history in the County. The assessments for the Caring Kids program have indicated a statistically significant impact on the reduction of problem behaviors, and a statistically significant increase in social skills. Data indicate 70% of the Caring Kids participants improved to the extent that they no longer qualified as having high problem behaviors and/or low social skills. Rather than spend resources on training and fidelity support of a new model program, the Planning Council unanimously agreed to use the PEI funding to expand services for a known and trusted community program. During community meetings and focus groups at least eight participants directly stated that Caring Kids had helped them and was an important county asset. Additionally 58 community members

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indicated that a behavioral program similar to *Incredible Years*, which Caring Kids is, would be their first preference for prevention strategies for children.

The Caring Kids project utilizes a “positive behavioral support” model. This model delivers direct services as well as provides teachers, parents, and child care providers with the necessary skills and strategies to: 1) Assess a child’s current and ongoing social behaviors, 2) Teach the child new socially acceptable skills, 3) Ensure that the resources and services necessary for appropriate social and emotional development of the child are available and implemented, and 4) Include parents and child-care providers as partners in the intervention process.

Expansion funding will enable Caring Kids to expand their current focus (currently on infants and toddlers in licensed and licensed–exempt family child care homes) to work with preschools and early childhood education centers. The funding will also allow for more one on one activities with parents in their homes and more direct services for those parents who seek assistance outside of a child care setting. Trainings will include a focus on infant mental health (0-12 months) and on working with parents in different cultural contexts.

Second Step

Second Step is a classroom-based social-skills program for children 4 to 14 years of age that teaches socio-emotional skills aimed at reducing impulsive and aggressive behavior while increasing social competence. The program builds on cognitive behavioral intervention models integrated with social learning theory, empathy research, and social information-processing theories. The program consists of screening, in-school curricula, parent training, and skill development. Second Step teaches children to identify and understand their own and others' emotions, reduce impulsiveness and choose positive goals, and manage their emotional reactions and decision making process when emotionally aroused. The curriculum is divided into two age groups: preschool through 5th grade (with 20 to 25 lessons per year) and 6th through 9th grade (with 15 lessons in year 1 and 8 lessons in the following 2 years). Each curriculum contains five teaching kits that build sequentially and cover empathy, impulse control, and anger management in developmentally and age-appropriate ways. Group decision making, modeling, coaching, and practice are demonstrated in the Second Step lessons using interpersonal situations presented in photos or video format.

The Second Step expansion project will enable more schools to implement the Second Step curriculum on their campuses, which is currently successful in three Merced County elementary schools. Parents, school administrators, and community planning participants all agreed on its importance, with twenty-eight community members indicating that this would be an important program to expand. The program coordinator from Delhi Unified School District and the program supervisor at the Merced County Office of Education both attested to the successfulness of the program and the impact Second Step has been having on discipline and behavior issues on school campuses. Second Step funding will be granted to the Merced County Office of Education with a charge to expand the program county wide based on principal commitment and school need and risk factors for mental health. The program will be overseen by a coordinator housed within the Office of Education.

It is also intended that any children served through the Caring Kids program be referred to the Second Steps program as appropriate. Databases to aid in this effort will be requested through the Information Technology component of the MHSA funding. Policies and

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procedures for data sharing within and across agency for at-risk children, youth and families served through MHS efforts are incorporated into the administrative responsibilities and is outlined in Form No. 5.

Middle School Mentoring

The Middle School Mentoring Program will expand a state funded alcohol and drug prevention program for middle school children. The program works towards alcohol and drug prevention through a peer mentoring model, pairing trained high school leaders with at-risk eighth graders. Core curriculum activities include education about the ill effects of alcohol and drugs. This PEI prevention funding will expand the program so that it can be in more middle schools and it will expand the curriculum used to incorporate Across Ages components to improve attitudes towards school, peer relations, and adults.

The middle school mentoring program was not formally presented as an option to community members during the April planning meetings. Reviewing the list of potential strategies community members reported dismay that there was not a good peer mentoring program to choose from. Participants also expressed dismay that there was not enough focused on middle schools. Based on input from community meetings the issue was brought back to the Planning Council for review. The Planning Council unanimously agreed that the plan needed to include a component that addressed mental health prevention and early intervention amongst middle-schoolers given the risk factors associated with the transitions that happen during this age period. The middle school mentoring program was selected because it provided a peer mentoring component, targeted the highest risk eighth graders, and because through the expansion of an existing model it will be implemented in every middle school in the county.

Across Ages is a SAMHSA approved evidence based mentoring program. Outcomes include:

- Decreased alcohol and tobacco use
- Increase knowledge about and negative attitude toward drug use
- Increase school attendance, decreased suspensions from school, and improved grades
- Improve attitudes toward school and the future
- Improve attitudes toward adults in general and older adults

The mentoring program will also be a greater opportunity to provide a trusted young person to work with middle school children should a crisis arise. All youth mentors will be trained in mental health issues and will be given information on how to talk with middle school children and when to ask for adult help around issues of (mild) depression and anxiety. Mentors will also be trained to help identify middle school children for whom a more serious intervention is needed as when there are suspected instances of cutting, eating disorders, or other more serious mental health issues or traumas.

Addressing Disparities in Access

The expansion of existing programs means a marked reduction in disparities in access. Previously underserved communities such as Los Banos and Hilmar will now have access to programs and supports for their children. The middle school mentoring program will serve all county middle schools. The Office of Education has committed to ensuring that both Caring Kids and Second Step are implemented in a manner that supports the geographic breadth of

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the county. It is also intended that several of the program staff in each program are bilingual in the county's most common languages.

Estimating Numbers Served

Accurate estimates of the number of children served were developed by analyzing current activities within existing budgets. Extrapolating services based on the expanded budgets available through PEI funding resulted in the estimated service counts.

The actual number of teachers trained through the mental health education programs is unknown. However Merced County is committed to training all educators, including preschool teachers, school administrators, health staff, and faculty, in mental health issues. A significant amount of funding (\$64,500) has been set aside to support training efforts. More information on how funds will be allocated is provided in the budget narrative.

Transition to Existing Mental Health Services

Teacher training will also help ensure that children with existing mental health issues are identified for screening and referral earlier. During the planning process parents continually expressed dismay that teachers and other professionals did not know enough about mental health to refer them for an assessment. Through better teacher training and specialized programs in schools it is intended that children are more appropriately screened, assessed and referred to early intervention services for mental health.

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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	
Mental Health Training for Educators	500 Individuals		
Caring Kids (Program Expansion)	300 Individuals & 300 Families and ECE staff	5 Individuals & 5 Families	
Second Step (Program Expansion)	216 Individuals & 216 Families:		
Middle School Mentoring Program (Friday Night Live Program Expansion)	168 Individuals		
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families:	Individuals: Families:	

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5. Alternate Programs

- Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3).

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

Each of the programs funded through this project have long-standing relationships with County Mental Health. The Alcohol and Drug Program is integrated with the Mental Health Department and both report to the same Director, Frank Whitman. The Office of Education oversees education across the County and works closely with the Mental Health Department.

The emphasis placed in this project on upfront training (\$134,500) for all educators and project staff is intended to ensure that any participants who are perceived to need further assessment or extended treatment for mental illnesses or emotional disturbances will be identified and linked to appropriate mental health care or other support services.

7. Collaboration and System Enhancements

This PEI Skill Building Project will promote collaboration and partnership with community based organizations and service agencies by conducting trainings and education sessions within public elementary and middle schools and child care providers, since these institutions are deeply embedded in the community. This Project will begin with training teachers about the importance of appropriate mental health prevention and early intervention programming in the schools. The intentions of these trainings are twofold. First they will promote an awareness of mental health issues and give information on how to recognize signs and symptoms and how to access assistance when it is needed. Secondly, the trainings will promote interest and support for the range of services offered through this PEI Skill Building Project.

Funding will primarily be used to expand capacity and enhance programming of existing programs. Caring Kids will be a true county-wide public/private partnership, receiving core funding from First 5 Merced County, expansion funding from Merced County Mental Health, and in-home and child care services from the Office of Education.

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8. Intended Outcomes

This project has been selected for the local evaluation component. Additional details regarding the intended outcomes and the ways in which they will be measured is described in Form #7.

The principal outcomes for the Skill Building in Children 0-13 Project will be to:

- Reduce the psycho social impact of trauma;
- Improve the lives of at risk children;
- Reduce stigma and discrimination by talking more openly about mental health issues; and
- Increase protective factors.

The logic model below illustrates the theory of change and the rationale for selecting this project.

Focus Area	Resources	Activities	Outputs	Outcomes	Measures	Impact
<i>List the most important things the program will accomplish</i>	<i>Describe the resources that will support the program activities</i>	<i>Describe and define the program activities</i>	<i>For each activity identify ways to demonstrate that services have been delivered</i>	<i>Identify what changes you expect each activity to effect</i>	<i>Specify the ways that these outcomes will be measured</i>	<i>Describe the impact that the community will feel in 1-2 years as a result of the program</i>
Increase resiliency: Children will develop a skill set for responding to difficult situations Improve parenting: Parents will be given tools and resources for better parenting Reduce stigma: Teachers and children have better understanding of mental health	Knowledgeable teachers to identify at risk children Trained staff to work with children Trained youth to provide peer mentoring Support for programming amongst school administrators Educated and supportive parents and community	Curricula that addresses positive peer relations and appropriate behaviors in 3 targeted age groups Teacher training Parenting classes	Count of trainings Count of parenting classes and attendance Count of child participants Fidelity oversight for Second Step curriculum	Positive behaviors in children Appropriate parenting Knowledgeable teachers	Knowledge pre and post presentations Impact in household after six weeks Teacher reports, school engagement Parent and child surveys	Reduced violence by children e.g. (bullying, hitting) Reduce incidents of children hurting themselves (e.g. cutting) More appropriate referrals to services

9. Coordination with Other MHSA Components

All programs are intended as stand alone programs with a shared sub-objective of increasing awareness and understanding of mental health issues for children amongst children, families and educators. Additionally Second Step and the Middle School Mentoring program will help identify children who may benefit from the We-Can Program. The We-Can program supports children and youth 8-18 in foster placements who need extensive supports and services, including wrap around services, collaboration and child study teams with schools and child welfare, and targeted education and home case assistance to enhance the home environment.

10. Additional Comments (optional)

These programs build on the guiding principles outlined by community members and the Planning Council to provide services in natural settings, to target the whole person, and to expand existing programs. In particular the potential to leverage additional MHSA funding proved to be critical in retaining existing funding for at least one very successful program.

All funding released in Merced County through the Prevention and Early Intervention Component of the Mental Health Services Act will be made available through a formal RFP and/or MOU process. All funded entities will be asked to demonstrate the ways in which their activities reach out to underserved and isolated communities including language/cultural communities and the many geographically isolated communities of Merced County.

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County: Merced

PEI Project Name: 3. Life Skills for At-Risk TAYS 14-25

Date:

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"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	X	<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"/>	X	<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"/>	X		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	X		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	X		

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

Merced County residents are very concerned about teens and transitional age youth. According to Children Now, 11% of Merced youth are neither in school or employed. In community meetings and key informant interviews, planning participants identified drug use, gang involvement, school failure and teen pregnancies as some of their biggest concerns. According to the planning participants, some of the root causes of these troubling activities include mental health issues related to poor relationships with parents and other adults, inappropriate anger or rebellion, and need for love and attention. The following are quotes from interviewees and planning meeting attendees regarding the mental health challenges of transitional age youth and teenagers:

I know some of our kids are headed here [juvenile justice involvement]. Sometimes I wonder what we could do to teach them how to take better care of themselves.

When I worked in a residential program for adolescent males they all had early childhood trauma and abuse. And a significant number had attachment disorders.

Drugs are the biggest problem. Kids need to get proper diagnosis and treatment for their mental health issues. For a lot of people, drugs and mental health go hand in hand.

Juvenile crime rates seem to be going down, but then again a lot of youth are being tried as adults, especially for violent crimes. We have a juvenile crime prevention grant that is really helping juvenile recidivism, but it only impacts those under 18. Crime rates for 18-25 year olds are skyrocketing as soon as they lose the comprehensive case management services.

Transitional age youth struggle with both adult and youth-related issues. During focus groups with teen mothers, the young women who shared their stories talked about the difficulties inherent in being both children and parents. Aside from practical difficulties such as not being legally allowed to drive with their children, have intimate relations with their baby's father, or sign their child's consent forms, these teen mothers also struggle with much more difficult issues, including:

- Role confusion, wanting at times to still be a kid and play like other teenagers;
- Responsibilities of caring for their own children;
- Lack of support or role models from parents who are abusive and/or use drugs;
- Loneliness; related to peer isolation as a result of the pregnancy; and
- Depression related to hopelessness about ability to make everything function smoothly.

They also talked quite extensively about the young men in their lives. During the planning process we heard stories about young men who are involved in gangs because of a perceived lack of options and familial expectations. Others talked about young men who had fathered multiple children with multiple young women, and for whom their fatherhood is a status symbol. Principally, the young mothers talked about their desire for themselves and their children to have stable, supportive relationships with their boyfriends. When asked about ideal programs and supports for them and their children, the young women were quick to

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identify emotional support for themselves, family support or counseling for themselves and their partners, and employment training in order to provide for themselves and their children.

Summary of Findings

- Transitional age youth with the highest risk factors need meaningful opportunities to engage in more productive activities. Meaningful employment and community activities are bigger incentives to program participation than support group activities. Field trips and food are also big draws.
- High-risk transitional age youth frequently do not rely on their parents for social support and are more likely to seek support and advice from peers and other caring adults.
- In spite of demonstrating multiple risk factors (such as school failure and teen pregnancy, etc.) many transitional age youth still demonstrate enormous resiliency and optimism. They retain intentions to complete school, go to college, and get good jobs.
- Programs for transitional age youth must take into account their support networks, and families, including parents, boyfriends/girlfriends, or children.

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- Overview of PEI Project

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

Program 1: Transition to Independence Process

Provider: To be identified through RFP, collaborative proposals strongly encouraged.

Funding: Ongoing, \$250,000, 1-year \$75,000 for training and fidelity support.

Use of Funds:

- Three Case Managers for three youth groups--15 youth 14-17 and 30 youth 18-25;
- Program Coordinator to oversee case managers, ensure fidelity, and create linkages to other programs and supports; and
- Training, fidelity management, and evaluation.

Project 2, Skill Building in Children 0-13, is intended to alleviate some of the risk factors associated with mental health issues in children early on. It is the “prevention” component of this PEI plan. Project 3 described below provides “early intervention” for those very high-risk youth for whom prevention efforts have not succeeded. The target population for this program includes youth ages 15 to 25 years with two or more of the following risk factors:

- Homeless or with housing instability (i.e. couch surfing, living in a motel, etc)
- Parenting, pregnant, or fathering children
- Substance use
- Gang involvement
- School failure
- Juvenile justice involvement
- Involved with the Child Welfare System
- Emotional and/or behavioral difficulties

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Program Summaries

The Transition to Independence Process received a great deal of support at community meetings (seventeen participants specifically prioritized this program¹). The mission of the Transition to Independence Process (TIP) system is to assist young people with emotional and/or behavioral difficulties in making a successful transition to adulthood with all young persons achieving, within their potential, their goals in the transition domains of education, employment, living situation, and community life.

The Transition to Independence Process (TIP) Model was developed to engage youth and young adults in planning their own futures; provide them with developmentally-appropriate services and supports; and involve them, their families and other support figures in preparing for greater self-sufficiency and successful achievement of goals.

In the Transition to Independence Process “transition facilitators” assist young persons in making a successful transition into adulthood, so that they achieve personal goals in the transition domains of employment, education, living situation, personal adjustment, and community life functioning. They assess and coach youth, provide case management, and work collaboratively with other providers and family members. The model has a strong theoretical base and well-developed tools for implementation. It is rated as a promising evidence-based practice since it has some empirical support.

TIP System Guidelines:

- Engage young people through relationship development, person-centered planning, and a focus on their futures.
- Tailor services and supports to be accessible, coordinated, developmentally-appropriate, and build on strengths to enable the young people to pursue their goals across all transition domains.
- Acknowledge and develop personal choice and social responsibility with young people.
- Ensure a safety-net of support by involving a young person's parents, family members, and other informal and formal key players.
- Enhance young persons competencies to assist them in achieving greater self-sufficiency and confidence.
- Maintain an outcome focus in the TIP system at the young person, program, and community levels.
- Involve young people, parents, and other community partners in the TIP system at the practice, program, and community levels.

¹ While three other proposed strategies received greater support, they were funded in other proposed PEI projects (peer mentoring) or they were deemed financially infeasible (afterschool expansion) given budget limitations.

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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	
Transition to Independence for At-Risk TAYS		Individuals: 45 Families: 45	
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families:	Individuals: 45 Families: 45	

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5. Alternate Programs

- Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3).

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

The target population of the TIP Program is high-risk transitional age youth, most of whom are engaged in existing support services. In particular it is anticipated that the TIP program will serve children and youth within or emancipated from the foster care system, children and youth with juvenile justice involvement, children and youth identified as at risk of school failure and children and youth who are pregnant or parenting. Existing county and school programs will continue to serve the TIP program participants, and TIP case managers will be required to help coordinate activities and care services with other providers.

7. Collaboration and System Enhancements

The TIP Program will be new to Merced County. It is anticipated that the winning response to the competitive application will be from a collaboration of existing service providers that bring together experience working with Transitional Age Youth and connections with County services, including probation, public health's teen parenting program, child protective services, and schools. While not required for program success, eventual justice involvement through the juvenile court and the drug court would also be ideal.

