

MONTEREY COUNTY



DEPARTMENT OF HEALTH LEN FOSTER, Director

ADMINISTRATION
AMBULANCE SERVICES
BEHAVIORAL HEALTH

CLINICAL SERVICES
COMMUNITY HEALTH
COORDINATION OF MEDICAL SERVICES

ENVIRONMENTAL HEALTH
OFFICE OF THE HEALTH OFFICER
PUBLIC HEALTH/INTEGRATED PUBLIC HEALTH

August 12, 2008

Sheri Whitt
Executive Director
Mental Health Services Oversight & Accountability Commission
1300 17th Street, Suite 1000
Sacramento, CA 95811

Dear Ms. Whitt,

In response to your correspondence dated July 31, 2008, you will find a revised version of the Prevention and Early Intervention Plan for Monterey County. The revisions will reflect changes requested by the Oversight and Accountability Commission review team.

We greatly appreciate the MHSOAC Review Team's assistance and guidance thus far. Please feel free to contact me if you should require additional clarification.

Sincerely,

Wayne W. Clark, Ph.D.
Director, Behavioral Health Division
County of Monterey

Attachments:

Revised Monterey County PEI Plan August 12, 2008
Attachment A: Monterey County's Response to the MHSOAC Letter of July 31, 2008

Attachment A: Monterey County's Response to the MHSOAC Letter of July 31, 2008

NOTE: The required corrections were discussed during a conference call with Deborah Lee on July 30, 2008. The following are Monterey County's responses to the MHSOAC's letter of July 31, 2008.

Prevention Programs

The PEI Guidelines state, "The *Prevention* element of the MHSOAC PEI component includes programs and services defined by the Institute of Medicine (IOM) as Universal and Selective, both occurring prior to a diagnosis for a mental illness." To be consistent with this definition, MHSOAC-funded PEI programs cannot serve people with a mental health diagnosis.¹ Several of Monterey County's PEI programs currently target mental health consumers; however, to be consistent with the PEI Guidelines, please clarify that these programs include persons without a mental health diagnosis. Please make sure that these programs include intended outcomes that are consistent with a target population that includes people who are at risk of developing mental illness. The programs in this category that need to be clarified include the following:

- Peer to Peer Counseling
- Emotions Anonymous
- Community Warm Line

Monterey County's Response:

The **Peer to Peer Counseling** program has been redesigned to include outreach efforts and service provision to individuals who are at risk of developing a mental illness. The program description has been revised to clearly indicate individuals served by the program may be undiagnosed or diagnosed individuals.

The **Emotions Anonymous** program description has been revised to clearly describe it as a prevention and early intervention program that will assist individuals who have not had prior access to mental health services and are at risk of developing a mental illness.

The **Community Warm Line** has been redefined as a program that will answer calls from individuals who are in need of information concerning mental health, individuals who are family members of individuals who may be at risk of mental illness, individuals who are experiencing first onset of a mental illness and have not accessed mental health services, and individuals who may have been diagnosed with a mental illness and may need someone to talk to.

Early Intervention Programs

According to the PEI Guidelines, "Early Intervention is directed toward individuals and families for whom a short-duration (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental

health treatment or services; or to prevent a mental health problem from getting worse.” In Monterey County’s PEI Plan, several descriptions of proposed early intervention programs lack sufficient detail to document that the programs meet this definition of “early intervention.” Please revise the descriptions of the following programs to indicate that they meet the Guideline definition of early intervention in the PEI Guidelines.

- Early Intervention 0-5 Secure Families/Familias Seguras Program
- Mental Health Screening for Children Ages 0-8 (the PCIT component)
- School Evidence-Based Practices (Counseling) Program (clarify the “direct services to children and families” to be provided by mental health professionals
- School-based Domestic Violence Counseling
- Alcohol and Drug Early Intervention with PTSD/Adult Criminal Justice System

Monterey County’s Response:

Following a conversation with Deborah Lee on August 4, 2008, we were advised that the **Early Intervention 0-5 Secure Families/Familias Seguras Program** did not require any additional changes. We did, however, insert information about the brief therapy that would be provided to individuals served by the program.

The program description for the **Mental Health Screening for Children Ages 0-8** has been revised to clearly indicate that the PCIT component is a short term early intervention that can prevent a child from developing a mental illness later in life.

The **School Evidence-Based Practices (Counseling) Program** description has been revised to clearly indicate that low intensity brief therapy will be provided to children by qualified therapists or clinicians.

The **School-based Domestic Violence Counseling** program description has been revised to indicate that short term, low intensity group therapy will be provided to children who have been exposed to domestic violence. This early intervention can prevent the development of a mental illness and the need for more intensive treatment as the child ages.

The **Alcohol and Drug Early Intervention with PTSD/Adult Criminal Justice System** program description has been revised to provide clear information about the short term brief therapy that will be provided to individuals who are at risk of developing a serious mental illness.

Project One

To conform to the terminology in the PEI Guidelines, please re-name the project to include the term “underserved cultural populations.” The project could be Underserved Cultural Populations or Unserved/Underserved Cultural Populations, or something similar. Please make sure that it is clear in the descriptions of all programs within this Project that the target population is currently underserved by the mental health system and how the proposed program will have a positive impact in reducing mental health disparities.

Monterey County's Response:

The project has been renamed and is now the **Underserved and Unserved Cultural Populations** Project. All program descriptions within the project have been revised to clearly reflect the target population as individuals who are underserved by the mental health system. Program descriptions also include details of how the programs will have a positive impact in reducing mental health disparities in Monterey County by increasing access to prevention and early intervention services, therefore reaching individuals at an early stage and preventing the development of a serious mental illness.

**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: County of Monterey

Date: 8/12/08

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

County Mental Health Director	Project Lead
Name: Wayne Clark, PhD	Name: Rosemary Soto
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AUTHORIZING SIGNATURE

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

Signature 
County Mental Health Director

08/13/2008
Date

Executed at Salinas, California

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

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

County: **Monterey County**

Date: **September 3, 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:

The following positions assumed responsibilities in the overall planning process:

Wayne Clark, Director

Alica Hendricks, Management Analyst, MHSA Coordinator

Rosemary Soto, Senior Health Educator, PEI Coordinator

b. Coordination and management of the Community Program Planning Process

Rosemary Soto, Senior Health Educator, PEI Coordinator

Patricia Zerounian, Research Analyst, Epidemiology

Linda Sanchez, Consultant

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

Rosemary Soto, Senior Health Educator, PEI Coordinator

Linda Sanchez, Consultant

Kyle Titus, Deputy Director, Adult Services

Sid Smith, Deputy Director, Children Services

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

The PEI Coordinator established a work group to assist in the planning process by providing recommendations for identifying priority community needs relative to Monterey County. The work group consists of individuals representing community based organizations and community groups which either serves or represents un-served and/or underserved populations, consumers, youth and family members, and county staff. Reports of the work group's progress were presented to the MHSA Transformation Team, which was formed at the beginning of the CSS community planning process and meets monthly to assist the Director and

other key staff in the planning and implementation of all MHSA components.

- 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.

Monterey's planning process for the implementation of the MHSA began in the spring of 2005. The process involved over 1,800 participants in 77 meetings, including Behavioral Health Services staff, consumers, and youth and family members. The PEI planning process began in October of 2007 with the PEI Coordinator organizing more than 20 community forums with various groups ranging from community based organizations along with consumers, youth, family members, concerned community members and professionals. The groups represented the four regions of Monterey County: South County, North County, Salinas and the Monterey Peninsula. Individuals participating in the forums represented diverse ethnic backgrounds including, Latino, African-American, Asian American, Native American and monolingual Spanish speaking populations. The PEI Coordinator also attended meetings regularly convened by various community groups to ensure that as many individuals as possible had the opportunity to become familiar with the PEI planning process and were able to provide their input.

The statements of need derived from the community input process which occurred in 2005 were reiterated and confirmed in the community input process which began in fall of 2007. Input from both efforts were considered and integrated into the final draft plan.

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

The PEI Coordinator held open forums and discussions with groups of individuals who are currently receiving mental health services for serious mental illness and/or serious emotional disturbance. For example; a forum was held with the consumers of the OMNI Wellness Center, a consumer-run program which offers wellness and recovery support services to adults with serious mental illness. A similar forum was also held with the Family Advisory Council which consists of family members of children and youth with serious mental illness and/or serious emotional disturbance. Each group had the opportunity to share their experiences and discuss mental health needs as well as provide ideas for programs, projects or services that will help meet those needs.

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

- a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including, but not limited to:
- Individuals with serious mental illness and/or serious emotional disturbance and/or their families
 - Providers of mental health and/or related services such as physical health care and/or social services
 - Educators and/or representatives of education
 - Representatives of law enforcement
 - Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families

The participation of stakeholders included representatives of the following groups:

- MHSA Study Group (mental health consumers)
- Family Advisory Council (family members of mental health consumers)
- Youth Advisory Council (TAY mental health consumers)
- Domestic Violence Service Providers (provide services to the trauma-exposed)
- Domestic Violence Coordinating Council (consists of law enforcement agencies, probation department, district attorney's office, county court, service providers, medical service providers, and child protective services.)
- Senior Collaborative: Area Agency on Aging, Alliance on Aging, Meals On Wheels of Monterey, Legal Services for Seniors
- Monterey County Rape Crisis Center
- Monterey County District Attorney's Office
- Youth Partnership
- Department of Social and Employment Services
- First 5 Monterey County
- Door To Hope
- Community Human Services
- Community Partnership for Youth
- Victim Offender Reconciliation Program
- Monterey County Children's Council

- Alzheimer's Association Northern California
- Community Action Partnership, North Monterey County Collaborative
- Monterey County Office of Education
- Pacific Grove Unified School District
- Monterey Peninsula Unified School District
- Salinas Adult School
- Gonzales Unified School District
- Greenfield Union School District
- Alisal Unified School District
- Salinas Union High School District
- Pajaro Valley Unified School District
- Monterey Peninsula Unified School District
- Sun Street Centers
- Partners for Peace
- Central Coast Center for Independent Living
- Family Service Agency, Suicide Prevention
- OMNI Resource Center
- African American Community Group (concerned leaders and other community members)
- Shelter Outreach Plus
- Kinship Center
- Pajaro Valley Prevention and Student Assistance, Inc.

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

The Education Development Center, Inc. provided training for PEI staff as well as the Monterey County Office of Education and school personnel on building collaboration between mental health and schools.

On the job training was provided to the PEI Coordinator on the MHSA PEI guidelines

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

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

We learned from the CSS community planning process that discussion forums needed to be held with a more concentrated focus on prevention and early intervention. We also made concerted effort to reach out to community groups which may have not had the opportunity to voice their needs during the first

community input process. Through the PEI community input process we gained the opportunity to reinforce common themes concerning community needs and we identified our communities' areas of strengths and weaknesses, which provided a foundation upon which we built our plan.

We also learned that the planning process needed to take on a more comprehensive approach with sufficient time for the community to become involved, allowing for community input to be highly regarded and included in each strategy, project and program. This approach also provided an educational opportunity for the community at large to easily grasp a clear understanding of the PEI plan guidelines and principles.

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

The diversity of the PEI workgroup is evidence of the inclusive manner in which the community was invited to participate in the planning process. The list of forums held with various community groups also speaks to the effectiveness of the community planning process, which ensures that mental health needs concerning all priority populations were considered.

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

- a. The date of the public hearing:
The public hearing will be held on April 24, 2008 at the County Mental Health Commission's meeting.
- 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.

The PEI component was circulated to representatives of community stakeholder interests via email, posted on the Monterey County MHSA website for thirty days in English and Spanish, and a notice was posted in the 2 largest county wide newspapers.

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

Recommendations received were carefully reviewed and analyzed. The following substantive revision was made: "Equine Facilitated Therapy" was changed to "Prevention Services for Native American Youth". This change was made due to the very limited types of services available in Monterey County that

is specific to the needs of the Native American population. While equine facilitated therapy would be an alternative method of service we do not want to limit the type of services that may be beneficial to the Native American population in the area of prevention and therefore will be requesting proposals from prospective service providers which will assist us to refine the program.

For a summary of the public comments/recommendations for revision received during the Public Comment period and at the Public Hearing, please see ****Attachment B****.

d. The estimated number of participants:

As of April 24, 2008 the estimated number of participants in the community planning process is 175 individuals.

Note: County mental health programs will report actual PEI Community Program Planning expenditures separately on the annual MHSAs Revenue and Expenditure Report.

PEI PROJECT SUMMARY

Form No. 3

County: *Monterey County*

PEI Project Name: *Underserved and Unserved Cultural Populations*

Date: 08/12/08

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

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

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

Monterey County's initial MHSA community input process was implemented during the spring and summer of 2005 and involved over 1,858 participants in 77 meetings in every region of the County. Stakeholder participants included clients and family members, low-income communities, all ethnic minorities, all age groups, migrant and new immigrant populations, traditionally marginalized populations, community leaders, County agencies, and community based organizations. When required, meetings were conducted in both English and Spanish. Meetings were promoted through extensive media outreach. The original MHSA input process included requests that the community speak to gaps and needs for all components of the Mental Health Service Act, including Prevention and Early Intervention. The information gathered during this earlier process was then reviewed, analyzed and organized to form the foundation of the community input for the Prevention Early Intervention plan. In the summer of 2007, we collaborated with the Epidemiology Section of the Monterey County Health Department to perform a content analysis of the input from those meetings, summarize the findings and present that information through a more targeted stakeholder process.

Monterey County's PEI planning process began in earnest in October of 2007 with the PEI Coordinator organizing and facilitating a series of PEI Work Group meetings as well as more than 20 community forums with various groups, including community based organizations, consumers, youth, family members, concerned community members, professionals and other stakeholders. The groups represented the four regions of Monterey County: South County, North County, Salinas and the Monterey Peninsula. Individuals participating in the forums represented diverse ethnic backgrounds such as, Latino, African-American, Caucasian, Asian American, and monolingual Spanish speaking populations. Consultation was also received from Native American community members and others from un-served or underserved cultural groups. The PEI Coordinator also attended regular meetings held by various community groups, taking the community input process to them, to ensure that as many individuals as possible had the opportunity to become familiar with the PEI planning process and were able to provide their input. The statements of the various community needs derived from the 2005 MHSA community input process were reiterated and confirmed in the 2007 PEI community input process. Input from both efforts were considered and integrated into the resultant draft PEI Plan.

The populations to be served by each Project were first identified by our community stakeholders who participated in the PEI planning process. Subsequent to obtaining clarification from the Oversight & Accountability Commission's Plan Review Team, our PEI Plan has been re-structured as recommended by the OAC Review Team so that we begin each Project's description with the identification of the Priority Population to be served, the primary unmet mental health need of the population, the programs proposed to address those needs, and the expected outcomes each program in each Project will achieve.

3. PEI Project Description:

The *Underserved and Underserved and Unserved Cultural Populations* project is designed to address the needs and priorities that were identified in the community planning process by increasing access to prevention and early intervention mental health services for first-time individuals, especially those from underserved and Underserved and Unserved Cultural Populations. Community members consistently identified nontraditional settings such as homes, schools, neighborhoods, faith-based venues and community organizations as means of effective outreach to Underserved and Unserved Cultural Populations such as Latinos, African Americans, agricultural farm workers, LGBTQ, older adults, stigmatized, and other vulnerable populations. All programs will conduct outreach efforts that are designed to reach the underserved and Underserved and Unserved Cultural Populations and to reduce mental health disparities in Monterey County. Details of how the *Underserved and Underserved and Unserved Cultural Populations* project links to Monterey County demographics and community needs, stakeholder input, and priority populations is contained in the project's 19 program descriptions:

1. **Depression/Anxiety Screening Days:** People often tend to suffer alone with anxious and depressed feelings. Sometimes symptoms of anxiety and depression are mistaken for another illness and go undiagnosed, sometimes people are ashamed or afraid, and sometimes people don't know enough about anxiety and depressive disorders to put a name to the feelings and symptoms they have. Cultural and language barriers often have a role in unidentified or undiagnosed depression or anxiety disorders. In underserved and Underserved and Unserved Cultural Populations there are often higher risk factors: poverty, stress, unemployment, chronic disease, aging, and family violence, which often may lead to depression and/or anxiety. The *Depression/Anxiety Screening Days program* will be the vehicle for residents of Monterey County to become informed about their symptoms and what they may represent, and it will provide individuals in need of additional services with a direct link to community based organizations and county operated programs. Programs to which individuals are referred will provide prevention and early intervention services, preventing the development of more serious mental health illness.

The goals of the *Depression/Anxiety Screening Days program* are to:

- Increase awareness about depression and anxiety;
- Identify preventive and early intervention service needs;
- Provide full diagnostic interviews as appropriate; and,
- Facilitate connections with community based organizations and/or mental health programs for services needed

The *Depression/Anxiety Screening Days program* will organize and sponsor county wide *Depression/Anxiety Screening Day events*. The events be organized in partnership with community based organizations, mental health

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clinics, healthcare centers and social service agencies. *Depression/Anxiety Screening Days* will be held in non-traditional settings such as college campuses through the health clinic or counseling center, in primary/specialty care offices, and in the workplace through Employee Assistance Programs. It is through these partnerships that individuals will be referred to a *Depression/Anxiety Screening Days event*. Once mental health needs have been identified, individuals will be referred for access to appropriate services offered by a community partner agency or Monterey County Behavioral Health. *Depression/Anxiety Screening Days* will reduce mental health disparities in Monterey County because the events will be conducted in community locations where mental health services are scarce or non-existent. The events will be specifically geared to serve individuals from underserved and Underserved and Unserved Cultural Populations who may not have the information needed to identify their own mental health needs and would not have accessed services until symptoms progressed into a mental health crisis or serious mental illness. Coordination for *Depression/Anxiety Screening Days* will include the utilization of comprehensive materials including educational brochures for the public, and information specifically designed for friends and family members of those suffering from depression/anxiety. *Depression/Anxiety Screening Days* will also provide educational materials about common mental health problems. These materials will educate friends and family members about the signs of suicide and effective ways to respond to a loved one who may be at risk for suicide, as well as the symptoms of depression and anxiety which may lead to suicidal ideations. Promotional information will be developed to help raise community awareness of *Depression/Anxiety Screening Days* events. PEI funds will provide mental health professionals and support staff participation during *Depression/Anxiety Screening Days events*. The funds will also be used for materials used by mental health professionals to assess the extent of the individual's mental health problems. PEI funds will sponsor up to four (4) *Depression/Anxiety Screening Days* throughout Monterey County per year.

- 2. Early Intervention 0-5 Secure Families/Familias Seguras Program:** Mental Health Screening for children ages 0-5 years was an identified need described by preschool and elementary school teachers during our community planning process. By identifying problems with self-regulation and intervening with children before they enter elementary school, fewer children will need treatment later in their lives and the academic outcomes will improve. The *Early Intervention 0-5 Secure Families/Familias Seguras Program* ensures that children 0-5 have access to developmental screening and receive appropriate referrals for additional services. The program, as its core value, provides culturally and linguistically appropriate behavioral health services geared toward providing children ages 0-5 and their families with the necessary resources needed to foster positive physical, emotional and cognitive development. In addition, the program will utilize brief therapeutic methods that integrate family members/caregivers in the early intervention service which is individualized for each child participating in the *Early Intervention 0-5 Secure Families/Familias Seguras Program*.

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Therapists utilize dyadic therapy, a therapeutic model in which the parent and child work together to enhance relationships and parent/child attachment. The use of dyadic therapy is family centered or centric because it involves the family in the process. When appropriate, the Parent Child Interaction Therapy (PCIT), an evidenced-based best practice (EBP) that uses the therapist as mentor and coach to parents who are over-stressed due to their difficulty controlling a child with behavior problems will also be available. Each of these models has a preventative value because both address emotional and behavioral issues at an early stage in life which can prevent the development of serious mental health problems as the child ages. Brief therapy will serve as an early intervention decreasing the need for long-term treatment in the future.

The *Early Intervention 0-5 Secure Families/Familias Seguras Program* goals are to:

- Provide culturally and linguistically appropriate services;
- Provide services in non-traditional settings;
- Increase parenting skills; and,
- Improve family functioning.

As a collaborative approach, therapists work closely with school faculty by providing mental health consultation in preschool classrooms to include classroom observations and reflective dialogue with teachers/administrators. Children are also referred to the *Early Intervention 0-5 Secure Families/Familias Seguras Program* by parent-self-referral, health promoters (Promotores de Salud), Family Resource Centers, Head Start programs, preschools or other community partners. Partnerships with the aforementioned community organizations will help reduce mental health disparities by increasing the access portals to mental health services for individuals who are of the underserved or Underserved and Unserved Cultural Populations.

This program was initially funded in Monterey County's Community Services & Supports plan and is being proposed for transfer to PEI.

- 3. Mental Health Screening for Children Ages 0-8:** The *Mental Health Screening for Children ages 0-8* program expands upon the *Early Intervention 0-5 Secure Families/Familias Seguras Program*. Expansion will provide additional Psychiatric Social Workers to extend the target population to children up to and including age 8 who are in need of screening, assessment, and preventative and early intervention services. This program expands services to children ages 5-8 who have entered school and demonstrate difficulties making successful adjustments, but who are not behind enough to require special education services. The *Mental Health Screening for Children ages 0-8 Program* will focus service delivery to children of families who are of underserved or Underserved and Unserved Cultural

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Populations. Children will receive screening services and when appropriate, directly linked to the system of care. The program will increase the availability of prevention and early intervention services and will reduce mental health disparities among the underserved and Underserved and Unserved Cultural Populations in Monterey County.

The goals of the *Mental Health Screening for Children ages 0-8 Program* are to:

- Provide social and emotional developmental screening for children ages 5 through 8;
- Provide brief individual and or family counseling for families when appropriate; and,
- Provide Parent Child Interaction Therapy (PCIT), when appropriate.

PCIT will be used as an early intervention service and will serve the parent and child on a short term basis to address the child's immediate mental health needs. Providing PCIT at an early stage will prevent those mental health needs in their early manifestations from becoming a mental health illness requiring intensive treatment in the future. The specialized training and technical provision of PCIT equipment will be expanded to more than one available room in Salinas. Increased training to staff in this evidenced-based model will also be provided within the first six months of the program. This program proposes to serve 20 children and 20 families per year.

4. **System Navigator Program:** The *System Navigator Program* will be an innovative approach to improve access to mental health services. The model intends to make access more comprehensive and culturally-sensitive and appropriate for all. Culture, language, income, and education influence an individual's access to quality care and optimal use of health care, and this is especially true for individuals who are dealing with anxiety, depression, and initial onset of serious mental health conditions. Consumers, family members, caregivers, and physicians often lack the information they need to determine the most appropriate referral to mental health services. The PEI *System Navigator Program* is intended to enable consumer access to mental health services and to facilitate timely entry to care. In coordination with the Workforce Employment and Training (WET) component of MHSA, System Navigators will receive training on various treatment options, screening and assessment tools and the Individualized Education Program, utilized in the school setting. The training in these areas will better equip the System Navigators in guiding and assisting individuals and their families, especially those from underserved and Underserved and Unserved Cultural Populations as they seek to access mental health services throughout Monterey County.

The goals of the *System Navigator Program* are to:

- Assess initial request for information/referral and assist the prospective consumer in obtaining the appropriate mental health screening service;

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- Inform the prospective consumer of service options, including services offered by community based organizations;
- Advocate for the consumer as appropriate;
- Follow up with the consumer to ensure service was successfully accessed.

The *System Navigator Program* will bring a positive impact to residents of Monterey County, most especially to individuals who would not have accessed mental health services due to language or cultural barriers. The program will inform the community of available services, reducing mental health disparities among underserved and Underserved and Unserved Cultural Populations. Additionally, the *System Navigator Program* provides employment opportunities for consumers and family members, who in most cases have a personal experience in navigating the local public mental health system. The *System Navigator Program* will partner with community based organizations to develop a functional referral and follow up system to ensure that consumers and family members will have timely access to much needed services. The program will be operated by Monterey County's Behavioral Health Division and will be provided by three (3) FTEs, which are likely to consist of several consumers and family members filling the positions on a part-time basis. This number of navigators will allow for sufficient assistance in all areas of our county-operated programs.

5. **African American Community Partnership:** It is estimated by the State Department of Finance that African Americans represent only 4.2% of Monterey County's population in 2005, and the community planning process confirmed that African Americans are both unserved and underserved for mental health services.

The goals of the *African American Community Partnership* are to:

- Increase the availability of culturally competent mental health services for the African American Community; and
- Conduct capacity building workshops for schools, community organizations, and public agencies that serve African American community members.

The Partnership's work includes systematic outreach activities to identify appropriate agencies and programs to receive capacity building and cultural competency training specific to reaching and serving African Americans. These efforts by the Partnership will increase the portals of entry to mental health services as the community needs are further identified and assessed.

The African American Community Partnership was initially funded in Monterey County's Community Services & Supports plan and is being proposed for transfer to PEI.

Additional PEI funds will augment The Village Project, a program created by the *African American Community Partnership* which will provide specified outreach, prevention and early intervention counseling services to African

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American youth and their families. The services will be specifically designed to reach and increase access to services for underserved and unserved African Americans. The initial implementation phase of The Village Project provides linkages to mental health services for individuals who have already been identified and referred for early intervention mental health services.