Addressing Disparities in Access

In Merced County many of the programs and services available for high risk youth cease to be available as soon as they turn eighteen. Service providers described a "dangerous" gap period between 18 and 25 as youth are learning how to be independent. During this time young adults are reluctant to seek services or supports through the adult system because the participants are so much older and "different" than them. One probation officer reported that though juvenile crime rates were dropping the "adult" crime rates amongst 18-25 year olds were "skyrocketing" because no one has funding to give them attention. The TIP program is specifically intended to help those TAYs who otherwise receive no (positive) interventions.

Estimating Numbers Served

The program budget and estimates of the number that can be served through the TIP program have been developed in consultation with Dr. Clark, the lead architect of the Transition to Independence Process.

Transition to Existing Mental Health Services

The high risk TAYs participating in this early intervention program will have many linkages to existing mental health services. Should additional mental health services be required transition facilitators or others will be able to help support the referral process.

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8. Intended Outcomes

The principal outcomes for the Transitions to Independence for At-Risk TAYS Project will be to reduce the psycho social impact of trauma, and improve the lives of at risk children, youth and young adults, including any young children parented by program participants. The logic model below illustrates the theory of change and the rationale for selecting this project.

Focus Area	Resources	Activities	Outputs	Outcomes	Measures	Impact
<i>List the most important things the program will accomplish</i>	<i>Describe the resources that will support the program activities</i>	<i>Describe and define the program activities</i>	<i>For each activity identify ways to demonstrate that services have been delivered</i>	<i>Identify what changes you expect each activity to effect</i>	<i>Specify the ways that these outcomes will be measured</i>	<i>Describe the impact that the community will feel in 1-2 years as a result of the program</i>
Create stronger families Provide legitimate opportunities for self-respect and meaning for TAYs Develop education and job skills Provide disincentives for juvenile justice involvement	This will be a new program to Merced County. Anticipated resources may include: Juvenile justice Gang prevention programs Teen Parenting programs through health department and schools Employment and workforce development programs Fidelity will be tracked and supported by program authors	Mentoring Friendships and peer support Job skills School completion support Family counseling Case management Conflict resolution	Quarterly case manager reports Counts of participants Duration of participation	Reduced gang activity Reduced substance use Delay second pregnancies School completion Employment Housing Reduced Mental Health impact (fear, anxiety, anger, depression)	Participant self reports of behaviors Medical records Graduation rates Employment and earnings Stability of housing Participant self reports of mental health and quality of live	Fewer at-risk TAYS Strengthened collaboration for working with TAYS

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9. Coordination with Other MHSA Components

The Transition to Independence Process will coordinate with the We-Can program developed through the Community Services and Supports funding. TIP will serve similarly high risk children but will not be bounded by the criteria to serve children in foster care. It also provides services for transitional age youth 18-25, some of whom may have aged out of the foster care and/or juvenile justice systems. The focus too is slightly different. The We-Can program is geared for a younger child and emphasizes social skills, peer relations, and therapy. TIP places a heavier emphasis on developing life skills including employment training, money management, and intimate relationship skills for transitional age youth to break cycles of family violence.

10. Additional Comments (optional)

The Transition to Independence Process is intended to build the protective factors that lead to increased resiliency, competency, and ability to cope. This project has not been selected for the county wide outcome evaluation due to the small number of participants anticipated to be served. However, ongoing research by Dr. Clark will include the findings from Merced County. Dr. Clark's findings will be reported back to Merced County through ongoing fidelity support and coaching. Dr. Clark will also use the Merced County research in position papers and journal articles describing the efficacy of TIP and the importance of creating positive interventions for transition age youth. It is hoped that this effort will contribute to the field of evidence based practices and support other communities who are looking to improve outcomes in the lives of adolescents and young adults.

All funding released in Merced County through the Prevention and Early Intervention Component of the Mental Health Services Act will be made available through a formal RFP and/or MOU process. All funded entities will be asked to demonstrate the ways in which their activities reach out to underserved and isolated communities including language/cultural communities and the many geographically isolated communities of Merced County.

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County: Merced
Date:

PEI Project Name: 4. Integrated Primary Care and Mental Health

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"/>	X	X
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	X	X
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"/>	X

2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
D. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	X	X
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	X	X
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"/>		

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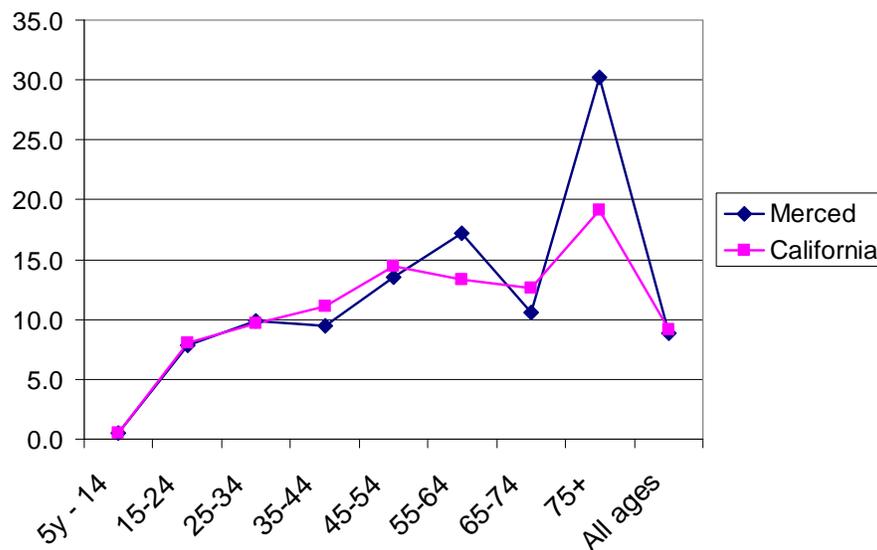
B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

In numerous focus groups, interviews and community meetings Merced County stakeholders discussed the importance of primary care facilities in mental health prevention and early intervention. Adults, they reported, typically do not self identify as having a mental health issue. Rather a first entry into mental health services is usually through their primary care providers. Believing in the principal of “no wrong door,” it is critical that primary care centers serve as a warm entre to mental health services. Further for many adults there is stigma associated with seeking services at the mental health department and to the extent that screenings and early interventions can be provided elsewhere it helps ensure that more individuals are comfortable seeking help.

Findings in the 2008 PEI planning process echoed those made during the 2005 CSS planning process. During 2005 it was discovered that 97 older adults are served by the County Mental Health Department and it was recommended that “vigorous outreach and education” could best support this population. Further it was learned that “older adults want treatment in their homes or in conjunction with their primary care physician.” During the 2008 planning process these findings were confirmed and refined. Of particular importance is that in focus groups with Latinos and Hmongs, adults (particularly over 45) also want trusted cultural broker or liaison’s to help explain and encourage first inquiries and experiences with mental health services.

Suicide prevention was also identified as a critical focus, with unusually high rates of adult suicides in Merced County.

**Suicide Deaths per 100,000
Merced vs. California²**



² National Center for Health Statistics, www.cdc.gov/nchs, 2000-2004

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Service providers and older adult stakeholders unanimously prioritized PEI services for older adults at-risk of depression and suicide. Conversations with representatives of the Human Services division of Adult Services and the Area Agency on Aging (AAA) reported two primary precipitating factors in suicides amongst older adults: recent trauma related to loss of spouse or functionality and chronic depression.

The following three program activities were recommended for adults and older adults in Merced County by over 30 planning participants:

- Screening, assessment and referrals for first onset of depression (34)
- In-home programs to encourage active rewarding lives for seniors (32)
- Integrated primary care and mental health care (30)

Each of these recommendations is addressed through the Merced PEI plan. Additionally, the Planning Council recommended efforts designed to prevent suicide among older adults.

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

This project envisions the funding of one or more proposals to provide integrated primary care services and mental health. Bid applicants will be encouraged to develop innovative collaborations and partnerships. Applicants may propose to implement one or more of the programs through Integrated Primary Care and Mental Health Program funding,

Program 1: Integrated Mental Health in Primary Care Settings

Provider: To be identified through RFP, collaborative proposals strongly encouraged. One proposal may be submitted for program 1 and 3.

Funding: Ongoing, \$255,000 with \$25,000 recommended in the first year for Depression Training for Health Care Professionals.

Use of Funds:

- Conduct PHQ-9 depression screening on all new patients, annually for older adults (estimated 10,000 – 40,000 patients).
- Provide care coordinators, LCSWS or other mental health clinicians within primary care clinics to support Clinicians in working with patients to resolve mild mental health issues or link patients to more appropriate services (serving 2,000 patients).
- Incorporate best practices for integrated primary care and mental health care services (see Robert Wood Johnson and MacArthur Initiative on Depression in Primary Care).

Program 2: Prospect Suicide Prevention Training

Provider: Prospect Training will be provided to all interested Merced County providers. Recommended participation in training for all recipients of program 1 and 4 funding.

Funding: 1-year, \$20,000

- Training and fidelity support for Prospect Suicide Prevention.

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Program 3: Cultural Brokers for Mental Health Services

Provider: To be identified through RFP, collaborative proposals strongly encouraged. One proposal may be submitted for program 1 and 3.

Funding: Ongoing, \$95,000, linked to one-year funding for Targeted Outreach to Culturally and Linguistically Isolated Families

Use of Funds:

- Conduct trainings with primary care clinic staff on mental health norms for culturally and linguistically isolated individuals.
- Ensure all mental health materials are appropriately translated and worded for diverse culturally and linguistically isolated individuals.
- Provide ongoing cultural brokering for mental health prevention and early intervention within clinic and community settings.
- Serve as mental health ambassadors to reduce barriers related to linguistic and cultural access and fear of stigma or discrimination.

Program 4: PEARLS (Program to Encourage Active, Rewarding Lives for Seniors)

Provider: To be identified through RFP, collaborative proposals strongly encouraged.

Funding: Ongoing, \$110,000

Use of Funds:

- Two part-time, bi-lingual social service workers.
- Enrichment activities for older adults, including non-client participants.
- Coordination with cultural brokers to ensure engagement of culturally and linguistically isolated older adults.
- Food security assessment, as related to depression in older adults, and related problem solving.

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Program Summaries

The Integrated Primary Care and Mental Health Project includes four programs, intended to act in partnership, designed to integrate primary and mental health care for adults and older adults. This Project revolves around primary care centers as the nexus of care. It seeks to augment the services available at existing primary care centers to help ensure that they are more able to provide early intervention for mental health issues such as depression, anxiety, and (for older adults) suicide ideation. The Project will fund the establishment of care managers within clinics to provide short term problem solving therapies to teach coping skills and link participants to existing services. The project will include a special focus on older adults and will include suicide prevention training for the care managers and the establishment of specially trained home visiting care managers to work with the elderly. It also places a great emphasis on cultural competency, providing funding to work with existing mental health cultural brokers (established by the Public Awareness Project) to ensure all of Merced's population has access to these services.

Integrated Mental Health in Primary Care Settings

This Project will expand the capacity of community health care clinics to provide mental health screenings (PHQ-9 and long form, as indicated), care coordination, and early interventions. Clinic providers will receive training on depression, and clinic administrators will work to implement policies that support best practices for mental health integration.

It is anticipated that up to five, half time (0.5 FTE), care coordinators, LCSWs, or other licensed or unlicensed mental health professionals (as deemed necessary for clinic services) will be funded to provide direct mental health prevention and early intervention services in community clinic settings across the county (including at least one clinic each in the west and north regions of the county). Mental health professionals will work with patients to help identify resources and supports to eliminate or reduce stressors in their lives. Mental health professionals, working in tandem with cultural brokers, will help culturally and linguistically isolated individuals identify the services and supports necessary to stabilize their mental well being. As appropriate care coordinators will help transition patients to more extensive existing mental health services both within clinic practices and as funded through community services and supports.

In addition funds are designated to help each participating clinic implement best practices for integrated primary care and mental health through clinician training and other reorganization supports necessary to implement a new way of doing business.

Prevention of Suicide in Primary Care Elderly Collaborative Trial (PROSPECT)

With PROSPECT specially trained clinic based mental health professionals provide up to 12 weeks of intervention for suicide ideation. Preliminary findings suggest that this level of intervention can be effective in reducing suicide ideation, particularly in those with no prior history of suicide attempt. The PROSPECT program will be offered in tandem with the integrated mental health program because studies demonstrate that effective clinical care is one of the associated protective factors for older adults. Other interested Merced County clinicians will also be offered the opportunity to participate in this one-time training opportunity.

Cultural Brokers for Mental Health Services

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This Project will fund Cultural Brokers (known elsewhere as *promotores* or lay mental health workers). Cultural Brokers are typically affiliated with local community based organizations and serve as consumer advocates. They conduct community outreach, facilitate self-help and peer support groups, and provide culturally and linguistically appropriate information about wellness, mental health and mental health services. Cultural Brokers will work independently and in partnership with the funded clinics to make mental health services more meaningful and appropriate for the culturally and linguistically isolated, including the Latino, Hmong, and even the smaller Punjabi and Mixteca communities, for example.

PEARLS

The Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) is an intervention for people 60 years and older who have minor depression as a result of loneliness, isolation, or recent loss and are receiving home-based social services from community services agencies. The program is designed to reduce symptoms of depression and improve health-related quality of life. PEARLS provides eight 50-minute sessions with a trained social service worker in the client's home over 19 weeks. Counselors use three depression management techniques: (1) problem-solving treatment, in which clients are taught to recognize depressive symptoms, define problems that may contribute to depression, and devise steps to solve these problems; (2) social and physical activity planning; and (3) planning to participate in pleasant events. Counselors encourage participants to use existing community services and attend local events.

Planning participants were attracted to the PEARLS program due to the home-based nature of the program and its emphasis on mild, non-acute depression. The use of social workers versus trained mental health clinicians makes this program easier to expand to local community based agencies and using more culturally competent staff.

Addressing Disparities in Access

This Project has been developed to address some of the largest disparities in access related to income, geography, language or cultural background, and age. The provision of the care managers at the community clinics will prove early intervention mental health services for thousands of poor and working poor residents of Merced County who would otherwise forego treatment due to the cost of private help. As stated in the program summary and through the affirmation of the Planning Council, this project is also intended to be spread throughout the county with an estimate of three to five clinics in diverse locations adding care managers. The north and the west side of the county have been specially noted in this planning process as requiring services. The cultural broker component ensures that linguistically and culturally isolated Hmong and Spanish speakers will be more aware of and more comfortable with accessing services and the PEARLS and PROSPECT programs ensures that there are specially trained care managers working with older adults in their homes or within easily accessible neighborhood clinic settings.

Estimating Numbers Served

Estimates on the number to be served were based on the likely clinic capacity of the care managers budgeted for the positions. These estimates were also reviewed by community clinic administrative staff to verify potential feasibility. Local community clinics see up to 50,000 patients annually, primarily those who are uninsured or who have Medi-Cal

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insurance. Through the integrated primary care and mental health program it is hoped that up to 20% of clinic patients will receive a brief depression screening. Currently a depression screening may be administered to postpartum women, diabetics, and others. It is hoped that through additional funding depression screening will become more routine.

Transition to Existing Mental Health Services

The opportunity to provide clinician training to non-mental health care providers through this funding also ensures that clinicians in the county are more mindful of the mental health needs of their patients and more aware of the potential services to refer them to. In speaking with local clinicians this latter issue has been the largest barrier for primary care clinicians who have expressed frustration in responding to mental health services because they feel as if there are no referral options for non-acute mental health issues. The training will give more information on treating mild mental health issues within the primary care settings as confidence that there are now early intervention services for non-acute mental health issues such as depression and anxiety that they can both refer to and ensure that there will be ongoing care coordination.

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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	
Integrated Mental Health in Primary Care Settings: screening and care management	10,000 individuals (Screened)	2,000 Individuals: (Care mgmt):	
Cultural Brokers for Mental Health Services	Individuals: 100 Families: 400	Individuals: 100 Families:	
PEARLS Program	Individuals: Families:	Individuals: 100 Families:	
Prospect Suicide Prevention in Primary Care Settings	Individuals: 20 Families:	Individuals: Families:	
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 10,120 Families: 400	Individuals: 2,200 Families:	

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5. Alternate Programs

- Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3).

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

In community meeting, interviews and focus groups primary care providers emphasized their frustration in getting patients services for non-acute mental health needs. Physicians and other service providers described long wait times and services that felt more alienating than supportive. They also reported that patients frequently refused to seek mental health services through the public mental health system claiming that “they did not have a problem.” The integrated care model responds to the guiding principles to provide services in natural community settings and to ensure that services are provided in a culturally appropriate manner. The additional funding allocated to support culturally appropriate access to mental health services within primary care settings means that individuals and families who are distrustful of new care providers can receive low-level, early mental health interventions in familiar places from trusted providers in their own language.

By providing information and resources on how to live more active and rewarding lives the PEARLS program will be an important mechanism for engaging seniors in existing community programs, such as local senior clubs, lunch programs, and volunteer opportunities. The Merced PEARLS program will have a special focus on encouraging seniors to participate in the lunch program which participants attest provide both a nutritious lunch and also the socialization and camaraderie of a shared meal.

7. Collaboration and System Enhancements

The integrated primary care and mental health model outlined above requires applicable community health clinics to incorporate best practices for mental health and requires collaboration with culturally appropriate service providers in order to ensure that all of Merced County’s populations receive the interventions they need. This collaborative approach to early mental health interventions was carefully crafted and proposed by a consortium of service providers in an attempt to both improve collaboration and enhance the current systems of care. It is also intended to expand current outreach to the Latino and South East Asian Communities to include mental health prevention and early intervention activities.

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8. Intended Outcomes

The principal outcomes for the Integrated Primary Care and Mental Health Care will be to reduce disparities in access to mental health care and the psycho social impact of trauma. It will also address suicide prevention in older adults. The logic model below illustrates the theory of change and the rationale for selecting this project.