6. **Latino Community Partnership-Promotores:** The *Latino Community Partnership-Promotores* provides the training for Promotores de Salud, a lay health promoter program tailored to Latinos in Monterey County. The program has strong process and outcome evaluation components. This program was pilot-tested and evaluated among a group of lay Latino individuals recruited by the Center for Community Advocacy and the Central Coast Citizenship Project with very positive results, and it has proven the strength of empowering lay health individuals. The program is based on the following principles:
- Extensive formative assessment through which members of the target audience have been involved in all steps of program development, making it culturally-relevant; and,
 - Collaboration between various community based organizations by bringing together resources and expertise.

Potential lay health promoters are carefully recruited to participate in the program by the Center for Community Advocacy and the Central Coast Citizenship Project, two community based organizations serving Monterey County. The mechanism for recruitment and dissemination of information based on the results of an extensive needs assessment which indicates that Latino immigrants tend to trust these organizations. The program has two major components: knowledge and skills. The knowledge component focuses on health topics and behaviors that have been identified as relevant by Latino immigrants. The skills component focuses on skills necessary to carry out the outreach activities such as communication skills, problem solving, etc. The health promoters are then responsible for sharing this information with their communities or neighborhoods through lectures, brochures, announcements, health fairs, etc.

Promotores de Salud empowers natural leaders in the Latino community with the resources and knowledge of where to go and what to do for mental health services. They help others access needed mental health services, and they educate the community on important mental health related topics, such as depression, anxiety, the effects of trauma and exposure to violence. In doing so, the health promoters facilitate the mental health and wellness of the entire community, which will have a positive impact in reducing the mental health disparities in the Latino community.

This program was initially funded in Monterey County's Community Services & Supports plan and is being proposed for transfer to PEI.

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Additional PEI funds will be used to enhance the *Latino Community Partnership-Promotores* program to specifically serve the older adult Latino population in Monterey County. During the community input process we were made aware of a need to specifically provide the Promotores de Salud model tailored to older adult Latinos with the purpose of:

- increasing mental health awareness; and,
- increasing the knowledge and accessibility to mental health services and other community based support services.

The *Latino Partnership-Promotores Specific Outreach for Older Adults program* will facilitate access to mental health services for underserved and unserved Latino older adults in culturally and linguistically appropriate, non-traditional settings. It is anticipated the increased access to services will assist in the reduction of mental health disparities in the Latino older adult population in Monterey County.

7. **Multi-Lingual Parenting Services-Parenting Education Partnership:** The *Multi-Lingual Parenting Services-Parenting Education Partnership* will increase capacity for culturally and linguistically appropriate parent education opportunities in focus areas of Monterey County. The *Parenting Education Partnership* consists of a lead agency and fiscal agent, Community Human Services, in collaboration with Salinas Adult School, and the Alisal Community Healthy Start Family Resource Center, Soledad Unified School District and North Monterey County Unified School District. The *Partnership* increases parenting skills of Spanish speaking and English speaking parents through their participation in an eight to ten week series utilizing the ***Positive Parenting Program (PPP)*** curriculum.

The PPP curriculum addresses the following common parenting issues:

- Understanding the responsibility of parenting
- Learning communication and listening skills
- Learning safe and effective discipline methods
- Finding ways to encourage and build self-esteem
- Understanding the stages of child development
- Learning how to resolve problems with respect and care
- Stress management
- Understanding child abuse and how it affects children

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The *Parenting Education Partnership* also conducts outreach to families in the Spanish and English speaking and immigrant communities to identify families who are experiencing mental health challenges such as acculturation challenges, isolation, and depression and acting out behaviors. The *Partnership* also provides case management for families who have been identified to be at risk and would benefit from home visits, family plan development, ongoing monitoring and coordination of goals with the family, monthly family support groups, information and referral services and access to community resources.

Expected outcomes of the *Parenting Education Partnership* are an increase in parent awareness of mental health issues and community resource availability among the underserved and Underserved and Unserved Cultural Populations in Monterey County, therefore having a positive impact on the mental health disparities of those served. The *Partnership* will provide parent education classes for up to two hundred fifty (250) families per year using the evidence-based curriculum specifically designed for children and youth with emotional/behavioral challenges.

This program was initially funded in Monterey County's Community Services & Supports plan and is being proposed for transfer to PEI.

8. **LGBTQ Community Partnership:** A collaborative between Community Human Services (a local community based organization that provides mental health counseling and substance abuse recovery services), John XXIII AIDS Ministry, and Monterey County AIDS Project was established to implement services that would meet the needs of the LGBTQ community in Monterey County. The Partnership provides mental health outreach and early intervention services specifically designed to meet the needs of the LGBTQ community.

The goals of the LGBTQ Community Partnership are to:

- Conduct prevention and early intervention outreach to the LGBTQ community;
- Increase client engagement in prevention and early intervention services;
- Improve personal functioning;
- Increase the availability of mental health counseling services; and,
- Increase the availability of culturally competent mental health services for the LGBTQ community

The development of a network of providers has also established a platform for training availability in LGBTQ issues for therapists and counselors in the County. Such training increases capacity and improves cultural sensitivity which in turn provides for system improvements at the organizational level. As service capacities increase, service availability also increases, therefore reducing mental health disparities in this underserved cultural population.

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The Partnership is expected to serve 48 individuals/families annually with a staff of 4 licensed providers who are experienced in LGBTQ issues.

This program was initially funded in Monterey County's Community Services & Supports plan and is being proposed for transfer to PEI.

- 9. School Evidence-Based Practices (Counseling) Program:** The *School Evidence-Based Practices (Counseling) Program* was initially launched as a pilot program under the CSS plan in June 2007 with four (4) elementary schools. Although not included as a program transfer from CSS to PEI, we are proposing to expand the pilot with PEI funds to place mental health professionals in at least two (2) additional elementary school sites. During the PEI community planning process, one of the common needs expressed by families and child advocates was the need for school-based mental health screening and referral services. School selection for the pilot program was based on survey responses and statements of need provided by individual schools, with comparative analysis provided by Monterey County Health Department Epidemiology staff. Areas of greatest need are being served first, and the initial program design included expansion to additional schools sites as additional funding allows.

The *School Evidence-Based Practices (Counseling) Program* functions in a highly interactive partnership with the designated school staff. Monterey County Office of Education and a minimum of two (2) additional elementary school sites will be collaborators with Monterey County Behavioral Health Children's Services in this program. The counseling component of the program will provide low-intensity interventions by offering brief therapy to individuals who are at risk of developing a mental health illness or have begun to experience first onset of a mental health illness. The early intervention will eliminate or decrease the need for extensive treatment in the future because it addresses a mental health need at an early stage.

The *School Evidence-Based Practices (Counseling) Program* has a second component which addresses the education needs of parents with children enrolled in the two (2) elementary schools. Due to the mental health stigma often found in rural and isolated communities within Monterey County, many parents are apprehensive about their children accessing mental health services, regardless of the child's immediate needs. There is also a lack of information about mental illness and how behavioral patterns are often times a direct effect of a child's needs that have yet to be identified. Minimal information is available to parents and school personnel concerning the common root causes of behavioral issues that a child may display while in the classroom or on the school grounds. The Outreach and Engagement component of the *School Evidence-Based Practices (Counseling) Program* will conduct parent workshops in the evenings, in either English or Spanish. This flexibility is highly important since the population

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in Monterey County is predominantly Latino and many parents are monolingual Spanish speakers, with low literacy skills and are typically employed as agricultural farm workers who cannot attend school functions during the day. The workshop content will include education about mental health, indicators of behavioral problems, and the social and emotional development of a child according to age. Facilitators of the workshops will be mental health professionals who will also provide low intensity brief therapy to children and families referred to the program. Having the same individual facilitate the workshop lends for an opportunity for trust and rapport to be established with the parents, alleviating any concerns about the service their child would potentially receive from the program.

The goals of the *School Evidence-Based Practices (Counseling) Program* are to:

- Provide early intervention services addressing the mental health needs of elementary school-aged children,
- Provide prevention education for parents and school faculty;
- Provide information concerning mental health issues; and
- Decrease stigma in cultures where the concepts of mental health and mental illness are often taboo.

The *School Evidence-Based Practices (Counseling) Program* will also reduce disparities in mental health services by bringing the services to rural and isolated communities of Monterey County where residents would otherwise face challenges such as transportation and language barriers that would prohibit them from accessing timely prevention and early intervention services. The education that the *School Evidence-Based Practices (Counseling) Program* provides concerning mental health will also provide a benefit to community members as it reduces stigma that is also a major factor that keeps individuals from seeking and accessing services for their children and family.

10. Prevention Services for Native American Youth: The *Prevention Services for Native American Youth Program* will assist Native American youth in developing social and emotional skills by providing healthier opportunities for personal growth. Native American youth are continuously exposed to opportunities to engage in self-destructive and illegal behaviors. According to a study conducted by the U.S. Department of Health and Human Services, illicit drug use was twice (22%) as high as the national average (9%), with alcohol use also at a higher rate (3.8%) than the national average (2.5%). Suicide is the second leading cause of death in Native American youth ages 15-24.

During the PEI community planning process, the PEI Coordinator met with several individuals with strong connections to the Native American tribes indigenous to the region. In those discussions, information was shared regarding the various factors that may lead Native American youth to engage in destructive behaviors, often leading to mental illness. For many Native American families, the interruption of the intergenerational transmission of traditional culture imposed by the Indian boarding school era, which separated generations of Native American children from their tribes and families, continues to have effects today. Some families continue to feel isolated and alienated from mainstream

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educational programs, health services and institutions. Many Native American youth live in communities that are continuously experiencing long term economic and social distress. High rates of alcoholism, drug abuse, domestic violence, child neglect, substandard housing and lack of job opportunities are common conditions in Native American communities.

The *Prevention Services for Native American Youth Program* provides an alternative to youth violence, drug and alcohol abuse. Providing culturally appropriate services that prevent mental health illness from developing will be the tool for success in a community that is largely unserved. Through services provided by the *Prevention Services for Native American Youth Program* individuals will learn to develop healthy relationships through alternative healing methods such as, but not limited to; equine facilitated counseling and a culturally relevant creative arts component. The program will provide prevention and early intervention services specifically designed to prevent the development of anti-social and aggressive behavior which may be a result of family dysfunction, or first onset of mental health disorders, which often are complicated by drug and alcohol abuse or addictions. The *Prevention Services for Native American Youth Program* will focus its initial outreach efforts to Native American youth who are at risk of school failure and/or youth at risk of juvenile justice involvement. A community based organization will establish partnerships with schools, Monterey County Probation Department, other County agencies and community partners, and Monterey County Behavioral Health, to identify needs of the Native American youth in Monterey County and will collaborate to construct a prevention and early intervention program which will specifically meet the needs of our Native American youth.

The goals of the *Prevention Services for Native American Youth Program* are to:

- Increase mental health awareness in the Native American communities in Monterey County;
- Provide Native American youth with social skills to assist in developing healthy relationships;
- Provide Native American youth with healthy social supports;
- Assist Native American youth in developing communication and problem solving skills to better cope with stressful situations;
- Improve individual functioning amongst Native American youth; and,
- Increase access to mental health services and reduce mental health disparities amongst the Native American youth population in Monterey County.

The PEI community planning process revealed that there are limited mental health prevention and early intervention services in Monterey County that are culturally relevant to the Native American culture. Cultural barriers are major obstacles for Native Americans accessing traditional public mental health services. It is anticipated that 45 youth will be served in the first year.

11. Peer to Peer Counseling: The *Peer to Peer Counseling* program will provide adults experiencing mental health challenges or significant life stressors with a structured form of mutual support. A setting of shared and agreed upon confidentiality allows for participants to have a safe environment where they have freedom of expression without having the expression of emotion viewed as a symptom of emotional disturbance. This program was suggested several times during our PEI community planning process. The *Peer to Peer Counseling* program is a free, safe, and effective self-help tool that encourages expression of feelings and emotions helping to prevent or reduce psychiatric symptoms; and the development of serious mental illness. As a psycho-social educational support group the Peer to Peer Counseling program will help educate individuals on mental health issues for the purpose of identifying symptoms of mental illness at an early stage. The program will promote personal empowerment, equipping individuals with the skill to analyze situations in which they have been isolated, oppressed, abused or exposed to trauma. Individuals who have experienced a traumatic event need to share their experiences and feelings before they are ready to tackle the next challenge. Unexpressed emotions tend to interfere with clear thinking and rational actions. Listening to an individual express those feelings is a powerful form of support that anyone can provide.