Focus Area	Resources	Activities	Outputs	Outcomes	Measures	Impact
<i>List the most important things the program will accomplish</i>	<i>Describe the resources that will support the program activities</i>	<i>Describe and define the program activities</i>	<i>For each activity identify ways to demonstrate that services have been delivered</i>	<i>Identify what changes you expect each activity to effect</i>	<i>Specify the ways that these outcomes will be measured</i>	<i>Describe the impact that the community will feel in 1-2 years as a result of the program</i>
<p>Primary Care facilities will provide mental health screening and early intervention for Merced County</p> <p>Primary Care facilities that provide mental health services will have better capacity to serve culturally and linguistically isolated</p> <p>Early interventions will be provided for seniors with mild depression</p> <p>Increased access to and awareness of suicide prevention for older adults</p>	<p>Primary care clinics</p> <p>Physicians</p> <p>Existing mental health personnel</p> <p>Case managers (new resources)</p> <p>Cultural brokers (new resources)</p> <p>Existing senior programs, clubs, nutrition centers, and food bank</p>	<p>Primary care clinics provide screenings</p> <p>Primary care physicians will be trained in mental health treatment</p> <p>Case managers will help resolve mild anxieties</p> <p>Cultural brokers will be trained to work with clinics and to train on cultural responses</p> <p>Enrichment activities will be provided for seniors</p> <p>Food security will be addressed</p> <p>Clinicians will be trained in suicide risk and prevention</p>	<p>Physician/ clinician trainings</p> <p>Counts of PHQ-9 screenings administered, positive results, and follow-up activities by race/ethnicity</p> <p>Case load for case managers by race/ethnicity</p> <p>Cultural brokers trainings</p> <p>Enrichment and nutrition resources utilized</p> <p>Prospect referrals made</p>	<p>Change in clinician knowledge</p> <p>Increased # of screenings</p> <p>Increased utilization of existing senior resources and programs</p> <p>Cultural brokers will help identify different ways of providing mental health</p> <p>Self reported improvements in quality of life</p> <p>Decrease in rates of suicide amongst older adults</p>	<p>Monthly clinic reports</p> <p>Quarterly case management reports</p> <p>Quality of Life questionnaire</p> <p>Suicide rates</p> <p>Services for culturally and linguistically isolated</p> <p>Additional sources:</p> <p>Annual report by food bank</p> <p>Annual report by AAA</p> <p>Participant focus group</p>	<p>Approximately 20% of Merced County residents will have access to early mental health interventions through their primary care providers</p> <p>Suicide rates in older adults will more closely resemble Statewide norms</p> <p>Linguistically and culturally isolated adults and seniors who have experienced trauma have appropriate interventions</p>

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9. Coordination with Other MHSA Components

The Integrated Primary Care model proposed in this project provides expanded services to both the Southeast Asian and the Latino community through more focused early intervention activities. This project will help transition individuals who are identified with a mental health disorder to the long term community services and supports currently provided including the Southeast Asian Community Advocacy Program (serving Southeast Asians with severe mental illness, post traumatic stress disorder and depression) and the Wellness Center.

10. Additional Comments (optional)

The integrated primary care and mental health project is intended to leverage existing efforts to provide mental health support within local community clinics. Due to funding restrictions these services are provided on a limited basis for moderate level mental health services, principally depression and anxiety. Existing services, paid for through Medi-Cal reimbursable expenses, cover a scant portion of the county need. Further a number of those seeking assistance have no insurance of any sort. The addition of trained care managers in the clinic settings will give primary health care centers more opportunity to respond to individuals in a timely basis and will enable them to provide services to up to 2,000 more people on an annual basis.

All funding released in Merced County through the Prevention and Early Intervention Component of the Mental Health Services Act will be made available through a formal RFP and/or MOU process. All funded entities will be asked to demonstrate the ways in which their activities reach out to underserved and isolated communities including language/cultural communities and the many geographically isolated communities of Merced County.

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PEI REVENUE AND EXPENDITURE BUDGET WORKSHEET (FORM # 4)

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**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 4**

**Form
No. 4**

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

County Name:	Merced	Date:	September, 2008
PEI Project Name:	1. Public Awareness and Education		
Provider Name (if known):	Multiple Providers intended		
Intended Provider Category:	County Mental Health and eligible applicants: CBOs, other county agencies, media		
Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09 32,000
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09 0
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	0	FY 08-09 32,000
Months of Operation:	FY 07-08	0	FY 08-09 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
PEI Coordinator (FTE at .50)		29,516	29,516
b. Benefits and Taxes		18,203	18,203
c. Total Personnel Expenditures		47,719	47,719
2. Operating Expenditures			
a. Facility Cost		\$0	\$0
b. Other Operating Expenses For purchase of billboard, radio, or other outreach. 50% targeted for messaging to Transitional Age Youth		\$72,281	\$72,281
c. Total Operating Expenses		\$72,281	\$72,281
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Subcontractors will be selected through competitive bid. Providers are encouraged to include media subcontractors in their bids (radio, etc.)			
Cultural and Linguistic Outreach Provider(s)		\$120,000	\$120,000
Children Youth and Families Outreach Providers(s)		\$120,000	\$120,000
a. Total Subcontracts		\$240,000	\$240,000
4. Total Proposed PEI Project Budget		\$360,000	\$360,000
B. Revenues (list/itemize by fund source)			
1. Total Revenue		\$0	\$0
5. Total Funding Requested for PEI Project		\$360,000	\$360,000
6. Total In-Kind Contributions	\$0	\$500,000	\$500,000

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BUDGET NARRATIVE Form No.4

PROJECT 1: Public Awareness and Education

All funding for this project is for 12 months duration.

Personnel Expenditures: \$47,719

The Public Awareness and Education project will be spearheaded by the Merced County Mental Health Department PEI Coordinator. This part time position will be responsible for identifying existing public awareness campaign information to disseminate or modify as appropriate for Merced County. The Coordinator will also help disseminate materials to the contracted providers and ensure that any translations or adaptation of materials are in keeping with the spirit of the prevention objectives of the Mental Health Department and the Mental Health Services Act. Part of this work will include ongoing supervision of the contracted providers to ensure that the Public Awareness and Education campaign is coordinated across the different providers, so that simultaneous and mutually reinforcing messages are occurring. Funding pays for 25% of a current salaried position and benefits.

Operating Expenses: \$72,281

Funds are reserved to ensure that there are appropriate mechanisms for disseminating information locally. This may be through radio, newspapers, billboards, or mailing inserts as determined appropriate. It is also assumed that the different Public Awareness and Education programs will contribute to the distribution budget to ensure that there is enough funding to reach out to large numbers of individuals.

Subcontracts: \$240,000

Eligible subcontracts include community based organizations, community media, and other county agencies. It is assumed that *at least* 50% of the awarded budget amounts will be used to purchase message distribution through appropriate mass media. Additional education activities that support the work of cultural brokers, *promotores*, or other lay outreach efforts are also eligible activities.

Revenue: \$0

No revenue is anticipated at this time.

In Kind Contributions: \$500,000

Efforts to develop a multi-media campaign for mental health prevention and early intervention are currently underway at the State level. The Public Awareness and Education campaign depends upon Merced County leveraging existing public awareness campaigns, as opposed to contracting with a private firm to develop something new. The potential savings realized by using an existing public awareness campaign are extremely high.

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 4**

**Form
No. 4**

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

County Name:	Merced	Date:	September, 2008	
PEI Project Name:	2. Skill Building in Children 0-13			
Provider Name (if known):	Multiple Providers intended County Office of Education, County Drug and Alcohol and other eligible applicants:			
Intended Provider Category:	Alcohol and other eligible applicants:			
Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09	1,518
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09	334
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	0	FY 08-09	1,184
Months of Operation:	FY 07-08	0	FY 08-09	12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
b. Benefits and Taxes			
c. Total Personnel Expenditures			
2. Operating Expenditures			
Facility Cost			
Other Operating Expenses			
c. Total Operating Expenses			
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Subcontractors were selected during the planning process. The County Office of Education will select school districts for participation in the Second Step Expansion.			
a. Mental Health Training for Educators of Children 0-13		64,500	64,500
b. Caring Kids		185,000	185,000
c. Second Step		230,000	230,000
d. Middle School Mentoring Program		65,000	65,000
a. Total Subcontracts		544,500	544,500
4. Total Proposed PEI Project Budget		544,500	544,500
B. Revenues (list/itemize by fund source)			

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1. Total Revenue	\$0	\$0	
5. Total Funding Requested for PEI Project		544,500	544,500
6. Total In-Kind Contributions	\$0	10,000	10,000

**BUDGET NARRATIVE Form No.4
PROJECT 2: Skill Building in Children 0 – 13**

Personnel Expenditures: \$0
See anticipated administrative cost in Form No. 5.

Operating Expenses: \$0
See anticipated administrative cost in Form No. 5.

Subcontracts: \$544,500

- a. *Mental Health Training for Educators of Children 0-13:* Training activities will be coordinated by Merced County’s Mental Health Department and will be conducted by a collaboration of local agencies, including ACCESS (the local Child Care Resource and Referral Agency), the Office of Education, and other community based organizations, including consumer focused organizations. \$64,500 is available to purchase speakers and resource materials and to award stipends for teacher participation. Activities will be conducted within the first 12 months and are intended to build support for the instillation of the other three skill building programs within various educational settings. The \$64,500 in funding hopes to cover school costs of \$100 for a two hour substitute for 500 teachers and \$14,500 to pay for speakers and training materials.
- b. *Caring Kids:* The expansion of the Caring Kids program is intended to both expand capacity to serve more children and to enhance the service delivery through one time funding (\$25,000) for training, materials, and equipment needed to enhance programming and to build the capacity of the program to have more staff for the program expansion. The annual allocation of \$160,000 for the program expansion will be used for four part-time staff members. It is anticipated that with the additional funding Caring Kids will be able to serve 300 of additional children and their families and provide an average of 30 hours of intervention services to each child identified of being at-risk of future school failure or mental health issues.
- c. *Second Step:* The expansion of the Second Step program is intended to both expand capacity to serve more children and enhance service delivery through one time funding (\$50,000) for training, materials and ongoing fidelity support and consultation by the Committee for Children, the creators of the Second Step program. With this funding enhancement six new schools will be eligible to implement the Second Step program serving approximately 216 children and their families. Funding will be allocated as follows: \$66,000 to provide 12 hours of supervision for 48 weeks at six new sites and \$80,000 to provide part time teaching aides at six school sites to conduct small group sessions (up to four students) with children identified as benefitting from this intervention. \$34,000 (19% of total program costs) will be allocated for indirect costs, project supervision, materials and facility space.
- d. *Middle School Mentoring Program:* The expansion of the current middle School Mentoring Program (aka Friday Night Live) will allow the Merced County Alcohol and Drug Programs Prevention Unit to expand the program to six additional sites. Currently serving 3 sites the program expansion will allow the program to operate across all of Merced County. Each site is comprised of a Middle School and a partnering High School. Fourteen additional eighth graders and 14 additional high school mentors will be identified for each site, serving an additional 168 children, 84 of whom are identified as high risk. Funding will be used to support one additional

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full time staff position and to purchase curriculum materials and training in the Across the Ages mental health prevention curriculum.

Revenue: \$0

No revenue is anticipated at this time.

In Kind Contributions: \$10,000

Though no contributions are required by any provider through this project it is assumed that there will be substantial cost savings associated with expanding current programs as opposed to starting new initiatives. Many of the current program staff will now have funding for full time positions and substantial savings will be realized by avoiding hiring and startup costs.

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 4**

**Form
No. 4**

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

County Name:	Merced	Date:	September, 2008	
PEI Project Name:	3. Life Skills for At-Risk Transitional Age Youth			
Provider Name (if known):	USF and Unknown Provider			
Intended Provider Category:	University and CBO or County Agency			
Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09	45+
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09	0
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	0	FY 08-09	45+
Months of Operation:	FY 07-08	0	FY 08-09	12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
b. Benefits and Taxes			
c. Total Personnel Expenditures			
2. Operating Expenditures			
Facility Cost			
Other Operating Expenses			
c. Total Operating Expenses			
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
National Center on Youth Transition (NCYT)		75,000	75,000
Transition to Independence (to be identified)		250,000	250,000
a. Total Subcontracts		325,000	325,000
4. Total Proposed PEI Project Budget		325,000	325,000
B. Revenues (list/itemize by fund source)			
1. Total Revenue		0	0
5. Total Funding Requested for PEI Project		325,000	325,000
6. Total In-Kind Contributions		0	0

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 4

BUDGET NARRATIVE Form No.4

PROJECT 3: Life Skills for At-Risk Transitional Age Youth

Personnel Expenditures: \$0

See anticipated administrative cost in Form No. 5.

Operating Expenses: \$0

See anticipated administrative cost in Form No. 5.

Subcontracts: \$325,000

- e. *National Center on Youth Transition for Behavioral Health (NCYT)*: Dr. Hewitt "Rusty" Clark and his team at the Florida Mental Health Institute University of South Florida will aid Merced County in launching the nationally recognized Transitions to Independence Program. \$75,000 will be allocated to train case managers, ensure fidelity to the model, and conducted a three year formative evaluation into the success of the project. Evaluation efforts will be coordinated with other evaluations currently underway on the success of the Transition to Independence Process in Chicago and other areas. Dr. Rusty Clark and his team will also focus on the impact of the program on the family unit including partners (boyfriends or girlfriends) and any children of participants.
- f. *Transitions to Independence Process*: \$250,000 is allocated for TIP staffing, facilities and other program overhead. According to the program developers each case manager can typically serve up to 15 youth. Funding will be used to hire three transition facilitators (case managers). Anticipated salaries are \$50,000 with benefits calculated at 20% for an annual total cost of \$180,000 for case managers. Additional funding (\$36,000) is allocated for a part time supervisor (.40 at \$75,000, with 20% allocated for benefits) and approximately \$34,000 for facilities, program materials and supplies.

Revenue: \$0

No revenue is anticipated at this time.

In Kind Contributions: \$0

No in-kind contributions are anticipated at this time. The TIP project will leverage substantial local and expert knowledge however. As outlined within the program summary, the RFP process will encourage collaborations between existing community agencies to build on the expertise of many local service providers. Additionally the affiliation with Dr. Clark is hoped to bring more expertise to the community. In addition to the paid services provided by Dr. Clark Merced County is also anticipating networking with other communities that have implemented TIP to learn from their successes and challenges.

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 4**

**Form
No. 4**

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

County Name:	Merced	Date:	July 31, 2008	
PEI Project Name:	4. Integrated Primary Care and Mental Health			
Provider Name (if known):	Unknown – to be identified through RFP			
Intended Provider Category:	CBO and community clinic organizations			
Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09	50,000
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09	46,680
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	0	FY 08-09	2,320
Months of Operation:	FY 07-08	0	FY 08-09	12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
b. Benefits and Taxes			
c. Total Personnel Expenditures			
2. Operating Expenditures			
Facility Cost			
Other Operating Expenses			
c. Total Operating Expenses			
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Integrated Mental Health in Primary Care Settings (to be spread between 3-5 community clinic locations)		255,000	255,000
Prospect Training		20,000	20,000
Cultural Brokers for Mental Health Services	3	95,000	95,000
PEARLS Program		110,000	110,000
a. Total Subcontracts		480,000	480,000
4. Total Proposed PEI Project Budget		480,000	480,000
B. Revenues (list/itemize by fund source)			
1. Total Revenue		0	0

³ Year one funding will be provided through the Public Awareness and Education, \$120,000.

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 4**

5. Total Funding Requested for PEI Project		480,000	480,000
6. Total In-Kind Contributions		0	0

BUDGET NARRATIVE Form No.4

PROJECT 4: Integrated Primary Care and Mental Health

Personnel Expenditures: \$0

See anticipated administrative cost in Form No. 5.

Operating Expenses: \$0

See anticipated administrative cost in Form No. 5.

Subcontracts: \$480,000

- g. *Integrated Mental Health in Primary Care Settings:* Primary care clinic providers in Merced County see upwards of 40,000 patients every year. Annually, \$255,000 in funding will be used to make a necessary targeted expansion into non-clinical mental health services to help ensure that when adults experience depression and anxiety their mental health issues are addressed prior to a precipitating crisis event. One important component of funding is to provide training to primary care physicians on their role in helping to identify and work with patients that first present in their clinics with symptoms of depression and anxiety. In the first year up to \$25,000 of the available funding is recommended to help eligible clinics provide trainings for their physicians in these best practices. The remaining funds, \$230,000, is allocated to provide care managers on clinic sites that can help work with individuals for whom depression and anxiety is a concern. The \$230,000 allocated is anticipated to cover the following expenditures: (1) Up to 2.5 FTE care managers (1 FTE is expected to cost \$75,000 including benefits) will be available to provide 50% coverage at up to 5 clinic sites in Merced County, serving as many as 2,000 individuals in a year with four to six thirty minute sessions (\$75,000 * 2.5 FTE = 187,500). (2) An estimated \$42,500 is allocated for program overhead (approximately 18.5% of the budget), including staff time to schedule appointments, facilities, computer equipment, materials, and project supervision necessary to administer the care manager program and oversee the enhanced integration of mental health services within clinics.
- h. Primary care clinics integrating mental health efforts will also be offered an opportunity to receive *PROSPECT training* in suicide prevention for older adults. \$20,000 is allocated for this training.
- i. *Cultural Brokers for Mental Health Services:* \$95,000 is allocated to provide ongoing funding and supervision for cultural brokers for mental health services. It is anticipated that this funding augments the \$120,000 allocated through the Public Awareness and Education Project. These latter funds are intended to support the recruitment and training of cultural brokers as well as the development of culturally specific prevention messages. Funding through this project is intended to sustain the cultural brokers and to provide funding for ongoing social activities, often deemed the best opportunity to convey health and wellbeing messages to diverse population types. As with other programs funded through this project it is anticipated that efforts will be spread throughout the county and will include, *at a minimum*, Spanish and Hmong speaking cultural outreach.
- j. *PEARLS:* \$110,000 is intended to support two, half time (0.5 FTE), and specially trained home visiting care managers to work with older adults. Salary and benefit estimates are based on conversations with community clinics and county administrators. It is anticipated that these care managers will be added to an existing program. At least one care manager will be bilingual and bicultural and at least one will work outside the city of Merced.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 4

Revenue: \$0

No revenue is anticipated at this time.