The *Peer to Peer Counseling* program will be consumer-driven and will also allow for the opportunity for consumer leadership development. The program will conduct outreach and recruitment focused on individuals from unserved and underserved cultural populations who have not accessed mental health services but who may be experiencing first onset of mental health illness. Persons without a mental health diagnosis will also be served by this program. The program, delivered in a group setting, will have a minimal-guidance structure where a mental health professional will be on hand to provide guidance as needed and serve as an advisor to the group. The groups will consist of ten (10) participants or less and will be established in the 'twelve-step' format with ground rules that will set standards for respect and support for each other. All sessions are structured in the same way and modified according to specific group needs. Initially, participants are encouraged to work in pairs to exchange positive experiences from the previous two weeks (ten minutes). Next, all pairs share with the group the stories they just heard (ten minutes). Then the peer facilitator initiates the general discussion by asking, "What have you just heard that could be of interest for the whole group?" Next, the participants choose the theme of the session (five minutes), briefly introduced by the peer facilitator (two minutes). The themes should relate to the mental health, for example: identifying the early manifestations of a mental health illness, coping with life changes, grieving a loss, identifying symptoms of depression or resuming employment. After a 15-minute break, the group members share their experiences about the theme in pairs (15 minutes) and then participants reconvene for the final plenary session (25 minutes). At the end, the peer facilitator briefly summarizes the session (eight minutes).

The primary goals of the *Peer to Peer Counseling* program are to:

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- Promote wellness and recovery;
- Provide emotional support to individuals in recovery from mental health illness;
- Reduce the incidence of increased psychiatric symptoms amongst participants; and,
- Increase access to other needed mental health services, when appropriate, therefore reducing the mental health disparities among unserved and underserved cultural populations in the community

In addition, the *Peer to Peer Counseling* program will provide a network of support in the event of experiencing a crisis or increased symptoms of serious mental illness. A positive impact that the program will bring to Monterey County residents is an increase in capacity and service availability, thereby reducing mental health disparities. The program will be offered on a weekly basis and anticipates serving individuals throughout Monterey County in non-traditional settings such as community resource centers and wellness centers.

12. Emotions Anonymous: *Emotions Anonymous (EA)* is a program designed to focus on reaching out to individuals, especially those of the unserved and underserved cultural populations, who have not accessed mental health services but are in need of emotional support. EA serves as a support system which is built upon the provision of a warm and accepting group setting in which to share experiences without fear of criticism. This program was suggested several times during our PEI community planning process. Through weekly support meetings, members discover they are not alone in their struggles. Participants will support each other in accepting that each may have different reactions, but the underlying emotions are the same or similar. *Emotions Anonymous* is designed to provide a continuum of care for individuals who are actively engaged in wellness and recovery activities and have been successful with a 12 step program. The program will initially reach individuals through other programs such as Alcoholics Anonymous and Narcotics Anonymous. Persons without a mental health diagnosis will be the target audience however, individuals who have been diagnosed with a mental health illness will also served by this program as EA will help prevent reoccurrence and further development of a serious mental illness. *Emotions Anonymous* will allow for leadership development since leadership of group meetings rotates and is non-professional. The leader's function is simply to conduct the meeting, not to serve as an authority.

The primary goals of *Emotions Anonymous* are to:

- Increase social support;
- Improve personal functioning; and,
- Promote wellness and recovery.

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The *EA* meetings are structured to assist individuals who want to achieve and maintain emotional health by understanding and utilizing the Twelve Steps of Emotions Anonymous in their daily lives. EA publications include a book and pamphlets on Emotions Anonymous, information on emotional health, and guides for organizing and conducting EA groups. Initially, information about accessing EA groups will be disseminated among AA and NA groups in Monterey County. Access to the program will be inclusive and will assist individuals who are both undiagnosed and diagnosed with a mental health illness. The program will reduce disparities by increasing service availability, and addressing emotional needs at an early stage in an effort to prevent the development of a serious mental illness. It is anticipated that the *Emotions Anonymous* program will serve 25 people during its first year.

- 13. Family Support Groups:** Research evidence indicates that individuals with mental illness do best in maintaining stable community living if they have a strong support system. For most consumers their primary support system is their immediate family. About four years ago, the Monterey County chapter of the National Alliance for Mental Ill (NAMI) began a Family to Family program. This is a 12 week course leads families through a greater understanding of the signs and symptoms of mental illness, medications, boundaries, healthy relationships and support. The families that have completed this course in our community have found the education and support to be very positive and have requested that there be on going family support groups. The NAMI program is offered in English and Spanish, and the *Family Support Groups* will be offered in both languages as well.

Monterey County Behavioral Health proposes to expand the *Family Support Groups* program to include all of our regional offices. We want these groups to be easily accessible, therefore, groups will be offered in the early evening so as to be convenient to working family members. These groups offer a wellness and recovery oriented philosophy group for the families and friends of individuals living with a mental illness. The *Family Support Group* provides understanding and reassurance to members. With Behavioral Health staff facilitation, families can share similar concerns and help each other learn to cope more effectively, while also assisting families to step back and gain perspective on the relationship they have with their loved one who has a mental illness. Family members will be able to speak confidentially about how their own lives are being affected, not just about the mental illness of their friend or relative.

Family Support Groups will offer a variety of benefits that contribute to the wellness and recovery of the whole family. The benefits of the *Family Support Groups* program include:

- Making connections. Meeting others living with mental health condition may help individuals to feel less alone or isolated. A safe and welcoming environment, filled with compassion and understanding, can also reduce any stigma individuals may feel over having a mental illness in their family.

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- Improving coping skills. Family Support Groups offer the chance to draw on collective experiences. Others who have "been there" may have tips or advice about coping with mental health conditions. Brainstorming with others may inspire even more ideas. Family members are also encouraged to practice the information they have learned in the NAMI Family to Family training.
- Getting motivated. Family Support Groups can encourage individuals family members to seek professional treatment or find ways to be part of the Wellness Recovery Action Plan of their loved one,
- Find hope. By sharing information and making connections can help family members feel a positive sense of possibilities.

The implementation activities of the *Family Support Groups* program will be as follows:

- Identify staff who are interested and willing to make a commitment to work with our local chapter of NAMI , to become familiar with the Family to Family course material and to learn more about NAMI's goals for a family support program;
- Provide written material about the groups including details about when, where and times the groups are held. Make the materials available at county-operated programs and regional offices, inpatient units, case managers and other community based human service agencies;
- Facilitate monthly or bi monthly family support groups in each of our regional offices within nine months of our PEI plan approval; and
- Ensure that services are delivered in culturally and linguistically competent manner.

14. Adult Wellness Center: The *Adult Wellness Center* (the OMNI Resource Center) was developed in 2006 by consumers of mental health services as a CSS-funded program. We are requesting transfer of this approved program to PEI. The *Adult Wellness Center* continues to be operated by consumers under a MCBH contract, and programming is designed in direct relation to input of the participants. The Center's mission to end isolation and promote wellness is realized through peer support groups and education as well as self healing activities, with all programs are focused on empowerment and alternative approaches to healing. Services are delivered by consumer staff (both paid and volunteers), with oversight from Interim, Inc., a nonprofit community based mental health services organization. The *Adult Wellness Center* conducts outreach and engagement activities in both Spanish and English and in an inclusive and culturally relevant manner, reaching individuals in the community who would otherwise never seek services in a conventional mental health services facility or program. Individuals need not have a mental health diagnosis to receive services provided by the Center. The Center provides an open door-drop in service which

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serves as a platform for building trust and rapport, giving individuals the comfort of accessing services on an as needed basis.

The goals of the *Adult Wellness Center* are to:

- Promote wellness and recovery;
- Provide culturally and linguistically appropriate services;
- Conduct peer support groups;
- Conduct alternative healing workshops and activities;
- Provide prevention education;
- Improve personal function;
- Increase social and independent living skills.

The aforementioned services provided by the Center are preventive services that empower individuals to continue on their path to wellness and recovery. The preventive services offered by the Center increases capacity and decreases mental health disparities among unserved and underserved cultural populations. The *Adult Wellness Center* will serve 380 individuals on an annual basis with prevention and early intervention services.

15. Senior Peer Counseling: The *Senior Peer Counseling* program is offered to the older adult population in Monterey County by the Alliance on Aging. The Senior Peer Counseling program provides mental health intervention and support to older adults suffering from depression, grief, loss, isolation, adjustment to chronic illness, relationship problems with adult children and other stressors. Individuals are also assessed for further needed services such as in home counseling services or brief counseling. Senior Peer Counselors are concerned individuals who, because of the richness of their own life experiences, volunteer their time as a way to give back to the community and support their peers in meeting the challenges of aging. Senior Peer Counselors go through an intensive training program and are supervised by professionals. The *Senior Peer Counseling* program serves as a link for participants to access a variety of other supports as needed.

The goals of the *Senior Peer Counseling* program are to:

- Improve personal functioning of older adults;
- Improve family functioning;
- Provide a social support system to older adults;
- Provide early intervention of mental health illness (i.e.: depression); and

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- Identify and refer older adults with greater mental health needs such as treatment, to county operated programs and community based organizations providing mental health services.

The *Senior Peer Counseling* program was initially funded in Monterey County's Community Services & Supports plan, which included funds for community planning around the development of an Older Adult System of Care. During that year-long process, the collaborative partners identified the Senior Peer Counseling program as a benefit to older adults in the County. This program is being proposed for transfer to PEI.

PEI funds will be used to increase the program's capacity to train and supervise 20 peer counselors and serve up to two hundred (200) older adults per year. In addition, PEI funds will add a peer support volunteer component where volunteers will provide ongoing emotional support, assistance with day-to-day activities such as doctor visits and human contact. The Program will provide access to older adults residing throughout Monterey County and the greater Salinas area. PEI funds will enhance current efforts to reach older adults and provide access to support groups and low-intensity, brief individual counseling to address mental health needs such as; depression, grief, loss, isolation, adjustment to chronic illness, relationship problems with adult children and other stressors.

The *Senior Peer Counseling Latino Expansion* program will utilize additional PEI funds to train bi-lingual bi-cultural volunteers from the Latino communities in Monterey County in an effort to expand the Senior Peer Counseling program to unserved older adult Latinos. Outreach and peer counseling services will be offered in culturally and linguistically appropriate settings. The *Senior Peer Counseling Latino Expansion* will provide up to four Wellness Series workshops in each community in Salinas and South Monterey County. Wellness Series workshops will provide education on mental health and emotional health with an emphasis on issues relevant to older adult Latinos. The *Senior Peer Counseling Latino Expansion* will serve up to two hundred (200) older adults in focus areas of Monterey County that have been identified by our community partners as unserved or underserved. The *Senior Peer Counseling Latino Expansion* program will increase access to mental health services and will reduce mental health disparities among older Latino adults, which are one of the unserved and underserved cultural populations in Monterey County.

16. **Community Warm Line:** The *Community Warm Line* will provide supportive communication and linkages to community resources to Monterey County residents. Callers may be individuals experiencing emotional issues or potentially experiencing first onset of a mental health illness. They will not only receive support but education about mental health issues that would assist them in accessing prevention and early intervention services. Friends and family members of individuals who are recovering from a mental health illness may also seek support and education about mental illness by calling the Community Warm Line. During our PEI community planning process, we heard

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that in addition to the Adult Wellness Center, a telephone service could assist individuals who are experiencing emotional distress who need support, but are not yet experiencing a mental health crisis. Therefore, the *Community Warm Line* will not operate as a traditional 'crisis line' or 'hot line' but rather as a place for individuals, to connect with a peer who is trained to listen, offer support and provide referral information. Peers will offer the phone services in a manner which reflects MHSA values of consumer-driven, wellness and recovery, and cultural and linguistic competency. Individuals who are likely to access the *Community Warm Line* might be needing support, feeling isolated, feeling depressed, lonely or frightened or might be seeking specific resources.

Services will be available five days a week (Tuesday through Saturday) from 5:00 PM until 9:00 PM. A contract will be executed with a community based organization that will coordinate recruiting, training, supervising and scheduling staff. Staff members providing services will be recruited from a pool of interested "consumers. Calls may be handled either at a centralized location or by cell phone held by the staff person on schedule. Discretion will be used by the community based organization which is awarded the contract, depending on community needs and call volume, to determine specific details of program implementation.

Consumer training to staff the *Community Warm Line* will include: general telephone protocol for receiving incoming calls, establishing and maintaining appropriate boundaries, how to become familiar with and use a community resource directory, how to determine when a call must be referred for emergency response, etc. A training program similar to NAMI Peer to Peer will be required for peer community support workers staffing the phone lines.

Supervision of the consumers staffing the Warm Line will be provided weekly in a group supervision format, facilitated by the community based organization professional staff. Training will also equip staff on how to handle calls from individuals who are in recovery from a mental health illness. In addition, consumer staff will have access to telephone consultation from professional staff during their shift as needed.

The goals of the *Community Warm Line* are to:

- Provide an appropriate resource for individuals who are seeking emotional support but who are not actually suicidal or in a crisis. This will decrease the number of inappropriately routed calls to Suicide Prevention, Mental Health Crisis Team, Rape Crisis or other crisis lines;
- Increase the knowledge about and access to non-crisis oriented community resources, such as the Adult Wellness Center, Monterey County Behavioral Health, etc. that will provide support and resources; and
- Trained consumer staff who staff the Warm Line will gain valuable entry level peer communication and counseling skills that can be used as part of a career ladder that may eventually lead to positions in the public mental health system.