In Kind Contributions: \$0

No in kind contributions are anticipated at this time, however these programs are intended to be implemented within existing community clinics and in partnership with other service providers. The administrative support structures and experience are necessary for project success.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 5

PEI ADMINISTRATION BUDGET WORKSHEET (FORM # 5)

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PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 5

**Form
No.5**

County: Merced

Date: July 31, 2008

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Staff Services Analyst		.4		\$24,086	
b. PEI Support Staff		1		\$34,092	
c. Other Personnel (list all classifications)					

d. Employee Benefits				\$41,822	
e. Total Personnel Expenditures				\$100,000	
2. Operating Expenditures					
a. Facility Costs				\$3,210	
b.1 Other Operating Expenditures				\$4,550	
b.2. PEI Evaluation (includes .6 Staff Services Analyst)				\$70,740	
b.3 Systems Coordination				\$15,000	
c. Total Operating Expenditures				\$93,500	
3. County Allocated Administration					
a. Total County Administration Cost				\$0	
				\$0	
4. Total PEI Funding Request for County Administration Budget				\$193,500	
B. Revenue					
1. Total Revenue			\$0	\$0	\$0
C. Total Funding Requirements			\$0	\$0	\$0
D. Total In-Kind Contributions			\$0	\$0	\$0

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 5

BUDGET NARRATIVE Form No.5

FY 07-08 Allocation - \$769,500 (Requested for FY 08-09)

- Administrative Use of Funds: \$160,000 for PEI Program Planning. Expenses will be reported in the Annual Revenue and Expenditure Report. (Amount already received.)
- Administrative Use of Funds: \$15,000 to encourage community collaboration and support. May include planning around collaborative case planning and data management. May include community mini-grants to support engagement in mental health prevention and early intervention activities
- Non-Administrative Mental Health Department Use of Funds: \$120,000 for Public Awareness and Education and the development of a data sharing plan and business services agreement for collaborative case management across designated agencies, as reported in Form No. 4.
- Additional Funds: \$474,500 for various prevention and early intervention projects and programs, as reported in Form No. 4.

FY 08-09 Allocation - \$1,293,500

- Administrative Use of Funds: \$178,500 for PEI Implementation, Coordination and Management (\$100,000), facilities and materials (7,760) and an Outcome Evaluation of the Skill Building in Children 0-13 Project (\$70,740).
 - PEI Implementation Coordination and Management
\$100,000 is allocated for the PEI Implementation, Coordination and Management. The Merced County Department of Mental Health will use this funding to support a part time staff services analyst and a full time support staff position.
 - Facilities and Materials
A small portion of the funding will be used to purchase materials and equipment dedicated to the PEI portion of activities including a new computer workstation and other equipment necessary to connect to the existing Department infrastructure.
 - Outcome Evaluation
\$70,740 is allocated for the annual evaluation efforts. The evaluation will focus on Project 2: Skill building in children 0-13. Although there are several different programs under this project umbrella they all share similar outcomes of improved classroom environments/teachers knowledge of early approaches to mental health prevention and intervention; improved parenting skills; and increased positive behaviors in children. This budget expense follows SAMHSA recommendation to allocate 10% - 20% of the total project costs to evaluation efforts.
- Non-Administrative Mental Health Department Use of Funds: \$65,000 for Drug and Alcohol Prevention Program, Middle School Mentoring.
- Additional Funds: \$1,050,000 for various prevention and early intervention projects and programs, as reported in Form No. 4.

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 6**

**PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY
(FORM # 6)**

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**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 6**

**Form
No. 6**

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

County:	Merced
Date:	July 31, 2008

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 07/08	FY 08/09	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	Public Awareness and Education[§]		360,000	360,000	150,000	90,000	60,000	60,000
2	Skill Building in Children 0-13		544,500	544,500	544,500			
3	Life Skills for At Risk Transitional Age Youth		325,000	325,000		325,000		
4	Integrated Primary Care and Mental Health		480,000	480,000			350000	130000
	Administration							
	PEI Planning, Systems Coordination and Implementation		193,500	193,500	N/A	N/A	N/A	N/A
	Total PEI Funds Requested:		1,903,000	1,903,000	\$694,500	\$415,000	\$410,000	\$190,000

*A minimum of 51 percent of the overall PEI component budget must be dedicated to individuals who are between the ages of 0 and 25 ("small counties" excluded).

[§] \$30,000 in each age category is allocated for culturally and linguistically appropriate outreach, for a total of \$120,000

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 6**

Addendum to Form No. 6 – Detailed Project/Program Worksheet

Projects	Programs	FY 07/08	FY 08/09
1. Public Awareness and Education			
	Public Awareness and Education	60,000	0
	Cultural and Linguistic Outreach	120,000	0
	TAY Outreach	60,000	0
	Children, Youth and Families	120,000	0
		\$360,000	\$0
2. Skill Building in Children 0-13			
	Mental Health Training for Educators	64,500	0
	Caring Kids (Expansion)	25,000	160,000
	Second Step (Expansion)	50,000	180,000
	Middle School Mentoring (Expansion)	0	65,000
		\$139,500	\$405,000
3. Life Skills for At Risk Transitional Age Youth			
	Transition to Independence Program	75,000	250,000
		\$75,000	\$250,000
4. Integrated Primary Care and Mental Health			
	Integrated Mental Health in Primary Care Settings	0	255,000
	Cultural Brokers for Mental Health Services	0	95,000
	PEARLS Program	0	110,000
	Prospect Training	20,000	0
		\$20,000	\$460,000
<u>Administrative Activities</u>			
PEI Planning and Implementation			
	PEI Planning Process**	160,000	0
	PEI Coordination and Management	0	100,000
	Facilities and Materials		7,760
	PEI Evaluation	0	70,740
	Community Collaboration and Support	15,000	0
		\$175,000	\$178,500
Subtotal FY 07/08 and 08/09		\$769,500	\$1,293,500
Total MHSA PEI Allocations		\$2,063,000	
Total Requested 08-09 Allocation			\$1,903,000

**** Allocated to Merced County in FY 07-08 for PEI Planning Process

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 7**

LOCAL EVALUATION OF A PEI PROJECT (FORM # 7)

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**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 7**

County: Merced

Date: July 31, 2008

- 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.

Skill Building in Children 0-13 to reduce risk factors and stressors for children

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

Several factors were related to the decision to evaluate the Skill Building Project, including:

- *Depth of Impact:* This project has the highest budget of all projects outlined through this plan, with \$544,500 allocated towards the Skill Building Project, with 684 individual children and their families estimated to be served.
- *Relevance of Project:* Stakeholders were nearly unanimous in their strong interest in supporting programs for the mental development and well being of young children. Merced County is underperforming in many indicators of childhood success; and school administrators, county supervisors, and others are all interested in understanding how mental health prevention programs can support families and reduce violence in children.

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

There are three primary outcomes that will be measured through the evaluation efforts:

1. Improved teaching strategies / classroom environments
2. Appropriate parenting
3. Positive behaviors in children

Data will be collected on all three outcomes, however the first two will be understood as contributing to the third. Positive behaviors in children such as: reduced violence by children including bullying and hitting; reduced inappropriate behaviors or language such as lewd behaviors or foul language; and reduced incidents of self harm (cutting, using drugs or alcohol) will be the primary focus of evaluation efforts.

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 7**

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
ETHNICITY/ CULTURE							
African American			7	7	7		7
Asian Pacific Islander			62	62	62		62
Latino			342	342	342		342
Native American			7	7	7		7
Caucasian			266	266	266		266
Other (Indicate if possible)							
AGE GROUPS							
Children & Youth (0-17)			684	684	684		684
Transition Age Youth (16-25)							
Adult (18-59)							
Older Adult (>60)							
TOTAL							

Total PEI project estimated **unduplicated** count of individuals to be served 684

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 7

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

The following describes the outcome evaluation that will be conducted. A separate fidelity evaluation will also be conducted for the Second Step program in the first year. Findings from the fidelity evaluation may be used to inform the outcome evaluations.

Outcome 1: Improved teaching strategies / classroom environments
Measurement tools: Teacher surveys, Second Step fidelity reports, mentor interviews or surveys, and in-depth principal interviews
Data collection period: Annually

Outcome 2: Appropriate parenting
Measurement tools: Attendance at parenting classes, pre and post knowledge change, in-depth parent interviews (with a sample of parents who received services)
Data collection period: Ongoing

Outcome 3: Positive behaviors in children
Measurement tools: School disciplinary reports, student academic reports (with a passive parent consent), in-depth teacher interviews (from a sample of schools who received interventions), parent surveys (scannable and in multiple languages sent to all parents), and student surveys (middle school children only)
Data collection period: Annually

More information on the outcomes is described in the section in the logic model on page 55.

5. How will data be collected and analyzed?

Data collection will be coordinated by an outside local evaluator. All programs and schools receiving MHSA funding will be contractually required to support all data collection activities including site visits, confidential interviews and the release of student information (as permissible under state and federal statute and with passive parent consent).

All data collected will be kept confidential. Student ID numbers rather than student names are encouraged substitutes. Reports will be compiled in aggregate format to prevent the identity of any one individual.

Parent and student surveys will be scannable forms provided in multiple languages. Due diligence will be taken to ensure that all questions are in clear, easy to understand language. Sample questions for middle school students may include:

- Do you feel safe at school?
- Has the program helped you make choices that help you stay out of trouble?

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 7**

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

The evaluation team selected to complete this work must demonstrate an ability to develop questionnaires that are suitable for different cultural audiences, language capacities and education levels. Bicultural and/or bilingual staffing that is similar to Merced's population will be considered an asset.

The evaluation will also be guided by an evaluation steering committee. The evaluation steering committee will include representatives of different organizations and agencies that have worked with children 0-13 in Merced County that can aid in the evaluation design. Evaluation steering committee members will help ensure that some the evaluation questions developed relate to the specific interests of the diverse populations of Merced County, for example "Does the parenting curriculum appropriately support Hmong parents?", "Do school outreach efforts include Hmong grandparents and community leaders?", etc.

Evaluation findings, to the extent possible will be analyzed by race and ethnicity. This will help programs understand if there are language and other cultural factors that impact service effectiveness. It will also help ensure that services are being provided to all of Merced's children and families.

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

The Merced County Mental Health Department will use PEI funds to support an MHSA PEI coordinator. The MHSA PEI coordinator will be responsible for overseeing appropriate use of funding, program implementation, fidelity to program models, and agreed upon contractual obligations (i.e. number of children served, etc.)

Separate funding has been allocated for the Second Steps program expansion (\$50,000) to support program training and program fidelity.

Funding has also been developed for the Caring Kids expansion (\$25,000) to aid with staff training and to help develop reporting tools and protocols to ensure consistent delivery of services.

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

The evaluation report will be submitted to the Mental Health Department and to the program directors of the funded programs. School districts will also have the option of requesting (for a nominal fee) a specific district wide-report to be developed for their programs.

Evaluation findings will be presented to the mental health board and at the Wellness Center if requested for a presentation geared towards consumers and family members. Other county-wide organizations such as the Office of Education or First 5 Merced

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 7**

County, may request presentations on program success by the MHSA PEI coordinator or the evaluator in order to ensure that the outcomes of the MHSA PEI program efforts are disseminated broadly throughout the county and used to help develop future strategies that can leverage the good efforts of the Skill Building project.

The report will also be posted on the department website for public review. Additional copies can be requested by the public in writing.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Appendix

APPENDIX

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PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Appendix

Appendix

2. Sample Outreach Materials
3. Key Informant Interview List
4. Focus Groups List
5. Community Survey Tool (English version included as sample)
6. Meeting Handouts
7. Meeting Invitations and Flyers
8. Key Informant Interview Tool

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

Appendix



February 1, 2008

PEI Planning 2008

Frank Whitman, Director



Complete the Survey!

Your opinion is important, and we want to know what you think. Please share your opinion about which Prevention and Early Intervention programs should be offered and to what groups of people in Merced County.

- Who needs to be educated?
- Is there enough information?
- What do you think will work?

Please take the survey online at:

<http://www.co.merced.ca.us/online/peisurvey>

Or call (866) 626-6472 to have a survey sent to you.

MHSA Overview

The passage of the Mental Health Services Act (MHSA) on November 2, 2004, has afforded the Merced County Department of Mental Health (MCDMH) an opportunity to transform the mental health system of care. New funding will strengthen services and supports to ensure well-being for individuals and communities.

The Goals of the MHSA are to:

- Reduce the long-term, adverse impact of untreated mental illness on individuals, families, and state and local budgets.
- Expand innovative service programs for children, adults and seniors.
- Reduce the stigma associated with being diagnosed with a mental illness.

During the Spring and Summer of 2005, a comprehensive planning effort was launched to complete the Community

Prevention and Early Intervention

Merced County Department of Mental Health is now launching the MHSA Prevention and Early Intervention (PEI) planning effort.

The Prevention Element of the PEI program is meant to reduce risk factors and stressors that can lead to an initial onset of a mental health problem. The Prevention Element helps promote and support the well-being and reduce the suffering of "at risk" individuals who are experiencing challenging life circumstances.

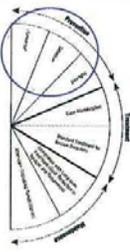
The Early Intervention Element of the PEI program is designed to prevent a mental health problem from getting worse. These programs are directed toward people for whom a short-term (less than one year), relatively low-intensity intervention is appropriate to avoid the need for more extensive

Services and Supports (SSS) portion of the plan.

An aggressive outreach plan was developed and implemented to reduce barriers and encourage participation.

The community's response was overwhelmingly positive and represented a "tipping point" for the Department of Mental Health.

The Merced County Department of Mental Health emerged from this process with a new goal to move strategically and purposefully to create a transformed, recovery-based mental health system of care that responds effectively to the community's expressed needs.



Spectrum of Mental Health Interventions

For more information about the MHSA PEI program, please visit www.dmh.ca.gov/Prod/53/MHSA/PEI_Ventn_and_Early_Intervention



Community Participation

Mental Health Department

2001
P.O. 2008
Merced, CA 95344

Phone: (209) 381-6800
MHSA Toll Free: (866) 626-6472
E-Mail: mhsa@co.merced.ca.us

Complete the Survey!

Your opinion is important and we want to know what you think. Please share your opinion about which Prevention and Early Intervention programs should be offered and to what groups of people in Merced County.

<http://www.co.merced.ca.us/mentalhealth/>

Merced County Mental Health Department
P.O. 2008
Merced, CA 95344

We are also seeking input from professionals who may be involved in prevention and early intervention activities. In particular we are seeking:

- Educators
- Health care providers
- Law enforcement/probation
- Mental health providers
- Clergy
- Others caring for underserved and vulnerable populations

Your input is critical to creating programs that meet the needs of ALL Merced County's diverse residents. Community meetings will be held in Livingston, Merced, and Los Banos.

Please contact mhsa@co.merced.ca.us if you are interested in attending a community meeting.

Merced County Mental Health Department
P.O. 2008
Merced, CA 95344

RECIPIENT NAME
STREET ADDRESS
ADDRESS 2
CITY, ST ZIP CODE

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

Appendix



PEI Planning 2008

FRANK WHITMAN, DIRECTOR

MARCH 1, 2008



Create Positive Change in Your Community!

Attend the fifth annual Children's Summit to learn what you can do to make a difference for Merced.

- ◆ Ken Miller/ The Change Agent's Guide to Radical Improvement
- ◆ Terie Dreus-Smith/ Bridges Out of Poverty
- ◆ Dr. Jane Nelson/ Positive Discipline

For more information contact the Family Resource Council:

www.frc.merced.k12.ca.us

Or call (209) 381-5980 for more information.

Merced County MHSA Planning Efforts

Merced County Mental Health Department has launched an innovative planning effort intended to reach out to mental health consumers, families, and service providers across Merced County.

Through broad based "listening sessions," we are hearing community members from all walks of life about how mental health issues have impacted them and their families. These stories are enabling us to develop strategies that will ultimately prevent mental health issues from emerging, and guide early intervention efforts to ensure that when a situation arises it will not get worse.

The Children's Summit

Merced County, in partnership with UC Merced, the Community Foundation of Merced County and local businesses, is hosting the annual Children's Summit on April 11 & 12, 2008. The Children's Summit is an opportunity to discover how to enhance efforts to prevent abuse and violence, support healthy life choices, and provide quality services for individuals and families.

Join your colleagues!

The Children's Summit is an engaging opportunity to network with other professionals, caregivers and parents in Merced County about how to best implement a system of care that meets the needs of all our children.

Services traductores a su idioma estan disponibles.

Lang ywar mung' tas tshinis las Hmooob rau'ng sawvdaas.

Please help our planning effort! We welcome opportunities to meet with community groups. If your church or community organization has a regularly scheduled meeting, we would appreciate an opportunity to share information.

These meetings will discuss what issues impact the emotional and mental wellbeing of children, youth, adults, and older adults from all walks of life.

We are currently scheduling listening sessions for March and April. To set up a meeting, please contact us at mhsa@co.merced.ca.us



Upcoming Community Meetings

Merced County Mental Health is seeking input from community members in crafting Merced's Prevention and Early Intervention Plan.