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Collaborative efforts will involve other crisis lines in the community to avoid duplication of services and to develop a system so that callers receive services in a seamless and timely manner. It has yet to be determined how many callers will access the *Community Warm Line*; however, one of the contract requirements will be to collect call data from the inception of the service. The Community Warm Line will help decrease mental health disparities in Monterey County as it will provide linkages to available mental health services for underserved and Underserved and Unserved Cultural Populations.

17. Toll-free, 24/7 Telephone Referral System (211): The *Toll-free, 24/7 Telephone Referral System (211)* is a response to the enormity of input from community stakeholders expressing the need for increased access to essential services including mental health services, especially for unserved or underserved community residents. The system is anticipated to perform as the United Way 211 call system that successfully operates in 19 other California counties and reaches approximately 65% of the population nationwide. 2-1-1 is an easy-to-remember telephone number that, where available, connects people with important community services and volunteer opportunities. Faced with a dramatic increase in the number of agencies and help-lines, people often don't know where to turn. In many cases, people end up going without these necessary services because they do not know where to start. 2-1-1 helps people find and give help. 2-1-1 provides callers with information about and referrals to human services for every day needs and in times of crisis.

The goals of the *Toll-free, 24/7 Telephone Referral System (211)* is to offer access to the following types of services:

- Basic Human Needs Resource: food banks, clothing closets, shelters, rent assistance, utility assistance.
- Physical and Mental Health Resources: health insurance programs, Medi-Cal and Medicare, maternal health, Children's Health Insurance Program, medical information lines, crisis intervention services, support groups, counseling, drug and alcohol intervention and rehabilitation;
- Employment Supports: financial assistance, job training, transportation assistance, education programs.
- Support for Older Americans and Persons with Disabilities: adult day care, congregate meals, Meals on Wheels, respite care, home health care, transportation, homemaker services.;
- Support for Children, Youth and Families: childcare, after school programs, Head Start, family resource centers, summer camps and recreation programs, mentoring, tutoring, protective services; and,
- Volunteer Opportunities and Donations.

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PEI funds will contribute to the development and implementation of a local *Toll-free, 24/7 Telephone Referral System (211)* for Monterey County. The system will be developed to provide services in English and Spanish to residents of all age and cultural groups. Marketing of the System will include specific outreach materials and strategies designed to reach the underserved and Underserved and Unserved Cultural Populations. Monterey County Behavioral Health will be one of many collaborators with the lead agency, United Way of Monterey County. It has yet to be determined how many callers will access the *Toll-free, 24/7 Telephone Referral System (211)*, however, one of the contract requirements will be to collect call data from the inception of the service.

18. **Social Marketing:** *Social Marketing* services in Monterey County are implemented with the assistance of a social marketing consultant who works with the MHSA Coordinator, the PEI Coordinator, key Behavioral Health staff, stakeholders, consumers, youth and families to expand and keep updated the existing social marketing strategic plan. A social marketing committee comprised of the aforementioned groups drives the goals and activities within the social marketing strategic plan.

Social Marketing services are currently being funded by CSS and we are proposing to transfer this program to PEI.

With PEI funds, an expanded social marketing plan will identify how Behavioral Health and MHSA will be positioned in the community, and develop strategies and partnerships for different populations of focus with potential partners such as primary care providers, law enforcement, faith-based venues and others. The social marketing plan also includes: the development of strategies to inform the general community and key stakeholders that provided input during the community planning process about how their input is reflected in each MHSA implementation plan; identification of communication strategies to raise awareness of transformation values (e.g. Consumer and Family Involvement, Cultural Competency, Wellness and Recovery) within the general community, MCBH staff, partners and stakeholders; continuation of the development of literature highlighting Monterey County's MHSA and PEI activities as an instrument to inform the general community, support mental health awareness activities, e.g. Depression and Anxiety Screening days, to ensure public access to available mental health services. *Social Marketing* will have a positive impact in reducing mental health disparities primarily by increasing awareness of mental health issues and how to access services when they are needed, especially amongst underserved and Underserved and Unserved Cultural Populations.

The goals of *Social Marketing* are to:

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- Increase mental health awareness through informational materials designed for underserved and Underserved and Unserved Cultural Populations. Materials will be carefully developed to ensure cultural and linguistic relevance;
- Increase awareness about and access to mental health services available through community partners and programs of Monterey County Behavioral Health;
- Increase community participation in mental health focused events held in collaboration with community partners by developing culturally competent promotional materials; and
- Promote wellness and recovery.

Social Marketing will seek new and non-traditional ways to reach the underserved and Underserved and Unserved Cultural Populations in Monterey County. One example is the establishment of a partnership between schools and community based organizations to develop a media based program such as a live, call-in radio show. This strategy has been demonstrated in other areas of the country as being very effective in reaching individuals in the community who obtain most of their important information such as health by radio versus printed material. Census data shows that there are high rates of Monterey County residents who have low literacy skills in their native language. This strategy is currently under development for future implementation.

19. **Network of Care:** The *Network of Care* was initially launched in California with a California Department of Aging innovation grant. The project is part of a broad effort by our County to improve and better coordinate long-term care services locally. This comprehensive, Internet-based resource is especially useful to the elderly and people with disabilities, as well as their caregivers and service providers. The *Network of Care* website will be user friendly for individuals of all ages, people with disabilities or people with low literacy skills.

PEI funds will support the maintenance of the *Network of Care* website, which will eventually include up to date information about community based services and support services available throughout Monterey County. Future enhancements with other funding will include providing updated information on common mental health issues affecting older adults and other priority populations. Information will also assist individuals in learning about policies at the state and federal level, concerning mental health issues. This information is usually unattainable or too complicated to understand for Underserved and Unserved Cultural Populations. The purpose of making policy information available is so that individuals and family members are better equipped to advocate and request any necessary information from their clinicians about their treatment options.

The goals of *Network of Care* are to:

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- Provide easy access to information about local, regional and statewide programs;
- Provide accurate information and educational materials concerning diseases and conditions, medications and treatments, care management issues, prevention, early intervention, planning, consumer advocacy and protection, and other related topics on mental health; and,
- Provide greater communication and advocacy capabilities, and
- Reduce disparities by increasing knowledge about mental health issues and service availability.

Network of Care will also have a component known as “For Vets”, a section especially designed for veterans in Monterey County. The For Vets component will include various channels such as:

- **Service Directory:** A directory of resources for veterans in Monterey County. Users could find nonprofit agencies, associations, clinics, research foundations, and other resources that deal with their specific needs in a fast, easy-to-use online tool that is 2-1-1 compliant.
- **Library:** Deep bank of articles, checklists, and commentary written by the leading experts and organizations dealing with veterans’ issues. Articles are easily available for online viewing, printing, and e-mailing to others.
- **Legislation:** In a bill-tracking section, there will be a list of all proposed state and federal legislation that could affect the veteran community. Information will be updated daily so one could follow amendments and votes. The Legislative channel would include methods of communicating directly with legislators on all proposed legislations and thus serve as a powerful information and advocacy tool.
- **Links:** This will include a network of city, county, state, and federal links dealing with issues related to veterans.
- **My Folder:** Here, a family member or care provider can create a private, secure file of information and, if they choose, share it with a trusted friend or relative.
- **Support and Advocacy:** This channel will feature all of the known and creditable support and advocacy agencies at the national, state, and local level.
- A blog and social networking component which will allow veterans to share their stories and ideas.
- A “Vet to Vet” peer support component which will connect peers and mentors with those looking for a mentor.
- An “Operation Healthy Reunion” component aimed at providing information that will assist veterans in facilitating healthy reunions and long term relationships with their civilian friends and family.
- A “Local Employment and Training Options” component which will provide information on any local job, vocational training, or educational opportunities available to veterans.

Quarterly reports indicating daily traffic and site use will be used to measure the effectiveness of the *Network of Care* website. *Network of Care* will be a tool that compliments and supports all programs and services funded by PEI, providing valuable information to mental health consumers, friends and family members living in Monterey County.

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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 from July 1, 2008 through June 30, 2009
	Prevention	Early Intervention	
Depression/Anxiety Screening Days	Individuals: 50 Families:	Individuals: 50 Families:	12 months
Early Intervention 0-5 Secure Families/Familias Seguras Program	Individuals: TBD Families:	Individuals: TBD Families:	12 months
Mental Health Screening for Children Ages 0-8	Individuals: 10 Families: 10	Individuals: 10 Families:	12 months
System Navigator Program	Individuals: 50 Families: 30	Individuals: 50 Families: 30	12 months
African American Community Partnership	Individuals: 40 Families:	Individuals: 40 Families:	12 months
Latino Community Partnership - Promotores	Individuals: 150 Families:	Individuals: Families:	12 months
Multi-lingual Parenting Services – Parenting Education Partnership	Individuals: Families: 250	Individuals: Families:	12 months

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	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation from July 1, 2008 through June 30, 2009
LGBTQ Community Partnership	Individuals: 40 Families:	Individuals: 48 Families:	12 months
School Evidence-Based Practices (Counseling) Program	Individuals: TBD Families:	Individuals: TBD Families:	12 months
Prevention Services for Native American Youth	Individuals: TBD Families:	Individuals: TBD Families:	12 months
Peer to Peer Counseling	Individuals: TBD Families:	Individuals: TBD Families:	12 months
Emotions Anonymous	Individuals: 25 Families:	Individuals: 25 Families:	12 months
Family Support Groups	Individuals: TBD Families:	Individuals: TBD Families:	12 months
Adult Wellness Center	Individuals: 100 Families:	Individuals: 280 Families:	12 months
Senior Peer Counseling	Individuals: 870 Families:	Individuals: 870 Families:	12 months

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	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation from July 1, 2008 through June 30, 2009
Community Warm Line	Individuals: 50 Families:	Individuals: 50 Families:	12 months
Toll-free, 24/7 Telephone Referral System	Individuals: 40 Families:	Individuals: 40 Families:	12 months
Social Marketing	Individuals: 400 Families:	Individuals: 300 Families:	12 months
Network of Care	Individuals: TBD Families:	Individuals: TBD Families:	12 months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 1825 Families: 290	Individuals: 1763 Families: 40	

We are working with all of our collaborative partners to develop the programs' timelines for implementation, which will include identification of milestones.

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

Links to Mental Health Service Providers:

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Programs of the *Underserved and Unserved Cultural Populations* project are designed to provide prompt linkage between unserved consumers and their families and a wide variety of mental health services, and also to facilitate navigation within Monterey County's mental health system. The *African American Community Partnership, Latino Community Partnership-Promotores, GLBTQ Community Partnership, School Evidence-based Counseling, Prevention Services for Native American Youth, Senior Peer Counseling, Social Marketing and System Navigators* programs are designed for outreach and referral for populations that are unserved or underserved, and are also intended to reduce disparities in mental health access due to discrimination and stigmatization.

Links to Other Needed Services:

The *Toll-free, 24/7 Telephone System (211)* will work similar to other 211 Call Centers, linking callers to other essential social services that provide basic human resources, medical information, employment support, support for persons with disabilities, and resources for children, youth, and families. *The Community Warm Line, Peer to Peer Counseling, African American Community Partnership, Latino Community Partnership-Promotores, GLBTQ Community Partnership, and School Evidence-based Counseling* programs are also equipped to link first-time, unserved consumers and family members to an array of support services offered by County agencies and community organizations.

Leveraged Resources and Links to Outcomes at the Individual/family, Program/system, or Community Levels:

All programs of the *Underserved and Unserved Cultural Populations* project provide direct services on the individual/family level. Efforts provided by these programs may secondarily assist with stigma and disparity reduction at the community level. Our partners in these programs are well-regarded and include: Community Human Services, John XXIII AIDS Ministry and the Monterey County AIDS Project, Center for Community Advocacy, Central Coast Citizenship Project, the Alliance on Aging, Interim, Inc., United Way of Monterey County, Monterey County Office of Education. All personnel who are involved in the PEI programs will be encouraged to participate in cultural competency and program/system level improvement training. PEI funded services will contribute to increased capacity among our nonprofit organization partners. Social Marketing of program information will contribute to community level improvements, especially in the areas of reduction of stigma, and awareness of and access to services.

7. Collaboration and System Enhancements

A collaborative consisting of community based organizations funded by PEI to implement programs and services of the

Underserved and Unserved Cultural Populations project, will be established to create a united effort to ensure that services are functioning to the programs' highest potential. The collaborative will together identify additional community and program needs that perhaps had not been identified prior to the implementation phase. The collaborative will also assess the need for a more comprehensive and effective referral system so that all programs compliment each other and to avoid duplication of services. Plans for sustainability of the programs will be developed in collaboration with community partners, key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

8. Intended Outcomes

1. Depression/Anxiety Screening Days:

Individual level outcomes:

- Reduced stigma
- Increased knowledge about symptoms of mental health illness
- Increased knowledge on providing support to friends and family members suffering from a mental health illness
- Reduction in suicide attempts/completions

Program/system outcomes:

- Increased client referrals to appropriate services
- Improved inter-agency referral process
- Increased community awareness about mental health
- Reduced stigma

2. Early Intervention 0-5 Secure Families/Familias Seguras Program:

Individual level outcomes:

- Reduced stigma
- Increased knowledge about parenting a child exhibiting behavioral issues or mental health needs.
- Increased individual and family functioning

Program/system outcomes:

- Reduced disparities in access to mental health services
- Increased access to early intervention services in rural, isolated communities

3. Mental Health Screening for Children Ages 0-8:

Individual level outcomes:

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- Reduced stigma
- Improved child and family functioning
- Increased awareness about symptoms of mental health illness and behavioral needs

Program/system outcomes:

- Reduced disparities in access to mental health services

4. System Navigator Program:

Individual level outcomes:

- Reduced stigma
- Increase in positive experiences in accessing mental health services

Program/system outcomes:

- Increased number of individuals accessing appropriate mental health services
- Increased referrals to community partner agencies

5. African American Community Partnership:

Individual level outcomes:

- Increased mental health awareness
- Improved individual and family functioning
- Reduced stigma

Program/system outcomes:

- Reduced disparities in access to mental health services
- Increased access portals to mental health services
- Improved cultural competence specific to African American community in the provision of mental health services

6. Latino Community Partnership-Promotores:

Individual level outcomes:

- Increased mental health awareness
- Improved individual and family functioning
- Reduced stigma

Program/system outcomes:

- Reduced disparities in access to mental health services
- Increased access portals to mental health services
- Improved cultural competence specific to the Latino Community in the provision of mental health services

7. Multi-Lingual Parenting Services- Parenting Education Partnership:

Individual level outcomes:

- Increased mental health awareness
- Increased parenting skills
- Improved individual and family functioning
- Reduced stigma

Program/system outcomes:

- Reduced disparities in access to mental health services
- Increased access portals to other prevention and early intervention services
- Improved cultural competence in the delivery of mental health prevention & early intervention services

8. LGBTQ Community Partnership:

Individual level outcomes:

- Increased mental health awareness
- Improved individual and family functioning
- Reduced stigma

Program/system outcomes:

- Reduce disparities in access to mental health services
- Increased access portals to mental health prevention and early intervention services
- Improved cultural competence specific to the LGBTQ community in the delivery of mental health services

9. School Evidence-Based Practices (Counseling) Program:

Individual level outcomes:

- Reduced stigma
- Increased awareness about mental health
- Increased parenting education

Program/system outcomes:

- Reduce disparities in access to mental health services
- Increased number of students receiving appropriate mental health prevention and early intervention services

10. Prevention Services for Native American Youth:

Individual level outcomes:

- Increased mental health awareness

- Improved individual and family functioning
- Reduced stigma

Program/system outcomes:

- Reduced disparities in access to mental health services
- Increased access portals to mental health services
- Improved cultural competence specific to the Native American community in the provision of mental health services

11. Peer to Peer Counseling:

Individual level outcomes:

- Reduced stigma
- Increased social support
- Improved individual functioning

Program/system outcomes:

- Reduced disparities in access to mental health services
- Reduced number of individuals who experience increased symptoms of mental illness

12. Emotions Anonymous:

Individual level outcomes:

- Reduced stigma
- Increased social support
- Improved individual functioning

Program/system outcomes:

- Reduced disparities in access to mental health services
- Reduced number of individuals who experience increased symptoms of mental illness

13. Family Support Groups:

Individual level outcomes:

- Reduced stigma
- Increased social support
- Improved family functioning

Program/system outcomes:

- Reduced disparities in access to mental health services

14. Adult Wellness Center:

Individual level outcomes:

- Reduced stigma
- Increased social support
- Improve individual functioning

Program/system outcomes:

- Reduced disparities in access to mental health services
- Reduced number of individuals experiencing increased symptoms of mental illness

15. Senior Peer Counseling:

Individual level outcomes:

- Reduced stigma
- Increased social support
- Improved individual and family functioning

Program/system outcomes:

- Reduced disparities in access to mental health services
- Reduced number of individuals who experience increased symptoms of mental illness

16. Community Warm Line:

Individual level outcomes:

- Reduced stigma
- Increased social support
- Improved individual functioning

Program/system outcomes:

- Reduced disparities in access to mental health services
- Reduced the number of individuals who experience increased symptoms of mental illness

17. Toll-free, 24/7 Telephone Referral System (211):

Individual level outcomes:

- Increased community awareness about mental health services

Program/system outcomes:

- Increased community referrals to appropriate mental health services

18. Social Marketing:

Individual level outcomes:

- Reduced stigma
- Increased community awareness about mental health issues
- Increased community awareness about mental health programs and services

Program/system outcomes:

- Increased referrals to appropriate mental health services
- Increased community partnerships with community based organizations providing mental health services

19. Network of Care:

Individual level outcomes:

- Reduced stigma
- Increased awareness about mental health concerns
- Increased communication and advocacy capabilities

Program/system outcomes:

- Increased client referrals to appropriate services

For system and program outcomes, Monterey County's PEI *Underserved and Unserved Cultural Populations* project will:

- Increase cultural competency for MCBH staff, other community organizations, and teachers/administrators through specialized training; and,
- Build and/or strengthen partnerships between MCBH, other County agencies, and community partners.

As a result of the *Underserved and Unserved Cultural Populations* project we expect these changes to occur:

- Short term: increased consumer and family member access to wellness, recovery, and early intervention services; reduced disparities in the utilization of mental health services; increased availability of prevention services; increased service provider competency; strengthened links between PEI and other Monterey County MHSA components; and the creation/strengthening of links between MCBH and community partners.
- Intermediate term: reduce negative outcomes that may result from untreated mental illness, which may include prolonged suffering, school failure, the removal of children from their homes, incarcerations, chronic unemployment or homelessness, or suicide.

- Long term: Reduced mental health disparities among underserved and Underserved and Unserved Cultural Populations

We are working with all of our collaborative partners to develop each program's timelines for implementation, which will include identification of milestones.

9. Coordination with Other MHSa Components

Capital Facilities and Information Technology: This component will support PEI programs with MHSa infrastructure expansion and growth, especially through enhanced computer capabilities. In future years, based on PEI-collected first-time and early access data, PEI programs may provide information to help make decisions about new facility locations or existing facility expansions.

Community Services and Supports (CSS): This PEI plan proposes to transfer in several programs that provide prevention and early intervention activities that are currently being funded by CSS. PEI programs will be coordinated to serve as the first point of entry to wellness and recovery for mental health services and activities in Monterey County'. As warranted, PEI will connect consumers, youth and family members to CSS programs and other mental health services available from MCBH and our community providers.

Housing: Monterey County's PEI programs and activities are intended to support the mental and emotional wellbeing of individuals and families who are receiving supportive housing services.

Social Marketing: Social Marketing efforts will support many of the PEI activities, especially those that are intended to increase early access to services through the dissemination of information via mass media campaigns and other marketing activities and other strategies.

Workforce Education and Training (WET): PEI programs will be positioned to refer individuals who have been identified through its programs to WET's program which provides access for consumers to state and federal work incentive programs. WET is positioned to support PEI programs with consumer, youth and family member training in wellness, recovery, and resilience, and to provide MCBH and community partner staff training in trauma assessment, cultural competency and other issues as identified in the WET mental health workforce needs assessment.

10. Additional Comments (optional) None.

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County: *Monterey County*

PEI Project Name: *Trauma Exposed Individuals*

Date: **08/12/08**

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

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

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

Monterey County's initial Mental Health Services Act (MHSA) Community Services & Supports (CSS) community input process was implemented during the spring and summer of 2005 and involved over 1,858 participants in 77 meetings in every region of the County. Stakeholder participants included clients and family members, low-income communities, all ethnic minorities, all age groups, migrant and new immigrant populations, traditionally marginalized populations, community leaders, County agencies, and community based organizations. When required, meetings were conducted in both English and Spanish. Meetings were promoted through extensive media outreach. The original MHSA input process included requests that the community speak to gaps and needs for all components of the MHSA, including Prevention & Early Intervention. The information gathered during this earlier process was then reviewed, analyzed and organized to form the foundation of the community input for the Prevention & Early Intervention (PEI) Plan. In the summer of 2007, we collaborated with the Surveillance, Epidemiology, and Evaluation Branch of Monterey County Health Department, which performed a content analysis of the input from those meetings and produced a summary of the findings, which we then presented to the PEI Work Group in a more focused stakeholder planning process.

Monterey County's PEI planning process began in earnest in October of 2007 with the PEI Coordinator organizing and facilitating a series of PEI Work Group meetings and more than 20 community forums with various groups, including community based organizations, consumers, youth, family members, concerned community members, professionals and other stakeholders. The groups represented the four regions of Monterey County: South County, North County, Salinas and the Monterey Peninsula. Individuals participating in the forums represented diverse ethnic backgrounds including Latino, African-American, Caucasian, Asian American, and monolingual Spanish speaking populations. Consultation was also received from Native American community members and others from un-served or underserved cultural groups. The PEI Coordinator attended regular meetings held by various community groups, taking the community input process to them, to ensure that as many individuals as possible had the opportunity to become familiar with the PEI planning process and were able to provide their input. The statements of the various community mental health needs derived from the 2005 MHSA community input process were reiterated and confirmed in the 2007 PEI community input process. Input from both efforts were considered and integrated into the resultant draft PEI Plan.

The populations to be served by each Project were first identified by our community stakeholders who participated in the PEI planning process. Subsequent to obtaining clarification from the Oversight & Accountability Commission's Plan Review Team, our PEI Plan has been re-structured as recommended by the OAC Review Team. In this document we begin each Project description with the identification of the Priority Population to be served, the primary unmet mental health need of the

priority population, the programs proposed to address those needs, and the expected outcomes each program in each Project will achieve.

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

The **Trauma Exposed Individuals** project is designed to address the needs and priorities that were identified in the community planning process and will increase mental health screening and care opportunities for Underserved and Unserved Cultural Populations and unserved populations in Monterey County. Community members consistently identified nontraditional settings such as homes, schools, neighborhoods, faith-based venues and community organizations as means of effective outreach to vulnerable populations, especially those who may be experiencing anxiety, depression, trauma, or co-occurrence. Details of how the **Trauma Exposed Individuals** project links to Monterey County demographics and community needs, stakeholder input, and priority populations are contained in the project's four program descriptions:

1. **Child Advocate Program (CAP):** The *Child Advocate Program (CAP)* provides community-based intervention and prevention services to high-risk families with children under the age of five who have witnessed or been subjected to domestic violence. A program operated by the Monterey County Probation Department, individuals convicted of domestic violence charges are referred to the CAP program when their personal cases show that children have been exposed to trauma. As generational evidence clearly shows, the cycle of violence is repeated as a result of young children having witnessed violence in their homes. Services provided by CAP are both prevention and early intervention. Research shows that if families, including the aggressor, receive stress management skills, problem solving skills, education on parenting without violence, the probability of a child continuing to live in a hostile or violent home environment will decrease. In most cases an aggressor resorts to violence because it is what they were exposed to as children themselves. By providing the tools to improve their parenting skills, program participants can also improve their own personal functioning, which will prevent further exposure of their children to trauma.

CAP's primary goals are to:

- Improve family functioning;
- Provide early intervention services to families and children exposed to trauma;
- Provide preventive parenting education to ameliorate the effects of domestic violence;
- Conduct home visits to assess and identify basic and mental health needs; and,
- Link children and families in need of mental health services to community based programs and/or Monterey County Behavioral Health programs.

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Among other services, *CAP* provides respite and crisis care services to assist parents and other care providers in times of stress, thereby helping to assure that children and families are safe. *CAP* staff conducts home visits, administer social and emotional development screening, and provide referrals to appropriate community programs and services. After conducting needs assessments of the families, *CAP* also provides emergency assistance and work to ensure that a wide range of community resources are utilized to fulfill basic needs.

CAP has been in existence for more than seven (7) years as a collaborative effort of 13 community agencies and organizations in Monterey County serving mostly Latino and monolingual Spanish speaking consumers. *CAP* is based on principles of the Family Development Matrix, and strives to develop new resources to help the families provide a nourishing environment that is supportive of healthy child development.

PEI funds will increase the program's capacity to serve families in rural and isolated communities who are often out of reach from community support services.