Community Meetings are scheduled in March and April:

<p>March 14, 2008</p> <p>1:00 – 4:00pm Public Health Auditorium 260 E. 15th Street, Merced Topic: Mental Health Prevention Needs</p>	<p>April 9, 2008</p> <p>1:00 – 4:00pm Area Agency on Aging 851 West 23rd Street, Merced Topic: Adults and Older Adults</p>	<p>April 10, 2008</p> <p>1:00 – 4:00pm Merced County Office Of Education Center 632 West 13th Street, Room J-2, Merced Topic: Children and Transitional Age Youth</p>
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Complete the Survey! Your opinion is important and we want to know what you think. Please share your opinion about which Prevention and Early Intervention programs should be offered and to what groups of people in Merced County.

Please contact mhsa@co.merced.ca.us if you are interested in attending a community meeting.

<http://www.co.merced.ca.us/mentalhealth/>

Merced County
Mental Health Department
P.O. 2087
Merced, CA 95344

RECIPIENT NAME
STREET ADDRESS
ADDRESS 2
CITY, ST ZIP CODE

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Appendix

Key Informant Interviewees

Name	Organization	Date
Donnell Smith	Merced College Child Development Center	2/11/08
Anna Perez	Turning Point Community Program	2/13/08
Elizabeth Morrison	Golden Valley Health Center	2/13/08
Noah Lor	Merced City Council	2/14/08
Dwayne McCoy	Probation Department	2/14/08
Armida Oliveras	Child Care Provider	2/20/08
Houa Vang	Merced Lao Family	2/20/08
Frank Whitman	Merced County Mental Health	2/21/2008
Nancy Reding	Human Services Agency	2/21/08
Susan Coston	Merced County Office of Education	2/21/08

Name	Organization	Date
Belinda Foutz	Challenged Family Resource Center	2/25/08
Charles Nies	UC Merced	2/26/08
Tatiana Vizcaino-Stewart	Healthy House	2/26/08
Kathy Hassett	Human Services Agency	2/27/08
Linda Nicholas	Human Services Agency	2/27/08
Martin Diaz	Golden Valley Health Center	2/27/08
Jennifer Duda	Maternal, Child, Adolescent Health	2/28/08
Tami Moss	Merced County Public Health	2/29/08
Jenifer Buer	Sierra Vista	3/08/08

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

Merced PEI Focus Groups

Date:	2/6/2008	Target Population:	Spanish-speaking Childcare Providers
Time:	6:00-8:00 PM	Agency:	ACCESS
Facilitator:	Iris Mojica de Tatum	Location:	Merced, CA
Date:	3/12/2008	Target Population:	Peer to Peer Interviewer Training
Time:	10:00 AM	Agency:	Merced County Department of Mental Health - Wellness Center
Facilitator:	David Weikel	Location:	300 E. 15TH Street Merced, CA
Date:	3/12/2008	Target Population:	Parents of Young Children
Time:	3:00-5:00 PM	Agency:	Merced College Child Development Center
Facilitator:	David Weikel	Location:	3600 M Street Merced, CA
Date:	3/19/2008	Target Population:	MCAH Providers for Teen Parents
Time:		Agency:	Merced County Health Department
Facilitator:	David Weikel	Location:	260 E. 15th Street Merced, CA
Date:	3/24/2008	Target Population:	Older Adults and Service Providers
Time:	1:30-3:00 PM	Agency:	Area Agency on Aging
Facilitator:	David Weikel	Location:	851 West 23rd Street Merced, CA 95340

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

Merced PEI Focus Groups

Date:	3/26/2008	Target Population:	Adult Consumers and Parents of Adult Consumers
Time:	7:00-8:30 PM	Agency:	Challenge Family Resource Center
Facilitator:	David Weikel	Location:	827 W. 20th Street Merced, CA
Date:	3/28/2008	Target Population:	Parents and children/youth
Time:	12:30-2:30 PM	Agency:	Challenge Family Resource Center/NAMI
Facilitator:	David Weikel	Location:	827 W. 20th Street Merced, CA
Date:	3/31/2008	Target Population:	Child Welfare Employees
Time:	10:00-12:00 AM	Agency:	Human Services Agency
Facilitator:	David Weikel	Location:	2115 W. Wardrobe Avenue Merced, Ca
Date:	4/4/2008	Target Population:	Latino Community Health Advocates, <i>Promotores</i>
Time:	5:00-8:00 PM	Agency:	Golden Valley Health Centers
Facilitator:	David Weikel	Location:	9370E Bigler Drive Planada, CA 95365
Date:	4/8/2008	Target Population:	Teen Mothers
Time:	1:00 PM	Agency:	Yosemite High School
Facilitator:	Kayce Rane	Location:	1900 G Street Merced, CA
Date:	4/9/2008	Target Population:	Community Leaders
Time:	9:00-11:00 AM	Agency:	Community Resource Council
Facilitator:	David Weikel	Location:	535 J Street Los Banos, CA

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
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Merced PEI Focus Groups

Date:	4/10/2008	Target Population:	Dual Diagnosis/Co-occurring Disorders
Time:	12:00-1:00 PM	Agency:	Livingston Medical Group & Aegis Medical Systems
Facilitator:	David Weikel	Location:	1140 Main Street, Livingston, CA
Date:	4/15/2008	Target Population:	School District Administrators
Time:	10:00-12:00 PM	Agency:	Los Banos Unified School District
Facilitator:	David Weikel	Location:	1717 11 th Street, Los Banos, CA
Date:	4/15/2008	Target Population:	Parents of Preschool-Aged Children
Time:	1:00-3:00 PM	Agency:	Los Banos Unified School District
Facilitator:	David Weikel	Location:	659 K St., Los Banos, CA
Date:	4/16/2008	Target Population:	Health Staff
Time:	10:00-12:00 PM	Agency:	Los Banos Unified School District
Facilitator:	Kayce Rane	Location:	1717 11 th Street, Los Banos, CA
Date:	4/16/2008	Target Population:	Teen Mothers
Time:	1:00-3:00 PM	Agency:	Los Banos Unified School District
Facilitator:	Kayce Rane	Location:	1717 11 th Street, Los Banos, CA
Date:	5/8/2008	Target Population:	Southeast Asian
Time:	2:30-4:30 PM	Agency:	Merced Lao Family
Facilitator:	Kayce Rane and David Weikel	Location:	
Translator:	Ge Thao		

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
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**Merced PEI Focus Groups
At the Children's Summit**

Date:	4/10/2008	Target Population:	Children's Services Professionals
Time:	12:00-1:00 PM	Agency:	Children's Summit
Facilitator:	Kayce Rane	Location:	
Date:	4/11/2008	Target Population:	Child Care Providers
Time:	10:00-12:00 PM	Agency:	Children's Summit
Facilitator:	Kayce Rane	Location:	
Date:	4/11/2008	Target Population:	Spanish Speaking child care providers and parents
Time:	1:00-3:00 PM	Agency:	Children's Summit
Facilitator:	Jennifer Susskind	Location:	

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

Appendix

MHSA-Prevention and Early Intervention Community Survey

MHSA-Prevention and Early Intervention Community Survey

The Mental Health Services Act (MHSA), approved by voters in 2004 as Proposition 63, is launching its Prevention and Early Intervention (PEI) program. We want to know what you think about services to be offered and groups of people to be helped by mental illness prevention and early intervention programs in Merced County. With your assistance, we can better plan for the needs of our community.

The prevention element of the PEI program is meant to reduce risk factors or stressors to prevent the initial onset of a mental health problem as well as promote and support the well-being of “at risk” individuals under challenging life circumstances in order to reduce the suffering associated with mental health problems.

The early intervention element of the PEI program is designed to prevent a mental health problem from getting worse. These programs are directed toward people for whom a short-duration (<1 year), relatively low-intensity intervention is appropriate to measurably improve mental health problems, avoid the need for more extensive mental health treatment or services, or prevent a mental health problem from getting worse.

For more information about the MHSA PEI program, please visit
<http://www.dmh.ca.gov/mhsa/PreventionEarlyIntervention.asp>.

Thank you in advance for taking a few minutes to complete the following Community Survey questionnaire. If you have any questions or would like printed copies of the questionnaire, please contact Merced County, Department of Mental Health at (209) 468-8700.

The information you provide is confidential and anonymous.



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MHSA-Prevention and Early Intervention Community
Survey

Your opinion is important, and we want to know what you think about services to be offered and groups of people to be helped by mental illness prevention and early intervention programs in Merced County. Please help us by answering the following questions. The information you provide is confidential and anonymous.

1

Please rate the following groups to indicate which ones you think have the greatest need for mental illness prevention and early intervention services in Merced County. (Select one score per item below)

1	2	3	4	5
Very Low Need	Low Need	Moderate Need	High Need	Very High Need

People who start to show serious signs of mental illness

1	2	3	4	5
---	---	---	---	---

Children/youth in stressed families, at high risk for mental illness

1	2	3	4	5
---	---	---	---	---

Children/youth at risk for failing or dropping out of school

1	2	3	4	5
---	---	---	---	---

People at risk of being arrested or put in jail

1	2	3	4	5
---	---	---	---	---

People facing trauma (e.g., loss of loved one, home, and/or employment; isolation; repeated abuse, domestic violence, refugees)

1	2	3	4	5
---	---	---	---	---

People who often do not get the mental health services they need (e.g., based on race, culture, language, age, gender, lifestyle, or beliefs)

1	2	3	4	5
---	---	---	---	---

People with family history of mental health problems and/or use of

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addictive substances

1 2 3 4 5

People who have attempted or might attempt suicide

1 2 3 4 5

2

Other priority group(s) needing mental illness prevention and early intervention services. Please specify group(s) and level of need.

3

Please select three of the following community issues that you think are most important for mental illness prevention and early intervention in Merced County. (Select three)

- Suicide
- Arrest and detention in jail
- School failure or dropout
- Unemployment
- Homelessness
- Prolonged suffering/trauma
- Community/domestic violence
- Removal of children from their homes/families
- Number of undetected mental health problems
- Stigma/discrimination related to mental health problems

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Problems facing military veterans and their families

Other, please specify

4

There are enough existing mental illness prevention and early intervention resources and services in Merced County. (Select one)

Strongly Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Strongly Disagree
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

5

There is enough information available about how to find and access existing mental illness prevention and early intervention services in Merced County. (Select one)

Strongly Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Strongly Disagree
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

6

Please select three of the following settings that you think would be the most effective for identifying Merced County residents with a need for mental illness prevention and early intervention services. (Select three)

Doctor's offices or clinics

Healthcare settings (e.g., hospitals, nursing homes)

Schools (e.g., public, private, trade)

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- Faith-based organizations
- Law enforcement (e.g., jails, courts, probation)
- Social services (e.g., WIC Program, CalWORKS)
- Workplaces (e.g., Employee Assistance Programs)
- Unemployment/employment centers
- In-home (e.g., postal carriers, utility workers, emergency responders, family)
- Community organizations (e.g., community centers, family resource centers)
- Other, please specify

7

What are the two best approaches for addressing mental illness prevention and early intervention in Merced County? (Select two)

- Provide early and periodic screening, diagnosis, and treatment for mental illness (at primary health care, school/college, pre-school, child care, and workplace settings)
- Provide education and support services for parents, grandparents, and caregivers at community centers, churches, and other community settings
- Provide resource and referral information (at primary health care, school/college, pre-school, child care, nursing home, and workplace settings)
- Train educators, law enforcement, emergency responders, doctors, nurses, and nursing home staff on early recognition and response to mental illness
- Work-based programs (e.g., Employee Assistance Programs, Workplace Health Promotion Programs)
- Other, please specify

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The following information about you will help us understand in what ways different people have different experiences and opinions. The information you provide will remain confidential and anonymous.

8

Your Age in Years:

9

Your Gender:

- Male
- Female
- Other

10

Your Race/Ethnicity?

- American Indian / Native American
- Asian (please specify below with "other")
- Black / African American
- Hispanic / Latino
- Pacific Islander
- White / Caucasian
- Other (or Asian), please specify:

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11

Your Home Zip Code:

12

Your Annual Household Income:

13

Please type any suggestions you would like to have considered as plans are being made for expanded mental illness prevention and early intervention services in Merced County.

Thank you for taking the time to provide us with your opinions and suggestions for improving mental illness prevention and early intervention services!



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Merced County Mental Health Department
MHSA Prevention and Early Intervention Planning Process

Required Targets

Through the PEI planning process, counties must select Key Community Mental Health Needs and Priority Populations from those identified and approved by the State of California Oversight and Accountability Commission:

PEI Key Community Mental Health Needs

1. **Disparities in Access to Mental Health Services:** reduce disparities in access to early mental health interventions due to stigma, lack of knowledge about mental health services or lack of suitability (i.e., cultural competency) of traditional mainstream services.
2. **Psycho-Social Impact of Trauma:** reduce the negative psycho-social impact of trauma on all ages.
3. **At-Risk Children, Youth and Young Adult Populations:** increase prevention efforts and response to early signs of emotional and behavioral health problems among specific at-risk populations
4. **Stigma and Discrimination:** reduce stigma and discrimination affecting individuals with mental illness and mental health problems
5. **Suicide Risk:** increase public knowledge of the signs of suicide risk and appropriate actions to prevent suicide.

Priority Populations

1. **Underserved Cultural Populations:** those who are unlikely to seek help from any traditional mental health service whether because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc.) and would benefit from Prevention and Early Intervention programs and interventions.
2. **Individuals Experiencing Onset of Serious Psychiatric Illness:** Those identified by providers, including but not limited to primary health care, as presenting signs of mental illness first break, including those who are unlikely to seek help from any traditional mental health service.
3. **Children/Youth in Stressed Families:** Children and youth placed out-of-home or those in families where there is substance abuse or violence, depression or other mental illnesses or lack of caregiving adults (e.g., as a result of a serious health condition or incarceration), rendering the children and youth at high risk of behavioral and emotional problems.
4. **Trauma-Exposed:** Those who are exposed to traumatic events or prolonged traumatic conditions including grief, loss and isolation, including those who are unlikely to seek help from any traditional mental health service.
5. **Children/Youth at Risk for School Failure:** Due to unaddressed emotional and behavioral problems.
6. **Children and Youth at Risk of Juvenile Justice Involvement:** Those with signs of behavioral/emotional problems who are at risk of or have had any contact with any part of the juvenile justice system, and who cannot be appropriately served through Community Services and Supports (CSS).

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Merced County Mental Health Department
MHSA Prevention and Early Intervention Planning Process

MHSA PEI Guidelines

Factsheet

Overview of Proposed Guidelines, Issued September 2007

Prevention and Early Intervention

- At the early end of the mental health promotion spectrum
- An individual/family-driven system with programs delivered in natural community settings
- A wellness focus which includes the concepts of resiliency and recovery
- Recognizes the underlying role of poverty and other environmental and social factors

Planning Process

- Involves potential program participants
- Designed and implemented in collaboration with other systems / organizations
- 30 day public review prior to public hearing

Funding Requirements

- Minimum of 51% must be allocated to children and transitional age youth
- May expand current programs, but may not supplant existing funding
- Budgets are understood to be estimates. Counties will not be held to line item amounts but to the overall budget for the project.
- Leveraging expectation. Counties must show “in-kind” and cash matches for projects. No cash match minimums amounts are required.
- Non-allowable expenses include treatment, workforce development, technology, capital projects, broad social marketing, and development of new training curricula

PEI Project Summary

- Must address the needs of children, transitional age youth, adults and older adults
- Each project must address one or more of the key mental health needs and priority populations
- All PEI projects must address underserved racial/ethnic and cultural populations
- Must be based on one of the evidence-based best practices given in the resource manual OR must demonstrate program effectiveness with a logic model, evidence of impact, a model with proven fidelity, and its consistency with local needs.
- A PEI project can include one or more program components
- Must include estimates of individuals and families to be served by June 2009

PEI Evaluation

- One (1) project must be selected for evaluation
- Outcomes-based program design
- Must demonstrate improved mental health resilience, reduced risk for emotional or mental disturbance, or fewer negative consequences from emotional/mental disturbances or illnesses
- Counties are expected to track the nature of the risk factors that programs are designed to alleviate

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**Merced County Mental Health Department
MHSA Prevention and Early Intervention Planning Process
Stakeholder Outreach Commitment Form**

Your Contact Information

Name: _____

Organization (if applicable): _____

Address: _____

Phone: _____

Email: _____

Additional languages: _____

Community Outreach Participation

I would like to help with this planning effort in all of the following ways (please check as many as possible):

- Attend a focus group discussion
- Recruit participants for a focus group discussion
- Sit on the Planning Council or Stakeholder Group, if scheduling permits (dates & times to be announced - up to 2 hours every other week, during business hours)
- Conduct Peer-to Peer Interviews (training date to be determined)
- Distribute Newsletters Number of newsletters requested _____
- Other _____

Additional Stakeholders

Do you have suggestions for any other individuals/organizations who could assist with the Prevention and Early Intervention Planning Effort?

Name: _____
Affiliation: _____
Phone/e-mail: _____

Name: _____
Affiliation: _____
Phone/e-mail: _____

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Merced County Mental Health Department
MHSA Prevention and Early Intervention Planning Process

Stakeholder Group Demographics

Per State guidelines, we must report the following demographic information on planning participants. This information will be kept confidential and used for reporting purposes only. You may decline to answer these questions.

I decline to answer demographic questions

Do you identify yourself as a consumer or a family member of a consumer of mental health services?

Consumer

Family member of a consumer

Both a consumer and a family member of a consumer

No, I do not identify as a consumer or a family member of a consumer

Please indicate your age range:

18-25

26-65

66 and older

Please indicate your gender:

Male

Female

Transgender

What is your race ethnicity?

White/Caucasian

Black/African American

Hispanic/Latino

Southeast Asian

Other Asian or Pacific Islander

American Indian/Native American/First Nations (including Hawaiian and Alaskan Native)

Mixed Race: _____

Other: _____

Please return page to a Resource Development Associates staff member upon concluding the meeting.

If you have any questions or would like to talk to someone at the Mental Health Department regarding this process please contact Iris Mojica de Tatum at (209) 381-6815.

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Dear Colleague,

In response to new funding released from Proposition 63 (the Mental Health Services Act), Merced County Mental Health Department is embarking on a planning process for mental health prevention and early intervention services. We would like to involve all of Merced County in this planning effort and we are launching a Planning Council to guide and inform our planning efforts. The primary role of the Planning Council will be to make recommendations to the Mental Health Department on the key mental health needs, priority target populations, and program strategies that should be implemented in Merced County for mental health prevention and early intervention. The Planning Council will be provided with the findings from our community needs assessment to help inform their recommendations.

Your participation on the Planning Council will be invaluable. The following meeting times have been scheduled for the Planning Council. Refreshments will be served. If you are unable to attend, we would appreciate your suggesting a representative from your organization to serve in your stead.

Date	Time	Location
3/4/08	10:00-	480 E 13th St., Bldg 2,
	12:30	Conf Room
3/24/08	10:00-	1640 N Street, Suite 200,
	12:30	Upstairs
4/22/08	10:00-	480 E 13th St., Bldg 2,
	12:30	Conf Room
5/8/08	10:00-	480 E 13th St., Bldg 2,
	12:30	Conf Room

Thank you in advance for your participation, I look forward to seeing you at our first meeting.

Frank Whitman,

Mental Health Prevention and Early Intervention for Adults & Seniors

A Community Discussion:

Wednesday, April 9

Merced Area Agency on Aging

851 West 23rd Street, Merced

1:00pm – 4:00pm

Merced MHSA Planning

At this meeting, we will discuss the mental health needs of adults and older adults. The purpose of this session will be to share and learn about how mental health issues have impacted community members and their families. These stories are enabling us to develop strategies that will ultimately *prevent* mental health issues from emerging, and guide *early intervention* efforts to ensure that when a situation arises it will not get worse.

For more information, contact the Mental
Health Department:

mhsa@co.merced.ca.us
Or call (209) 381-6800

**YOUR INPUT IS
IMPORTANT!**

Mental Health Prevention and Early Intervention for Children & Youth

A Community Discussion:

Thursday, April 10

Merced County Office of Education 632

West 13th Street, Merced

Room J 2

1:00pm – 4:00pm

Merced MHSA Planning

At this meeting, we will discuss the mental health needs of children and transitional age youth. The purpose of this session will be to share and learn about how mental health issues have impacted community members and their families. These stories are enabling us to develop strategies that will ultimately *prevent* mental health issues from emerging, and guide *early intervention* efforts to ensure that when a situation arises it will not get worse.

For more information, contact the Mental
Health Department:
mhsa@co.merced.ca.us
Or call (209) 381-6800

**YOUR INPUT IS
IMPORTANT!**

Mental Health Prevention and Early Intervention: Community Needs & Strategies

A Community Discussion:

Friday, March 14, 2008

Public Health Auditorium 260
East 15th Street, Merced 1:00 pm –
4:00 pm

Merced MHSA Planning

At this first meeting, we will discuss which issues currently impact the emotional and mental wellbeing of people from all walks of life. The purpose of this session will be to share and learn about how mental health issues have impacted community members and their families. These stories are enabling us to develop strategies that will ultimately *prevent* mental health issues from emerging, and guide *early intervention* efforts to ensure that when a situation arises it will not get worse.

For more information, contact the Mental
Health Department:

mhsa@co.merced.ca.us

Or call (209) 381-6800

**YOUR INPUT IS
IMPORTANT!**

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**Merced County, Community Outreach Contact List for
Prevention and Early Intervention Planning Effort**

Agency Name

Aegis Medical Systems
Aegis Medical Systems
Alpha Pregnancy Help Center
American Lung Association of Central California
American Red Cross | Merced/Mariposa Chapter
ARTREE
Beginning Early Scholastic Training (BEST)
Bethel Community Church
Boy Scouts of America - Wawona District
Boys and Girls Club of Merced County
Boys and Girls Club of Merced County
Breast Feeding Support Group
Brown Bag Programs
California School Age Families in Education - Cal-SAFE
California State Parks
Calvary Assembly of God
Cancer Support Group
CARE (California Alternate Rates for Energy) Program
CARE (P.G. & E. CARE Applications)
Castle Medical Clinic
CDC National STD and AIDS Hotlines
Centers for Disease Control National Aids Hotline (English Services)
Central California Dental Surgicenter
Central California Legal Services
Central Valley Opportunity Center (CVOC)
Central Valley Ronald McDonald House
Cerebral Palsy Association of Merced County
Challenged Family Resource Center of Merced County
Challenger Learning Center of the San Joaquin Valley
Children's Ministries
Children's Services Network of Merced County
City of Los Banos Human Resources
City of Merced Personnel Department
Cosmetology & Manicuring
Crave
Dar a Luz Childbirth Education and Support Program
Davis Guest Home
Deaf and Hard of Hearing Service Center - Merced
Department of Rehabilitation
Diabetic Support Group
Division of Environmental Health
Divorce Care Gateway Community Church
Dos Palos Community Center
Emergency Food Assistance Program (EFAP)
Emergency Food Pantry
Employer-Focused Training Center

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Faith-In-Action Merced
Family Care
Family Resource Council
First Southern Baptist Church of Winton
Foster and Kinship Care Education Program
Foster and Kinship Care Education Program
Gate Keepers
Gateway Church, Merced-SupportGroups
Gateway Community Church
Greater Merced Chamber of Commerce
Grief Share
Healthy House
HIV Test Program
Hmong Women's Family Focus Program (HWFFP) - Mental Health Services
Homeless Services Office
Lifestyle Management Drydock
Livingston Child Development Program
Livingston Community Based English Tutoring Program
Los Banos Chamber of Commerce
Los Banos Police - Volunteer Program
Los Banos Police Activities League (PAL)
Love INC
Men's Life
Mentoring Ministry Gateway Community Church
Merced Child Care Food Program
Merced College - Child Development Center
Merced College Community Services
Merced College Non-Credit Program
Merced College Parenting Academy
Merced County Breastfeeding Coalition
Merced County Community Action Agency - Fatherhood Coalition
Merced County Department of Parks and Recreation
Merced County Equal Employment Opportunity- (EEO Diversity Office)
Merced County Law Library
Merced County Local Child Care and Development Planning Council
Merced County Regional Occupational Program
Merced Lao Family Community - Organizational Projects
Merced Police Department
Miano (R.M.) Elementary School
Migrant Education, Region3
Millhous Children's Center
Modesto Gospel Mission
Net, The
Non-Credit Program, MercedTri-CollegeCenter
Office of Relations with Schools
Our Lady of Mercy/St. Patrick's Parish
Parish Nurse Program
Planada Community Development Corporation
Public Health Laboratory

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Puentes
Recovery Groups
Re-Direct Program
Re-Direct Program
Re-Entry Services
Refugee Employment and Social Service Program
Refugee Social Service Program
Refugee Subsidy Employment Project
Resource Development Center
Schelby School
Schelby School
Senior Companion Program
Sierra School
Singles
Southeast Asian Youth Advisory Council
Stephen Ministry Gateway Community Church
Teen Mothers Support Services
Teen Parent Program
Telecommunications Consumer Education
Total Self Insight (TSI)
Tough Love
United Way of Merced County
United Way of Merced County
University Of California Cooperative Extension
Valley Community School
Victim Witness Assistance Program
Victory Outreach - Los Banos
Visually Impaired Program
Walnut Child Development Center
Welfare to Work Program (Employment Assessment and Job Readiness)
Wired
Women, Infants & Children Program (WIC)
Workforce Development Department
Worknet Employer Resource Center
Workplace Learning Resource Center (WpLRC)
Youth Accountability Board
Youth After School Program
Youth Employment Opportunity Program (YEOP)

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**Merced County Mental Health Department
MHSA Prevention and Early Intervention Planning Process**

Key Informant Interview Questions

Interview Overview

Name:

Organization (if applicable):

Address:

Date:

Interviewer:

Interview Overview Script

The purpose of our conversation today is to inform the decision-making for the Prevention and Early Intervention component of the Mental Health Services Act Planning Process. Your input will help craft a plan to be submitted to the State of California for review on how Merced County hopes to allocate nearly \$2 million in funding for mental health prevention and early intervention services. This planning process follows an original planning process that occurred several years ago focusing on community services and supports. The first planning process focused on treatment and consumer services. This planning process takes what was learned in the previous planning effort and focuses more closely on how to develop **prevention and early intervention services**.

The Prevention Element of the PEI program is meant to reduce risk factors and stressors that can lead to an initial onset of a mental health problem. The Prevention Element is also intended to promote, support the well-being, and reduce the suffering of “at risk” individuals who are experiencing challenging life circumstances.

The Early Intervention Element of the PEI program is designed to prevent a mental health problem from getting worse. These programs are directed toward people for whom a short-term (less than one year), relatively low-intensity intervention is appropriate to measurably improve their mental health, avoid the need for more extensive mental health treatment or services, or prevent a mental health problem from getting worse.

Do you have any questions about what is intended by prevention or early intervention?

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Disclaimer

The contents of this interview will be kept confidential, meaning your name will not be attached to anything you say; however we would like to present a list of names in the plan of those who we have interviewed. Do you consent to have your name shared in the public document?

Check if Yes

Interview Questions

1) Did you participate in the community services and supports planning process for MHSA?

If yes; Was there anything that you remember coming out of the CSS planning process that is relevant to the prevention and early intervention plan.

2) What current prevention and early intervention activities are you aware of in Merced County?

3) Are there significant gaps in current prevention and early intervention activities?

- a. Children, Transitional Age Youth, Adults, Older Adults
- b. Population groups (i.e. race or ethnicity, socio-economic, LGBT, etc)
- c. Geographic location (i.e. Livingston, Los Banos, etc)
- d. What do you see right now in your work that is the biggest problem – why are these needs/gaps

4) What do you think should be done to address these gaps?

5) Do you have any data on the needs or gaps that you identified?

6) I am going to read you a list of the state mandated Prevention and Early Intervention Priority Populations. After I read you the list please tell me the TWO population groups from this list that you believe are the most important groups to target for Merced County.

- a. Underserved cultural populations
- b. Individuals experiencing onset of serious psychiatric illness
- c. Children/youth in stressed out families
- d. Trauma exposed
- e. Children/youth at risk of school failure
- f. Children/youth at risk of experiencing juvenile justice involvement

Is there anything you would like to add about why these are your priorities?

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7) I am going to read you a list of the state mandated Prevention and Early Intervention Key Community Mental Health Needs. After I read you the list please tell me the TWO Key mental health needs from this list that you believe are the most important needs to target for Merced County.

- a. Disparities in access to mental health services
- b. Psycho-social impact of trauma
- c. At risk children, youth and young adult populations
- d. Stigma and discrimination
- e. Suicide risk

Is there anything you would like to add about why these are your priorities?

8) What level of intervention do you think is best for Merced County? (intervention level(s) Universal or Indicated and for example *educating* a community to reduce stigma, *training* professionals to identify and refer, provide *screening* to all or some with high risk, targeted early intervention, general prevention through increasing assets),

9) What are the setting(s) where you want to intervene? (school, health centers, probation, home, other community setting)

10) Are there any evidence based best practices that you feel would be exciting to bring to Merced County's prevention and early intervention efforts?

11) Would you be willing to help this planning effort by organizing a focus group or distributing newsletters of the planning process? (if yes, record e-mail address)

12) Is there anything we did not ask about that would help this planning effort?

Demographics

Per the state guidelines for planning purposes it is important for us to compile demographics on the people that have participated in the planning process. These demographics will be kept confidential and only used to report on total numbers included in the planning effort.

Decline to answer demographic questions

Do you identify yourself as a consumer or a family member of a consumer of mental health services?

- Check if Yes
- Consumer
- Family Member
- Check if No

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Please indicate your age range:

- 18-25
- 26-65
- 66 and older

Do you consider yourself to be:

- Male
- Female
- Transgender

What is your race ethnicity? Do you consider yourself:

- White/Caucasian
- Black/African American
- Hispanic/Latino
- Southeast Asian
- Other Asian or Pacific Islander
- American Indian/Native American/First Nations (including Hawaiian and Alaskan Native)
- Mixed Race: _____
- Other: _____

Thank you for your time today. Your input has been very valuable. If you have any questions or would like to talk to someone at the Mental Health Department regarding this interview please contact Iris Mojica de Tatum at (209) 381-6815.

Any comments?

Do you have any other comments or concerns?

Is there anything you would like to tell me about this interview process?

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Appendix

Merced County Mental Health Department
MHSA Prevention and Early Intervention Planning Process

Key Informant Interviews Findings Report

Key Informant Interviews were conducted by Resource Development Associates February 11 – March 3. Interviews were analyzed for common themes as presented here.

Findings

Twenty Interviews were conducted.

Who was interviewed?

- 65% female
- 90% ages 18-65
- 65% White, 30% Latino, 10% Southeast Asian
- *60% self-identified as a consumer or as a family member of a consumer*

Priority Populations and Key Mental Health Needs

- 11 noted Children and Youth in Stressed out Families
- 8 noted Children and Youth at Risk of School Failure
- 14 noted At Risk Children Youth and Young Adults
- 10 noted Disparities in Access to Mental Health Services

Community Assets

- Screening (special-ed, GVHC, MCAH, AAA)
- Models to build off of (SNI/Cares, Promotores, peer educators)
- Many programs and agencies with good bicultural competencies for “at-risk” populations

Environmental Challenges

- Economic (unemployment, foreclosures, and budget cuts)
- Loss of self and sense of sufficiency for many recent immigrants
- Gangs, drugs, crime, and family violence

PEI Needs

- Quiet, non-acute, depression and anxiety amongst parents and families
- Helping parents better care for and parent their children
- Early work with children to develop coping and resiliency skills

Solutions

- School based programs
- Building off of existing home visiting or clinic visits with parents/families
- Better, more consistent, messaging and outreach

Anecdotal Evidence

Preschool and School Age Children

I think we are missing prevention across the board. We are not getting out to parents and children. I think there are huge opportunities for intervention in families with young children. We can impact social emotional development. I think we need to focus on the youngest children and on first attachment. We should be working in child care centers and looking for risk factors.

I think we should be teaching kids skills for dealing with the experiences they will come across in life. Giving skills upfront decreases the effect of the incident. Instead of waiting and dealing with kids that have exposure to traumatizing life experiences, whether it be family trauma or bullying at school, we can give the child the tools to respond rather than waiting until after exposure. The evidence shows that when this happen there is a higher rate of traumas having less of an effect.

The children that are being served are the most severe. But we are missing the “gap kids.” There are no interventions for kids that have behavioral problems but don’t get diagnosed as having a special need or a behavioral disorder.

We don’t always know how to take care of these kids. Families are stressed out, maybe they are going through a divorce or some other hardship. And the children reflect these problems and we don’t always know what to do. The parents turn to us with questions and we need to know how to help them or how to give referrals to the parents.

The biggest problems kids face are social pressures and inability to get along with your peers. And when kids come from dysfunctional families or from low income families where parents are working two or three jobs to make ends meet, the kids don’t have a lot of parental interaction. This leads to crime, gangs, and violence.

We should be doing more early intervention at school sites. Get elementary school-age kids better services, counseling, parenting strategies, discipline, social skills training. All the things those address are the things that lead to truancy and making bad choices like doing drugs. We should be targeting these programs early including preschool. Really everyone needs it, but early intervention would mean less services to middle and high schools down the road.

Juvenile Justice

When I worked in a residential program for adolescent males they all had early childhood trauma and abuse. And a significant number had attachment disorders.

I know some of our kids are headed here [juvenile justice involvement]. Sometimes I wonder what we could do in order to teach them how to take better care of themselves.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

Appendix

Transitional Age Youth

This current generation is not emotionally prepared to take on challenges. On college campuses stress, depression, and anxiety are common. Kids today have no idea how to deal with failure or poor outcomes. We took away competition from little league and have given them grades to reflect effort not actual performance. We need to create middle school and high school programs that teach emotional skills, so their first response is not anger.

Adults

The poor economy has really impacted low-income families. Many of these are working poor, struggling day to day to get by, but not coming to anyone's attention. I think they are the ones most in need of prevention and early intervention services. We need to give them good family counseling. I think that is why we are seeing so many out of control kids and teen pregnancies. Family counseling is so expensive and they are the ones in need of outreach. The working poor. I am also seeing it in families going through foreclosures. We are hearing more stories recently. They are struggling and are in crisis.

Southeast Asians

When these adults come to this country the majority of them are not literate or formally educated. They have very little knowledge about how to help their children [with school work and peer related pressures]. We need to have a culturally sensitive and bilingual after school program for these youth that involves parents and helps them have better interactions with their kids. To create better relationships between parent and child.

Respect is very important in the Southeast Asian culture. Parents feel that younger people should respect them and follow what they are saying. But when they have come to this new culture, parents can't guide their children. The kids are adopting a new culture and the parents are shut out because they still follow the old culture. And the parents don't speak the language [English], eat a different food, and dress different from mainstream. Kids start thinking I don't want to be with my parents. They are embarrassed or repelled by their parents and kids start defying their parents.

Latinos

A lot of the stressors that Latinos are faced with on a daily basis are precursors for serious mental health issues and are compounded day to day. They may not be extremely difficult problems or traumas but it accumulates over time and affects a huge portion of the community. The number one issue is about immigration status. It is enormously stressful the "risk" they are living in, with very limited options to legalize their status even after 20 years of living here and raising families. And they are afraid to get help or services, even for their legal children, because that may uncover their undocumented status.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN Appendix

The financial crisis is hitting families hard. Hundreds of Latinos in particular are losing their homes. It is a daily stress for many people for many months until one day they lose their house.