2. **School-based Domestic Violence Counseling:** The *School-based Domestic Violence Counseling* program will address domestic violence issues of children who have witnessed violence. This prevention and early intervention program will be delivered by counselors working in a non-traditional mental health setting – schools – to reduce the stigma children may otherwise face as a result of having to endure the effects having been a witness of violence. In a school setting, children are more apt to accept a counseling program in their environment than adults. Children who become familiar and comfortable with mental health services will in turn educate their parents who may have stigmatized perceptions about mental illness or seeking mental health services. Counselors will work with parents initially to obtain their authorization to serve their child and secondly they will provide education and brief counseling services to provide parents with tools to create a home environment that will foster a child's healthy psychological development. Counselors will: help children find ways to be safe when the violence occurs; let them know the violence is never the child's fault; and that it is not the child's responsibility to intervene. Counselors will also help trauma exposed children understand their anger, hurt, fear, or sadness about domestic violence and community violence. When children are given the opportunity to express and understand the emotional and psychological effects of violence-induced trauma, long term effects are reduced. The need for clinical treatment to address serious emotional disturbance or mental illness later in life is less likely to exist.

The goals of the *School-based Domestic Violence Counseling* program are:

- Reduced stigma;
- Improved child and family functioning;

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- Assessment of psychosocial needs and provide brief early intervention counseling on an individual or family basis;
- Promotion of parent involvement in meeting their child's academic, social and psychological needs; and
- Provide community resource information and referrals for families requiring additional mental health services

A qualified counselor will be assigned to each school and they will establish a group of students by teacher or parent referral. Students will receive both individual and group counseling, utilizing various evidence based practice theories such as expressive arts. A total of ten (10) schools will be served with four (4) ten (10) week program series. In each ten (10) week series up to five (5) children will be served. Low-intensity counseling services will be provided on a short term basis, and referrals to additional services will be provided as needs for more intensive treatment are identified. It is anticipated that a total of 160 children will be served annually.

- 3. Critical Incident Debriefing:** *Critical Incident Debriefing* will be offered by the Monterey County Behavioral Health Division and is a vital service as individuals often bear witness to violence and traumatic incidents in our communities. It is highly likely that individuals and communities are often ill-equipped to handle the chaos of these catastrophic situations. Consequently, survivors often struggle to regain control of their lives as friends, family, and loved ones may be unaccounted for or are found critically injured, lay dying or are already dead. Additionally, those who have been traumatized by the critical event may eventually need professional attention and care for weeks, months and possibly years to come. The total extent of any traumatic situation may never be known or realistically estimated in terms of trauma, loss and grief. In the aftermath of any critical incident, psychological reactions are common and are fairly predictable. Common reactions which can lead to serious psychiatric symptoms or serious emotional disturbance are; reactive depression, anxiety, fatigue, paranoia, hyper-vigilance, suicidal or homicidal ideation, among many others. Critical Incident Stress Debriefing (CISD) is a valuable tool following a traumatic event. Debriefing allows those involved with the incident to process the event and reflect on its impact. Debriefing is ideally conducted on or near the site of the incident. Individuals who are provided with critical debriefing within a 24-72 hour period after the initial crisis or incident have shown to experience less short-term and long-term crisis reactions or psychological trauma (Mitchell, 1998; Young, 1994).

The goals of the *Critical Incident Debriefing* program are to:

- Provide early intervention services to individuals exposed to trauma;
- Reduce the impact of the traumatic event;
- Reduce cognitive, emotional, and physiological symptoms;
- Provide education on stress reduction;

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- Accelerate the recovery process; and,
- Prevent the development of a serious mental illness or mental health disorder as result of trauma exposure.

PEI funds will provide the necessary resources to increase the number of licensed mental health professionals who will obtain specialized training to provide *Critical Incident Debriefing* services. Collaboration with the Workforce Employment and Training component of MHSA will ensure that staff training needs are met. By assuring qualified staff is available at each of our regional offices, we will have greater capability to meet community needs. It is expected that 45 individuals will be served by this program annually.

- 4. Suicide Prevention Hot Line Expansion:** The *Suicide Prevention Hot Line Expansion* program will increase the numbers of consumers currently served by the existing hot line operated by the Family Service Center of the Central Coast (FSCCC). FSCCC recruits, trains, and supervises volunteers to staff the 24-hour multilingual suicide crisis line, and maintains the local and toll free phone service to ensure that services are accessible to all residents at-risk of suicide. FSCCC also conducts educational presentations for high risk groups (primarily youth), and conducts grief support groups for survivors of suicide. During our PEI planning process, suicide prevention services was a need voiced by many community stakeholders.

Research shows that a majority of individuals suffering from suicidal ideation or who have attempted suicide may be grieving a loss, been exposed to a major trauma, are suffering from chronic physical illness or are experiencing symptoms of mental illness. Suicide hotlines are available throughout the country have proven to be an extremely useful resource for such individuals and are often times exactly what a caller needs to make it through the day. Suicide hotlines are also recognized as a gateway to accessing mental health services to prevent suicide completions.

The goals of the *Suicide Prevention Hot Line Expansion* are to:

- Increase capacity to serve individuals in crisis through the 24 hour crisis line at no charge to the caller. A caring, professionally trained volunteer or staff member will be immediately available to talk about what callers are feeling and, most importantly, listen to what they are going through 24 hours a day;
- Provide an immediately accessible individual who will talk to callers and assist them in "calming down," stabilizing their situation (whether the result of anxiety, panic attack, waiting for their medication to take effect, or a care giver to arrive) without requiring them to seek out more formal professional attention;
- Provide a "bridging service," i.e., a place callers can turn 24 hours a day, while they are seeking other forms of professional care or personal support, and as a transition service as they are moving from one form of mental health service to another. This serves bridge the gap between the intervention of a suicide to accessing clinical assessment

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and/or treatment, by helping the caller attain coping skills and problem solving skills, eventually recovering from suicidal ideations or suicide attempts;

- Provide emotional support, information and, when appropriate, professional referrals, including immediate emergency medical attention, as the extent of a caller's problems, suicidal behavior, and degree of risk is assessed and determined; and,
- Increase culturally and linguistically competent suicide prevention services.

PEI funding will provide for the *Suicide Prevention Hot Line Expansion* by increasing the capacity of the service to receive toll-free calls from Monterey County residents. To accomplish this, FSCCC will use PEI funds to hire additional staff that will conduct periodic recruitment and trainings for hot line volunteers.

For FY 07-08, the Suicide Prevention Hotline received 1,893 calls from Monterey County, of which 327 were suicide calls and 1,1060 were crisis calls (the balance were calls by chronic callers and other reasons). With PEI funding, we expect these numbers will increase.

- 5. Alcohol and Drug Early Intervention with PTSD/Adult Criminal Justice System:** The *Alcohol and Drug Early Intervention with PTSD/Adult Criminal Justice System* program will be provided to families in collaboration with Monterey County Behavioral Health staff and community based organizations with expertise in working with individuals with substance abuse disorders and addictions. Mental health assessment, referral, and brief, low-intensity therapy services will focus on trauma-exposed parents in substance abuse treatment, and their children who are experiencing trauma-related mental health needs due to parents with an addictive disorder. The program is intended to mitigate the development of serious mental health illness in children, youth, and adults due to untreated, early onset mental illness. By assessing and administering brief treatment to individuals experiencing PTSD or other conditions related to violence or other trauma, the incidence of serious mental health illness or disorders within the community will be decreased. Individuals needing assessment services will be referred by the criminal justice system and referred to partner agencies that will provide treatment or rehabilitation services.

The goals of the *Alcohol and Drug Early Intervention with PTSD/Adult Criminal Justice System* program are to:

- Assess clients referred by the Adult Criminal Justice System for mental health needs; and,
- Provide brief therapy to individuals experiencing symptoms of early manifestations of mental illness as a result of alcohol and/or other drug abuse and trauma exposure

The *Alcohol and Drug Intervention with PTSD/Adult Criminal Justice System* will increase collaboration between Monterey County Behavioral Health, the criminal justice system and community based organizations to enhance

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services provided. PEI funds will increase capacity among programs serving trauma exposed parents in substance abuse treatment programs to meet individual and community needs.

We are working with all of our collaborative partners to develop the programs' timelines for implementation, which will include identification of milestones.

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 from July 1, 2008 through June 30, 2009
	Prevention	Early Intervention	
Child Advocate Program (CAP)	Individuals: Families: 25	Individuals: Families: 25	12 months
School-based Domestic Violence Counseling	Individuals: 80 Families:	Individuals: 80 Families:	12 months
Critical Incident Debriefing	Individuals: Families:	Individuals: 45 Families:	12 months
Suicide Prevention Hot Line Expansion	Individuals: TBD Families:	Individuals: TBD Families:	12 months
Alcohol and Drug Early Intervention with PTSD/Adults Criminal Justice System	Individuals: TBD Families:	Individuals: TBD Families:	12 months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 80 Families: 25	Individuals: 125 Families: 25	

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

Links to Mental Health Service Providers: Programs of the *Trauma Exposed Individuals* project will bridge gaps in the community with new partnerships that will implement, enhance and expand services. The partnerships will ensure that unserved and underserved populations will become aware of available mental health services and will also gain awareness about mental health issues. Prevention, education and early intervention programs are also designed to reduce disparities in access to mental health services due to discrimination and stigma.

Links to Other Needed Services: The partnerships that are established and built upon as a result of the prevention, education and early intervention programs will also provide enhancements to the referral system network consisting of community based organizations and county operated programs. An improved referral system will ensure that individuals served through prevention, education and early intervention programs are better able to access other support services to better meet their immediate needs.

Leveraged Resources and Links to Outcomes at the Individual/family, Program/system, or Community Levels:

All programs of the *Trauma Exposed Individuals* project provide direct services on the individual and family levels. Efforts provided by these programs may secondarily assist with stigma and disparity reduction at the community level and will also reduce the psycho-social impact of trauma. Personnel who are involved in the PEI programs will be encouraged to participate in cultural competency and program/system level improvement training to assure successful achievement of each programs' expected outcomes. PEI funded services will contribute to increased capacity among our community partners. Social Marketing of program information will contribute to community level improvements, especially in the areas of reduction of stigma, awareness of and increased access to mental health prevention and early intervention services.

Resources will be also be leveraged by in-kind contributions such as administrative costs and facilities, in addition to the planning activities for establishing additional funding sources. It is anticipated that our community partners will research and submit grant proposals to funding entities seeking to support prevention, education and early intervention services for youth.

These grant funds will contribute to any future expansion of the program, as well as will contribute to program sustainability in the future.

7. Collaboration and System Enhancements

Programs within the Trauma Exposed Individuals Project will serve children, youth, adults and older adults, and their families in collaboration with community based organizations and Monterey County Behavioral Health to offer social and support services that will meet program participants' immediate needs. Resources are leveraged through in-kind contributions and funds from our community partners. Plans for sustainability of each program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

8. Intended Outcomes

Child Advocate Program (CAP)

Individual level outcomes:

- Reduced stigma
- Increased parenting education that promotes healthy relationships and home environments
- Increase individual and family function

Program/system outcomes:

- Reduced disparities in access to mental health services
- Increased access to early intervention services in rural and isolated communities

School-based Domestic Violence Counseling

Individual level outcomes:

- Reduced stigma
- Increased knowledge about parenting a child who exhibits behavioral issues or mental health needs.
- Increased individual and family functioning

Program/system outcomes:

- Reduced disparities in access to mental health services
- Increased access to early intervention services in rural and isolated communities

Critical Incident Debriefing

Individual level outcomes:

- Reduced long term effects of exposure to trauma
- Increased wellness, recovery and resiliency
- Increased individual functioning

Program/system outcomes:

- Reduced disparities in access to crisis mental health services
- Reduced psycho-social impact of trauma exposure

Suicide Prevention Hot Line Expansion

Individual level outcomes:

- Reduced stigma
- Increased individual and family function

Program/system outcomes:

- Reduced disparities in access to mental health services
- Increased access to early intervention services

Alcohol and Drug Early Intervention with PTSD/Adults Criminal Justice System

Individual level outcomes:

- Reduced stigma
- Increased individual and family function

Program/system outcomes:

- Reduced disparities in access to mental health services
- Increased access to early intervention services

As a result of the *Trauma Exposed Individuals* project we expect these changes to occur:

- Short term: increased consumer and family member access to wellness, recovery, and early intervention services; reduced disparities in the consumption of mental health services; increased availability of prevention services;

increased mental health service provider competency; strengthened links between PEI and other Monterey County MHSA components; and the creation and strengthening of links between MCBH and community partners.

- Intermediate term: reduce negative outcomes that may result from untreated mental illness, which may include prolonged suffering, school failure, the removal of children from their homes, incarcerations, chronic unemployment or homelessness, or suicide.

9. Coordination with Other MHSA Components

Capital Facilities and Information Technology: This component is being developed to support PEI with MHSA infrastructure expansion and growth, especially through enhanced computer capabilities. In future years, based on PEI-collected first-time and early access data, PEI may provide information to help make decisions about new facility locations or existing facility expansions.