Latinos and farmworkers just wear anxiety and depression on their shoulders and they bear it. They don't know that there could be something to help because it does not exist in their culture. It is called "Nervios" which translates literally to nerves and we see it manifesting itself in women who are always tired and sleep a lot and in men who are drinking and gambling. And there are other problems associated with drinking and gambling.

Seriously Mentally Ill or Confirmed Diagnosis

I wish I had had more information earlier. Looking back there were all kinds of warning signs that were missed, by us, by the schools. Things that were weird and I put it down to stress. Things like irrational thought processes, paranoia, conversations that did not make sense. And everyone just assumes someone has a drug problem, because that is where everyone goes. Schools need to be more in tune when there are problems and not just suspending them or sending them to continuation school. We need to put information out to the public and do it in better ways. Like through the schools maybe.

We get a lot of calls from parents frustrated with schools when their children are suspended for bad behaviors. Teachers are frustrated too. We need interventions or programs in schools to help identify children early to prevent them having trouble later and ending up in juvenile hall. We need more social skills or pull out programs to work with kids who are having difficulties. We need more support for parents too. Lots of times parents are sent to parenting classes but those are for "typically developing" kids not for the difficulties of parenting for more severe behaviors.

I have an 11 year old nephew who is in a residential facility. And the stigma is huge. I am always talking about how hard it is and no one understands why he is not being taken care of in the home.

More and more individuals have already been diagnosed and are getting medications in middle school and high school. That is OK when they are at home and have their parents to help them manage the medications. But as soon as they are on their own we are seeing lapses in medication, inappropriate use of meds with alcohol or worse, and this results in major problems.

LGBT & Transgender Youth

I am a member of PFLAG in Merced and there is a large population of transgender young kids that have absolutely no support.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

Appendix

I am not sure if there is a specific focus on the LGBT population in Merced and I think that is a really important area, especially around the transition age youth – it is a really challenging time for them.

Our overall problem is that Merced is so small and there are a lot of good programs but they only serve a handful of people and then the programs get dashed. You can get a bigger bang if you reach out to a greater population. Like I know we are missing the transgender youth population, but there are not so many here as in Los Angeles or in San Francisco. We would have to make it efficient, with economies of scale and not repeat programs.

The University of California did a study of the emotional health of students and determined that graduate students are the most high-risk, followed by international students because of isolation and culture shock, and the next group is LGBT students. I don't think we have done a good job having conversations of sexual non-discrimination in the same way as with gender and race.

Older Adults

When older adults lose their independence depression can happen. With my mom when she entered an assisted living facility she just understood it as being sick and not feeling well, but I thought it was depression. When we went to the doctor we talked about not giving her anti-depressants, but about getting her up and out.

I would like to do something with adult services. They know if someone has died, like a bereavement outreach. Adult services are aware of early signs of depression. Someone who could address those life altering crisis, like loss of a limb or vision amongst someone who is diabetic, or being homebound.

Suicide

Suicide risk is different than a suicide attempt. We need to take it seriously when someone says that they just want to die. I heard my nephew say that because he did not fit in. And he is just a little kid.

Suicide prevention in Adolescents might need to happen younger than we think. There is a key transition point between elementary in junior high.

There is nothing about elders and suicide risk. It is really about depression for older adults. And they want to die, they have done it, lived their life, and now they say what else can I do? How can I be productive anymore? Their independence has been taken away. And they are ready to die.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Appendix

Stigma and Discrimination

Schools, and everyone really, need to know that there are biological illnesses that kick in at a young age.

There is still a lot of perception that the “crazy” people get mental health services not average folks who are having hard times. There is a lot of stigma. This is particularly important for different cultural groups.

I just think the public can never be too educated. People have a lot of misconceptions, things that are detrimental to people with mental illnesses.

PUBLIC HEARING NOTICE AND PUBLIC COMMENTS

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**Public Comments were collected during the 30 day public review period, August 4
– September 2, 2008.**



PEI Stakeholders:

Merced County Department of Mental Health announces the MHSA-Prevention and Early Intervention 30-Day Public Hearing. Please refer to the links listed below for an electronic copy of the plan.

Your input is greatly appreciated.

Iris N. Mojica De Tatum
Administrative Operations Manager
Merced County Mental Health Department

Mark J. Hendrickson
Director of Governmental Affairs
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Merced, CA 95340
(209) 385-7636
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Equal Opportunity Employer

FOR IMMEDIATE RELEASE August 4, 2008
CONTACT: Mark Hendrickson 209.385.7636

MENTAL HEALTH DEPARTMENT OPENS PUBLIC COMMENT PERIOD ON MHSA PEI PLAN

MERCED – The Merced County Department of Mental Health (MCDMH) has opened a 30-day public viewing and comment period for its current *Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI)* component of the three-year program and expenditure plan request. At the close of this public comment period, the Merced County Mental Health Advisory Board will hold a public hearing on Tuesday, September 2, 2008 from 4:30 p.m. to 6:30 p.m. in the conference room at its Merced County, Department of Mental Health Administration Office, located at 3090 M Street in Merced. Interpretative assistance will be available to Spanish and Hmong-speaking residents in attendance at the public hearing.

The PEI plan details services and supports for children, transitional age youth, adults and older adults that will reduce risk factors and stressors that can lead to an initial onset of a mental health problem or prevent a mental health problem from getting worse. The prevention element is also intended to promote, support the well-being, and reduce the suffering of “at-risk” individuals who are experiencing challenging life circumstances. The fundamental concepts inherent in the PEI plan address community collaboration, cultural and linguistic competence, client/family-driven mental health system, wellness focus (which includes concepts of recovery and resilience) and integrated services and natural delivery sites such as schools and health clinics.

The plans will be posted on the Merced County Department of Mental Health website <http://www.co.merced.ca.us/mentalhealth/index.html#PEIPlan>. Residents can request an electronic version of the documents by emailing mhsa@co.merced.ca.us. The public can also request a hard copy of the documents by contacting the Mental Health Department at (209) 381-6800 or toll free at 1-866-626-6472. The following staff will be on hand to accept requests:

English speaking residents
Spanish speaking residents
Hmong speaking residents

Josette Torres
Iris Mojica de Tatum
Blong Lee

Kayce Garcia Rane

From: Kayce Garcia Rane [krane@resourcedevelopment.net]
Sent: Monday, September 01, 2008 2:04 PM
To: 'Kayce Garcia Rane'
Subject: FW: RE: MHSA PEI PLAN

-----Original Message-----

From: Liz Slate [mailto:LSlate@co.merced.ca.us]
Sent: Monday, August 04, 2008 4:31 PM
To: merced@aegismed.com; mfowler@aegismed.com; pkishi@aesd.edu; info@alphaPHC.com; burna2@aol.com; flowerpaleb2@aol.com; JaniB2@aol.com; nmwit@aol.com; sallya1215@aol.com; stockwiz48@aol.com; director@artsMerced.org; std-hivnet@ashastd.org; rhawthorne@atwater.org; diana@awpofmerced.org; losbanospal@calpal.org; sanchezl@castlefamilyhealth.org; alfonse@cell2000.net; bree@cell2000.net; smithp@cityofmerced.org; Andrea Baker; Kathleen Crookham; Pat Highlander; Timothy Livermore; vlopes.Merced1.HSA@co.merced.ca.us; Nancy Goodban; dgh@davisguesthome.com; minfo@dhhs.org; tnichols@dor.ca.gov; dthompson@dpol.net; jodell@edd.ca.gov; avandenakker@gatewaychurchmerced.org; dwhite@gatewaychurchmerced.org; gateway@gatewaychurchmerced.org; jsalazar@gatewaychurchmerced.org; mgrasley@gatewaychurchmerced.org; sschanze@gatewaychurchmerced.org; moffata@gmail.com; aabarca@gvhc.org; emorrison@gvhc.org; lbuendia@gvhc.org; contact@healthyhousemerced.org; mike@healthyhousemerced.org; tatiana@healthyhousemerced.org; info@homelessmission.org; gthao@laofamilymerced.com; hvang@laofamilymerced.com; mlfc@laofamilymerced.com; lbcofc@losbanos.com; carey.reed@losbanos.org; cityclerk@losbanos.org; bward@losbanosusd.k12.ca.us; edelong@lud.k12.ca.us; hescobar@lud.k12.ca.us; Donya Avila; Jean Barry; Marvin Smith; Jackie Mayhue; Deanna McKenna; Veronica Oforlea; Enrique Renteria; Marilyn Scorby; dfossum@mcoe.merced.k12.ca.us; bbutler@mcoe.org; bchavira@mcoe.org; Belinda Foutz; bmarquez@mcoe.org; cbray@mcoe.org; chuffman@mcoe.org; dhaines@mcoe.org; edelong@mcoe.org; griggs@mcoe.org; hnewlon@mcoe.org; jmacha@mcoe.org; jrehling@mcoe.org; jrussell@mcoe.org; kxiong@mcoe.org; landerse@mcoe.org; madrian@mcoe.org; Rkleitma@mcoe.org; rkleitman@mcoe.org; rpatron@mcoe.org; scoston@mcoe.org; sthomas@mcoe.org; tmoua@mcoe.org; vmendoza@mcoe.org; mbarraza@mcsd.k12.ca.us; mkravec@mcsd.k12.ca.us; tjohns@mcsd.k12.ca.us; info@merced-chamber.org; daustin@mercedcaa.org; bshaw@mfamg.com; kelly@milhous.us; mmarc@mmarc.org; aellsmore@MossBeachHomes.com; cpeerson@MossBeachHomes.com; dramirez@MossBeachHomes.com; sjantz@MossBeachHomes.com; wlange@MossBeachHomes.com; mellis38@msn.com; jabraham@muhsd.k12.ca.us; rfore@muhsd.k12.ca.us; tmeyer@muhsd.k12.ca.us; tsilva@muhsd.k12.ca.us; nicole@netbasics.net; jmorg@parks.ca.gov; CAREandEnergyPartners@pge.com; sgomes@planada.k12.ca.us; info@ronald-mcdonaldhouse.com; l.i.director@sbcglobal.net; allforyouchristpro@sbcglobal.net; jmfullerjr@sbcglobal.net; mbfreitas@sbcglobal.net; merlecharles@sbcglobal.net; plundberg@sbcglobal.net; uwofmc@sbcglobal.net; khiatt@sierravistacc.org; gomezJl@sutterhealth.org; nazabacy@sutterhealth.org; khiatt@svcfs.org; tdoobs@svcfs.org; AlRowlett@TPCP.org; AnnaPerez@TPCP.org; lilliantorres@TPCP.org; RaySmyth@TPCP.org; RonGilbert@TPCP.org; scottsteffen@TPCP.org; VongChang@TPCP.org; cemerced@ucdavis.edu; jdaley@ucmerced.co.merced.ca.us; balameida@weaverusd.k12.ca.us; mikec@winton.k12.ca.us; cox.adam@yahoo.com; lbpastor@yahoo.com
Subject: MHSA PEI PLAN

The Merced County Department of Mental Health (MCDMH) has opened a 30-day public viewing and comment period for its current Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) component of the three-year program and expenditure plan request. At the close of this public comment period, the Merced County Mental Health Advisory Board will hold a public hearing on Tuesday, September 2, 2008 from 4:30 p.m. to 6:30 p.m. in the conference room at its Merced County, Department of Mental Health Administration Office, located at 3090 M Street in Merced. Interpretative assistance will be available to Spanish and Hmong-speaking residents in attendance at the public hearing.

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English speaking residents	Josette Torres
Spanish speaking residents	Iris Mojica de Tatum
Hmong speaking residents	Blong Lee

To provide input, recommendations and comments, please call 1-866-626-6472 or email your comments to mhsa@co.merced.ca.us.

For more information regarding Merced County, please visit our website at www.co.merced.ca.us

Frank Whitman
Director of Mental Health

FW:nv

**MERCED COUNTY MENTAL HEALTH BOARD
PUBLIC MEETING NOTICE**

Tuesday, September 2, 2008 – 4:30 to 7:00 p.m.

Meeting Location: Merced County Mental Health
3090 M Street, Merced, CA
(Phone: 381-6813 – Mental Health Dept.)

A G E N D A

- | | | |
|-------|--|-----------------------|
| I. | Call to Order/Roll Call | |
| II. | Approval of Minutes from August 5, 2008 | (Board Action) |
| III. | Approval of Agenda for September 2, 2008 | (Board Action) |
| IV. | Opportunity for Public Input to Speak on Any Matter of Public Interest within the Board's Jurisdiction Including Items on the Board's Agenda | |
| | A) Open Discussion for Board | All |
| V. | Presentation on Prevention and Early Intervention (PEI) Plan | Kayce Rane |
| VI. | Review and Recommendation on: | |
| | A) Prevention and Early Intervention Plan | (Board Action) |
| | B) Community Services and Supports Plan 3-Year Program | (Board Action) |
| VII. | Committee Reports/Updates | |
| | A) Quality Improvement Committee (QIC) | Sally |
| | B) California Association of Local Mental Health Boards and Commissions (CALMHB/C) | James |
| | C) Executive/Bylaws/Planning Committee | James |
| | D) Annual Report Committee | James/Sally |
| | E) Membership Committee | Kim |
| | F) Patients' Rights Advocate | Merle |
| | G) Supervisor's Report | Kathleen |
| VIII. | Director's Report | Frank |
| IX. | Adjournment | |

Kayce Garcia Rane

From: Kayce Garcia Rane [krane@resourcedevelopment.net]
Sent: Monday, September 01, 2008 2:02 PM
To: 'phighlander@co.merced.ca.us'; 'tlivermore@co.merced.ca.us'; 'merced@aegismed.com'; 'mfowler@aegismed.com'; 'pkishi@aesd.edu'; 'info@alphaPHC.com'; 'burna2@aol.com'; 'flowerpaleb2@aol.com'; 'JaniB2@aol.com'; 'nmwit@aol.com'; 'sallya1215@aol.com'; 'stockwiz48@aol.com'; 'director@artsMerced.org'; 'std-hivnet@ashastd.org'; 'rhawthorne@atwater.org'; 'diana@awpofmerced.org'; 'losbanospal@calpal.org'; 'sanchezl@castlefamilyhealth.org'; 'alfonse@cell2000.net'; 'bree@cell2000.net'; 'smithp@cityofmerced.org'; 'vlopes.Merced1.HSA@co.merced.ca.us'; 'NGoodban@co/merced.ca.us'; 'dgh@davisguesthome.com'; 'minfo@dhhs.org'; 'tnichols@dor.ca.gov'; 'dthompson@dpol.net'; 'jodell@edd.ca.gov'; 'avandenakker@gatewaychurchmerced.org'; 'dwhite@gatewaychurchmerced.org'; 'jgawway@gatewaychurchmerced.org'; 'jsalazar@gatewaychurchmerced.org'; 'mgrasley@gatewaychurchmerced.org'; 'sschanze@gatewaychurchmerced.org'; 'moffata@gmail.com'; 'aabarca@gvhc.org'; 'emorrison@gvhc.org'; 'lbuendia@gvhc.org'; 'contact@healthyhousemerced.org'; 'mike@healthyhousemerced.org'; 'tatiana@healthyhousemerced.org'; 'info@homelessmission.org'; 'gthao@laofamilymerced.com'; 'hvang@laofamilymerced.com'; 'mlfc@laofamilymerced.com'; 'lbcocf@losbanos.com'; 'carey.reed@losbanos.org'; 'cityclerk@losbanos.org'; 'bward@losbanosusd.k12.ca.us'; 'edelong@lusd.k12.ca.us'; 'hescobar@lusd.k12.ca.us'; 'scorby.m@mccd.edu'; 'dfossum@mcoe.merced.k12.ca.us'; 'bbutler@mcoe.org'; 'bchavira@mcoe.org'; 'bward@losbanosusd.k12.ca.us'; 'bmarquez@mcoe.org'; 'cbray@mcoe.org'; 'chuffman@mcoe.org'; 'dhaines@mcoe.org'; 'edelong@mcoe.org'; 'griggs@mcoe.org'; 'hnewlon@mcoe.org'; 'jmacha@mcoe.org'; 'jrehling@mcoe.org'; 'jrussell@mcoe.org'; 'kxiong@mcoe.org'; 'landerse@mcoe.org'; 'madrian@mcoe.org'; 'Rkleitma@mcoe.org'; 'rkleitman@mcoe.org'; 'rpatron@mcoe.org'; 'scoston@mcoe.org'; 'stthomas@mcoe.org'; 'tmoua@mcoe.org'; 'vmendoza@mcoe.org'; 'mbarraza@mcsd.k12.ca.us'; 'mkravec@mcsd.k12.ca.us'; 'tjohns@mcsd.k12.ca.us'; 'info@merced-chamber.com'; 'daustin@mercedcaa.org'; 'bshaw@mfamg.com'; 'kelly@milhous.us'; 'mmarc@mmarc.org'; 'aellsmore@MossBeachHomes.com'; 'cpeerson@MossBeachHomes.com'; 'dramirez@MossBeachHomes.com'; 'sjantz@MossBeachHomes.com'; 'wlange@MossBeachHomes.com'; 'mellis38@msn.com'; 'jabraham@muhsd.k12.ca.us'; 'fore@muhsd.k12.ca.us'; 'tmeyer@muhsd.k12.ca.us'; 'tsilva@muhsd.k12.ca.us'; 'nicole@netbasics.net'; 'jmorg@parks.ca.gov'; 'CAREandEnergyPartners@pge.com'; 'sgomes@planada.k12.ca.us'; 'info@ronald-mcdonaldhouse.com'; '1.i.director@sbcglobal.net'; 'allforyouchristpro@sbcglobal.net'; 'jmfullerjr@sbcglobal.net'; 'mbfreitas@sbcglobal.net'; 'merlecharles@sbcglobal.net'; 'plundberg@sbcglobal.net'; 'uwofmc@sbcglobal.net'; 'khiatt@sierravistacc.org'; 'gomezJ1@sutterhealth.org'; 'nazabacy@sutterhealth.org'; 'khiatt@svcs.org'; 'tdobbs@svcs.org'; 'AlRowlett@TPCP.org'; 'AnnaPerez@TPCP.org'; 'lilliantorres@TPCP.org'; 'RaySmyth@TPCP.org'; 'RonGilbert@TPCP.org'; 'scottsteffen@TPCP.org'; 'VongChang@TPCP.org'; 'cemerced@ucdavis.edu'; 'jdaley@ucmerced.co.merced.ca.us'; 'balameida@weaverusd.k12.ca.us'; 'mikec@winton.k12.ca.us'; 'cox.adam@yahoo.com'; 'lbpastor@yahoo.com'; 'Belinda Foutz'; 'mikec@winton.k12.ca.us'; 'mike@healthyhousemerced.org'; 'madrian@mcoe.org'
Cc: 'Natalie Vazquez'; 'Iris N. Mojica De Tatum'; 'Frank Whitman'; 'Carol Hulsizer'; 'Bertha MacDonald'
Subject: Merced County Mental Health Board Meeting 9/2 - Agenda - Review of DRAFT PEI Plan
Importance: High
Attachments: Agenda 9-2-08.doc



Agenda 9-2-08.doc
(68 KB)

Dear Merced County Colleagues:

Attached is the agenda for tomorrow's Public Hearing on the DRAFT Merced County Mental Health Prevention and Early Intervention Plan. Many of you participated in interviews, community meetings, and focus groups as part of the planning process. We look forward to seeing you tomorrow and hearing your comments on the DRAFT plan.

Final comments will be accepted in writing at:
krane@resourcedevelopment.net
or
imojicadetatum@co.merced.ca.us

Please submit by 2:30pm to ensure review at the 4:30 public hearing.

To review the plan, please see the posting on the Merced County Mental Health Department's MHSA web page, or follow the link below:
<http://www.co.merced.ca.us/mentalhealth/index.html>
(Please make sure to scroll down to the bottom of the page to see the posted document.)

Thank you again for all of your input and dedication to developing this plan.

Please forward this e-mail to others who may be interested in submitting comments or attending the public hearing.

Kayce Garcia Rane, MCP
Managing Director
Resource Development Associates
krane@resourcedevelopment.net
925.299.7729 x106
fax 925.299.7728

Media Distribution of Notice of Public Hearing

Please see below the list of recipients that Merced County, Public Affairs notified regarding our Public Review and Hearing.

Thank you
Natalie Vazquez
Staff Services Analyst
Merced County
Department of Mental Health
(209) 381-6800 ext 3217

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CORPORATE OFFICE

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LOCATIONS

Ceres • Dos Palos • Gustine/Newman • Le Grand
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Patterson • Planada • Turlock • Westley

June 6, 2008

Frank Whitman, LCSW, MPA, Director
Department of Mental Health
Merced County
3090 "M" Street
P.O Box 2087
Merced, CA 95344

Re: Prevention & Early Intervention Implementation in Merced County

Dear Mr. Whitman,

As the Chief Executive Officer of Golden Valley Health Centers (GVHC), I am writing to urge Merced County Department of Mental Health to strengthen and build upon the local community-based mental health and primary care systems in planning for and implementing the Prevention and Early Intervention (PEI) component of the Mental Health Services Act (MHSA). Given the transformative nature of MHSA, it is critical that community-based organizations like GVHC be involved in both the planning and provision of local PEI programs and services.

Community clinics and health centers are often the first point of contact for identifying and treating individuals who otherwise might face stigma, cultural or other barriers to accessing traditional mental health services. It is critical that the planning process recognize and build upon the capacity of non-traditional mental health service partners with unique abilities to serve traditionally underserved communities and populations.

Community-based providers, including many community clinics and health centers have experienced considerable barriers to gaining equitable access to the MHSA planning, application, and funding processes. This letter is to follow up on our previous conversations with Merced County Department of Mental Health regarding GVHC's interest in participating in the planning and implementation of the PEI component of the MHSA.

We believe that GVHC should be a critical part of Merced County's PEI plan because:

- Nearly 40,000 patients are served at GVHC clinics every year in Merced County, offering an unparalleled opportunity for the kinds of widespread mental health screening and outreach PEI funding is intended for.
- The vast majority of our patients are Latino, low-income, underserved and/or have other risk factors that are a focus of PEI programs.
- Only half the population suffering from behavioral health issues seek any form of care. Most people see their primary care provider about 4 times a year, allowing for early

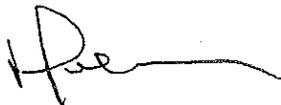
Your Community Health Center

intervention to address mental health issues for which patients may not otherwise access care.

- Community-based primary care clinics have a long history of providing comprehensive prevention and early detection services for a wide range of health concerns.
- For many minority communities, such as the Latino community, there exists significant mistrust and fear of traditional mental health treatment, as well as taboos and stigma around mental illness. Integrating primary care and mental health care can allow individuals to access the help they may need without fear of stigma.
- As trusted medical homes in the community for many underserved, ethnically and racially diverse individuals & families, non-profit community health centers can play a unique role in providing access to mental health services for those who may never seek out traditional mental health services.
- Partnering with non-profit community clinics is an integral part of the PEI Guidelines:
 - ✓ Specifically, the guidelines assert that *programs are generally delivered in a natural community setting (e.g. among others...primary health care, community clinic or health center)* (Enclosure 1, Page 8).
 - ✓ Plans must *describe how the PEI component will strengthen and build upon the local community-based mental health and primary care system including community clinics and health centers* (Enclosure 3, Page 14-15).

Investing resources in primary care is logical and essential to demonstrate impact since that is where many of the priority populations are already served. We look forward to working with you throughout this transformative process. Please do not hesitate to contact me with any questions or for more information.

Sincerely,



Michael O. Sullivan
Chief Executive Officer

Cc: Carmela Castellano-Garcia
David Quackenbush
Elizabeth Morrison

Merced County Office of Education

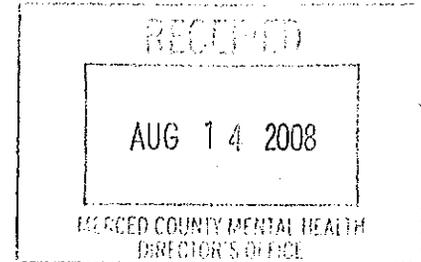
Lee Andersen, Superintendent



Equal Opportunity Employer

August 12, 2008

Merced County Mental Health Advisory Board
Department of Mental Health Administration
3090 M Street
Merced, CA 95340



Support for the Proposed Mental Health Prevention and Early Intervention Plan

Dear Mental Health Advisory Board Members:

This is to express my support for the Mental Health Prevention and Early Intervention (PEI) proposal. The planning process that was used to build the proposed plan was structured to engage the entire community. As you know so well, a major barrier to success of Mental Health initiatives is community awareness and involvement. The input on this proposal is one of its major strengths.

The PEI includes research based best practices and has a strong focus on the needs of children and transitional age youth. It provides a strong foundation for quality services to our young people.

The PEI also recognizes the need for social skills development in young children as a primary strategy for prevention of mental illness. Social skills development is an arena in which families, schools and the community at large can engage and provide support. It will provide a solid foundation for services to young people at risk of mental illness.

I urge you to accept and support the proposed PEI. Thanks for considering this recommendation.

Sincerely,

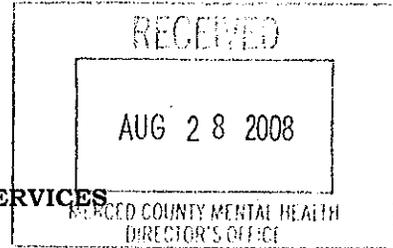
LEE ANDERSEN, Ph.D.
Merced County Superintendent of Schools

LA:yc

cc: Kaye Rose

LOS BANOS UNIFIED SCHOOL DISTRICT
1777 SOUTH ELEVENTH STREET
LOS BANOS, CA 93635
TELEPHONE: (209) 827-0120
FAX: (209) 827-3552

DEPARTMENT OF SPECIAL EDUCATION/SPECIAL SERVICES



BARBARA WARD, DIRECTOR, SPECIAL SERVICES

George Rittenmyer, Ed.D, Psychologist
Kevin Smith, Psychologist
Eric Collinson, Psychologist
Csilla Toth-Fejel, School Psychologist
Lia Block, Psychologist

August 19, 2008

County Mental Health Director
P O Box 2087
Merced, CA 95344

Dear Frank Whitman,

The Los Banos Unified School District had the opportunity to participate in the planning process for the **Prevention and Early Intervention (PEI) Project**. The District was encouraged and optimistic as it participated in the focus group discussions. The discussions highlighted the importance of developing student and family psychological services on the Westside.

The District is very disappointed in the global nature of the written proposal. The District anticipated that a portion of the proposal would include a specific plan that would target and fund "Direct Services" for at-risk students and families on the Westside. The proposal has proven to be vague and not representative of our needs. It concerns the District that large portions of the funding are focused on coordination and administration activities that do not directly impact families or students.

The District appreciated the opportunity to provide feedback early in the pre-planning process. However, when it came to writing the proposal, the District did not have any direct input. The District feels that the plan, as submitted, does not address the concerns of the Westside. The District would like to formally express its concern that more realistic direct-service models were not considered.

The Westside is in great need of prevention, psychological and early intervention services. Experience has proven that programs overseen and coordinated locally are the most successful. If travel logistics become difficult for our at-risk families they are not likely to seek services. It is unfortunate that this project funding, as proposed, may not reach our community in a viable format. It is in the best interest of the Westside that this plan be revised to better reflect realistic student and family needs.

Respectfully,

A handwritten signature in cursive script that reads "Barbara Ward".

Barbara Ward
Director of Special Services

cc: Jerry O'Banion, District 5 Supervisor
Lee Anderson, County Superintendent

Handwritten notes in cursive script. It starts with "cy:" followed by the names "Kayce", "Lisa", and "Sharon J." stacked vertically.

Kayce Garcia Rane

From: Philip Traynor [philiptraynor@sbcglobal.net]
Sent: Friday, August 22, 2008 11:17 AM
To: mhsa@co.merced.ca.us
Cc: krane@resourcedevelopment.net
Subject: PEI Plan

My name is Philip Traynor and I have been coordinating with the State MHSA and the Counties where Radio Bilingüe is broadcasted including Merced County. A major component of Radio Bilingüe programming is health outreach and awareness programming in Spanish, Mixtec, and Triqui targeting the Latino community. In Merced we are at KMPO 88.7.

In reviewing the Public Awareness and Education component of the Merced PEI plan I was impressed to see that it strives to engage the unserved, underserved and poorly served Latino community. It seems to me that the PEI plan is breaking away from the traditional understanding of the role of communication as one that seeks mainly to change individual behaviors. That kind of communication can be defined as a process of understanding the concerns of communities, developing messages that respond to those concerns, and using media to persuade people to increase their knowledge and change the behaviors and practices that place them at risk. The assumption is that there are those who know what the problems and solutions are – the experts, and they need to communicate their wisdom to the community in order to bring about change. This process assumes the following:

- People are objects of change.
- Experts are the agents of change.
- Individual behavior must be changed.
- The process will be dominated by “outside” technical experts.

The alternative to the tradition role of communication is **Communication for Social Change**: *a process of public and private dialogue through which people define who they are, what they want and how they can get it.* Social change is defined as change in people’s live as they themselves define such change.

This approach is designed to rebalance strategic approaches to communications and change by shifting the overriding emphasis ...

- Away from people as objects for change ... and on to people and communities as the agents of their own change.
- Away from designing, testing, and delivering messages ... and on to supporting dialogue and debate on the key issues of concern.
- Away from the conveying of information from technical experts ... and on to sensitively placing that information into dialogue and debate.
- Away from persuading people to do something ... and on to negotiating the best way forward in a partnership process.
- Away from technical experts in “outside” agencies dominating and guiding the process ... and on to the people most affected by the issues playing a central role.

Sustainability of change is more likely if the individuals and communities most affected *own* the process and content of the communication. That will happen to the extent that the communication for social change is empowering, horizontal [versus top-down], gives voice to the previously unheard members of the community and is biased toward local content and ownership.

The PEI Public Awareness and Education Plan will be successful in the Latino community to the extent that the Latino community is actively involved in the process. Formative evaluation studies conducted over the last ten years for Radio Bilingüe have found that a trusted member of the Latino community has much more leverage than a health expert in influencing the knowledge and behavior of listeners. For example the testimony of a Latina

telling how she escaped from domestic violence and what service providers assisted her in the process or a dialogue among family members affected by depression and service providers is more effective than a PSA from a service provider.

Philip Traynor, MPA
Development Specialist
philiptraynor@sbcglobal.net
559.437.9816
www.radiobilingue.org

Kayce Garcia Rane

From: Clark, Rusty [clark@fmhi.usf.edu]
Sent: Tuesday, May 06, 2008 8:43 PM
To: Kayce Garcia Rane
Subject: RE: Implementing TIP in Merced County, CA

Kayce

We appreciate your interest in our programmatic and evaluation efforts related to improving outcomes for young people with emotional/behavioral difficulties and their families. Our TIP model has been used with young people who are parenting. Let's try to touch base tomorrow as possible. Might you have a cell phone number.

We at the National Center on Youth Transition (NCYT) attempt to tailor our training and technical assistance to the needs of your agency and community. Through our planning discussions with your site, we can determine the types of topics that we need to address through strategic planning, group facilitation, participatory training workshops, field shadowing, case-based reviews, and/or other technical assistance formats. Some of the topics that are often prioritized by communities are: youth engagement, community partnershiping, identification of barriers, community resource mapping, formulation of a theory of change for designing a community transition model, effective practices for serving young people, housing, employment strategies, family involvement and supports, youth support groups and peer mentoring, cultural competence, special treatment issues regarding high risk behaviors, program supervision and management, policy reform and funding, and system sustainability.

Our approach to training and technical assistance focuses on community capacity building, as well as the direct provision of services. Thus, early on in our collaboration, I would want to have agency/community members and young adults co-presenting with us to ensure that their perspective is reflected and that they are developing the competencies to assume more of these functions within their community.

Most community sites find it helpful to introduce the TIP model to their agency (and community partners) through a kick-off workshop to ensure that everyone is on the same page regarding the TIP model and other related issues. With some communities, I conduct more of a strategic planning process as an initial roll out to assist them in formulating what their needs are and what they want to accomplish. It all depends of the where your agencies and community are at in exploring the transition arena. As we get into personnel and supervisory training and technical assistance, our research to date suggests that the focus should be on providing a complete orientation to the TIP model and its seven guidelines. Personnel need competency in three practice elements of the model as well: rationales, social problem solving, and in-situation teaching. We also want to ensure that supervisors know how to conduct "case-based reviews" and field-based coaching -- two powerful ongoing personnel enhancement methods.

On the evaluation front, our leanings are to have youth-friendly, valid, and decision-relevant instruments and measurement systems. Clearly careful attention must be given to ensuring that there is a feedback loop of relevant data to every level of the system -- including information for the families and youth. I am available to share knowledge regarding how to use our instrumentation and that of other evaluators working on issues related to young people in transition. My team has extensive experience in conducting research and evaluation with community sites developing and implementing transition programs.

If you haven't visited our websites of recent (web addresses are listed below my contact information), you might find them of value. We're trying to keep them updated as best we can to provide you with access to current and credible resources. You might find it helpful to start with the TIP System Development and Operations Manual, the Personnel Training Modules, and the Evaluation sections of the TIP website.

I hope this information proves to be helpful to you. Please let me know how we might be able to assist you further.

Best regards, Rusty

Hewitt B. "Rusty" Clark, Ph.D., BCBA
Professor and Director
National Center on Youth Transition for Behavioral Health:
NCYT System Development and Research Team
Department of Child and Family Studies, FMHI
University of South Florida
13301 Bruce B. Downs Blvd., MHC 2332
Tampa, Florida 33612-3807



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August 28, 2008

Mr. Frank Whitman, Director
Merced County Mental Health
3090 M Street
Merced, CA 95340

Dear Mr. Whitman:

Golden Valley Health Centers and Livingston Medical Group appreciate the opportunity to comment regarding Merced County's draft Prevention and Early Intervention (PEI) Plan of the Mental Health Services Act.

We would like to suggest that the funding proposed for Integrated Primary Care and Mental Health be broadened to include licensed behavioral health clinicians. Although case managers would be useful, behavioral health clinicians are normally at the center of prevention and early intervention for mental health care within primary care systems.

Perhaps more importantly, we would like to comment on the proportionally small amount of money (10% of total funds) proposed for Integrated Primary Care and Mental Health services.

The State MHSa PEI principles are explicit in the necessity of collaboration and partnership with primary care systems. Key PEI principles, specifically: reducing disparities in access to mental health services, increasing prevention efforts with at-risk children, youth and young adult populations, reducing stigma and discrimination, and reducing suicide risk are best adhered to by utilizing primary care systems, something the State guidelines require. It is difficult to envision a better fit for these guidelines than local community health centers with established behavioral health programs. 10% of total expenditures hardly maximize use of existing resources.

It is difficult for us to understand that most PEI funds appear to shore up existing County infrastructure, provide for training by outside consultants, mass media education and teacher training, when access to direct behavioral health services can prevent mental health problems from worsening. These direct services seem so apparently in need in Merced County.

Thank you for the opportunity to comment.

Sincerely,

Aurora Garcia, CEO,
Livingston Medical Group

Michael O. Sullivan, CEO
Golden Valley Health Centers

Cc: Merced County Board of Supervisors
Mental Health Advisory Board
California Primary Care Association
Resource Development Associates