Community Services and Supports (CSS): This PEI plan proposes to transfer in several programs that provide prevention and early intervention services that are currently being funded by CSS. PEI programs will be coordinated to serve as the first point of entry to wellness and recovery activities in Monterey County'. As warranted, PEI programs will connect consumers, youth and family members to CSS-funded programs and other mental health services available from MCBH and our community providers.

Housing: Monterey County's PEI programs and activities will be available to support the mental and emotional wellbeing of individuals and families who are receiving supportive housing services.

Social Marketing: Social Marketing efforts will support many of the PEI activities, especially those that are intended to increase early access to services through the dissemination of information via mass media campaigns and other strategies.

Workforce Education and Training (WET): PEI programs will be positioned to refer individuals who have been identified through its programs to WET's program which provides access for consumers to state and federal work incentive programs. Our approved WET Plan also includes a youth leadership training component, which works in collaboration with the Avanza Program. WET is positioned to support PEI programs with consumer, youth and family member training in wellness, recovery, and resilience, as well as to provide MCBH and community partners' staff training for trauma assessment, cultural competency and other issues as identified in the WET mental health workforce needs assessment.

10. Additional Comments (optional) None.

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County: *Monterey County*

PEI Project Name: *Children & Youth in Stressed Families*

Date: 08/12/08

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

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

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

Monterey County's initial Mental Health Services Act (MHSA) Community Services & Supports (CSS) community input process was implemented during the spring and summer of 2005 and involved over 1,858 participants in 77 meetings in every region of the County. Stakeholder participants included clients and family members, low-income communities, all ethnic minorities, all age groups, migrant and new immigrant populations, traditionally marginalized populations, community leaders, County agencies, and community based organizations. When required, meetings were conducted in both English and Spanish. Meetings were promoted through extensive media outreach. The original MHSA input process included requests that the community speak to gaps and needs for all components of the MHSA, including Prevention & Early Intervention. The information gathered during this earlier process was then reviewed, analyzed and organized to form the foundation of the community input for the Prevention & Early Intervention (PEI) Plan. In the summer of 2007, we collaborated with the Epidemiology Section of the Monterey County Health Department, which performed a content analysis of the input from those meetings, produced a summary of the findings, which we then presented to the PEI Work Group in a more focused stakeholder planning process.

Monterey County's PEI planning process began in earnest in October of 2007 with the PEI Coordinator organizing and facilitating a series of PEI Work Group meetings as well as more than 20 community forums with various groups, including community based organizations, consumers, youth, family members, concerned community members, professionals and other stakeholders. The groups represented the four regions of Monterey County: South County, North County, Salinas and the Monterey Peninsula. Individuals participating in the forums represented diverse ethnic backgrounds such as, Latino, African-American, Caucasian, Asian American, and monolingual Spanish speaking populations. Consultation was also received from Native American community members and others from un-served or underserved cultural groups. The PEI Coordinator also attended regular meetings held by various community groups, taking the community input process to them, to ensure that as many individuals as possible had the opportunity to become familiar with the PEI planning process and were able to provide their input. The statements of the various community mental health needs derived from the 2005 MHSA community input process were reiterated and confirmed in the 2007 PEI community input process. Input from both efforts were considered and integrated into the resultant draft PEI Plan.

The populations to be served by each Project were first identified by our community stakeholders who participated in the PEI planning process. Subsequent to obtaining clarification from the Oversight & Accountability Commission's Plan Review Team, our PEI Plan has been re-structured as recommended by the OAC Review Team so that we begin each Project's description with the identification of the Priority Population to be served, the primary unmet mental health need of the priority

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population, the programs proposed to address those needs, and the expected outcomes each program in each Project will achieve.

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

The *Children & Youth in Stressed Families* project addresses the following priorities identified in our community planning process: promote mental health awareness; reduce stigma which is often times a barrier that keeps youth and families from accessing mental health services; and prevent the manifestations of serious emotional disturbances and mental illness. The Project includes three programs that will integrate all components of the prevention continuum and meet the identified community mental health needs of the children and youth in stressed families in our communities. These programs will provide services to children, youth and their families throughout Monterey County.

1. **Pathways to Safety:** Under a Memorandum of Understanding with Monterey County Behavioral Health (MCBH), the Monterey County Department of Social and Employment Services will expand the **Pathways to Safety Program**, formerly known as Differential Response, by implementing Phase Two. Phase Two will increase the Program's capacity and service availability for children who have been identified as being at low to moderate risk of harm. Families of children who have been reported to Child Protective Services without substantiated abuse findings will be engaged, assessed and referred to supportive and preventive community based services to ameliorate the issues impacting those families. Families will be equipped with resources that will stabilize and strengthen family functioning through the community engagement and support services offered to them. These efforts will prevent the potential escalation of abuse that often leads to the disruption of healthy social, emotional and psychological development of children. The goals of Pathways to Safety Phase Two are as follows:

- Families are linked to services and resources based on their specific needs
- Services are accessible, family friendly, and culturally appropriate
- Case management support is available as needed
- Eligible families are enrolled in health insurance programs to assure access to screening and medical care
- Families who participate in the program are able to demonstrate improvement in stability and functioning

The PEI funding to be allocated to the Pathways to Safety Program will contribute to the development and implementation of Phase Two. The Department of Social and Employment Services will work in collaboration with The Action Council of Monterey County, a community based organization, on both the development and implementation of Phase Two. Other community based organizations will function as support agencies to provide direct prevention and early intervention services to children and their families who participate in the Program.

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2. **Avanza Program:** The ***Avanza Program*** connects Transition Age Youth (TAY) with community resources, jobs, and educational opportunities. Services are provided by Monterey County Behavioral Health staff, in collaboration with other community partners. Since its expansion in July 2006 as a program in Monterey County's Community Services & Supports TAY Work Plan, services have been expanded to include young adults ages 23-25 in addition to youth ages 16-22, which was the original age group served by the Avanza Program. Avanza is based upon the Transition to Independence (or TIP) Model, an evidence-based practice for working with TAY. TAY, especially those with early signs of mental health challenges, often are in dire need of social supports as they transition into adulthood and opportunities to access such support services are limited. Avanza's goal is to assist, nurture, and empower youth and young adults to make successful decisions as they transition into adulthood with comprehensive case management in the areas of employment, independent living skills, and personal functioning. Avanza also provides youth and young adults with healthy social and recreational opportunities. Additional services available by Avanza include;
- Counseling
 - Access to a Transition Facilitator (Peer Mentor)
 - Healthy and age-appropriate social and recreational activities;
 - Access to a variety of support groups, including but not limited to: a "Girl's Group" and "Life-skills Group".

TAY participate in the Avanza program on a volunteer basis. The referral process is by self-referral or by referrals made by any organization in the community serving youth, e.g. Monterey County Department of Social and Employment Services, Juvenile Probation, and schools.

Avanza also offers TAY to develop leadership skills and to assume leadership roles within the program. The Monterey County Youth Council is a group comprised of Avanza participants who are learning how to use their voice to make recommendations to the programs and policies governing their program and the services it provides. This gives TAY the opportunity to receive education regarding changes affecting mental health services for youth and to become participants in the transformation process. In addition, Youth Council members also participate in other sub-committees where they can interject their ideas and bring concerns that affect services for youth forward to program managers and policy makers. The Youth Council meets twice a month and is open to TAY who are willing to empower themselves and assist in making positive changes in programs that provide services to youth.

PEI funding will be allocated to allow for an expansion of this program to include prevention and early intervention services. Thirty additional (30) TAY will be served on an annual basis.

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- 3. TAY Wellness Center:** The *TAY Wellness Center* is an approved program in Monterey County's Community Services & Supports (CSS) Plan. Over the past two years, program planning and the search for an appropriate location for the Center have been on-going. Limited services have been provided and funding has been included in Monterey County's proposed Capital Facilities Plan. We are requesting to transfer this program to PEI, as the program's objectives are clearly prevention and early intervention focused. The TAY Wellness Center will provide a location for a continuum of social support and vocational services for transition age youth (TAY). The TAY Wellness Center focus is "youth-driven" and provides the opportunity for TAY consumers of mental health services to become peer mentors and eventually assume leadership roles within the program. Peer mentors will provide outreach to youth by providing education and program information with the purpose of bridging the gap between TAY and services in the community. This will include identifying 'at risk' youth beginning to 'age out' of foster care and the children's mental health system of care services, by providing mentoring supports with the goal of engaging them in services. Traditionally, TAY aging out of systems of service have 'dropped out' of treatment programs and face the challenges of homelessness, substance abuse, incarceration and risk of development of more severe mental health issues. The approach of the TAY Wellness Center will create a safe haven for TAY to gain support, gain the skills they need to thrive on their own and be successful in their transition to adulthood.

The TAY Wellness Center program, in concert with the Avanza Program, will also include the development of self-help, peer support and youth and family-run programs, to include youth as peer providers in clinical settings and to develop youth training programs, including youth and family member leadership training programs. This component is being supported by our approved Workforce Education & Training Plan. Services provided through the TAY Wellness Center will include values-driven evidence-based and promising practices that are culturally and linguistically appropriate. The programs of the TAY Wellness Center and Avanza will integrate overall service planning and supportive housing, employment, and/or education goals that are consistent with the cultural values of the TAY and his/her community. The TAY Wellness Center will also create linkages to supportive employment including development of job options for TAY, such as social enterprises, agency supported positions, and competitive employment options with equal pay and benefits. Recreation and social activities, with TAY involved in the planning and development of such activities will also be a component of the TAY Wellness Center. In addition, support services will be available to parents and other family members of TAY accessing services through the Center. These support services will focus on improving family functioning, increasing mental health awareness and promoting wellness and recovery.

The PEI funds to be allocated to the *TAY Wellness Center* program will continue and enhance this existing program, which is currently included in our approved CSS TAY Work Plan, and is being proposed for transfer to PEI.

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We are working with all of our collaborative partners to develop the programs' timelines for implementation, which will include identification of milestones.

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	
Pathways to Safety	Individuals: Families: 90	Individuals: Families: 90	12
AVANZA	Individuals: 15 Families:	Individuals: 15 Families:	12
TAY Wellness Center	Individuals: 25 Families:	Individuals: 25 Families:	12
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 40 Families:90	Individuals: 40 Families:90	

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

Links to Mental Health Service Providers:

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Key community partners and service providers include community based organizations providing counseling, support groups, domestic violence counseling and prevention services, mental health prevention education on issues such as parenting, community violence prevention, domestic violence prevention, general education, self esteem for youth, and other crucial issues families, children and youth often encounter. Partnerships that are in the formative stage, as well as that already in existence, will lead to the development and/or refinement of an effective referral system that will link individuals to more extensive services as needed.

Leveraged Resources and Links to Outcomes at the Individual/family, Program/system, or Community Levels:

Leveraged Resources: The *Pathways to Safety*, the *Avanza* and the *TAY Wellness Center* programs are being expanded with PEI funds, and these programs' existent funds, which include in-kind services provided by community partners, are likely to continue beyond the first year of PEI Plan implementation. Community agencies will be encouraged work with the Community Foundation of Monterey County's "Management Assistance Program" (MAP) for access to a series of training workshops. All workshops are open to the community, staff, community members, stakeholders, peers.

Links to Outcomes at the Individual/Family Level: Individuals will receive the necessary support, and mental health prevention and early intervention services that will promote wellness and recovery. Family members will become better equipped to provide supportive family environments for individuals in recovery from mental health illness.

Links to Outcomes at the Program/System or Community Level: Support, prevention and early intervention programs will be readily available to serve individuals who would traditionally refrain from accessing services, overcoming cultural and language barriers as well as reducing stigma about mental health. As a result of service availability in non-traditional setting there will be positive community impact with more individuals leading healthy and thriving lives.

All personnel involved in these PEI programs will be required to participate in cultural competency and program/system level improvement training to assure successful achievement of each program's expected outcomes. PEI funded services will contribute to increased capacity among our community based organization partners. Social Marketing of program information will contribute to community level improvements, especially in the areas of reduction of stigma, and awareness of and increased access to mental health services.

7. Collaboration and System Enhancements

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Pathways to Safety is a collaborative effort between Monterey County Behavioral Health, Monterey County Department of Social and Employment Services and numerous community based service organizations which provide services throughout Monterey County.

The **Avanza Program** and the **TAY Wellness Center** are provided by Monterey County Behavioral Health staff, in collaboration with other community partners.

Plans for program sustainability will be developed and cultural competency training needs and other technical assistance will be identified and provided accordingly.

1. Intended Outcomes

Pathways to Safety will serve 180 families, of which 75% of families will demonstrate improvement in the following outcome domains based upon pre/post family assessments:

- Parental Capabilities
- Family Interactions
- Family Safety
- Child Well-Being
- Social Community-Life
- Self-Sufficiency
- Family Health

Avanza will serve 30 youth, of which 75% individuals by Year 2 will demonstrate improvement in the following outcome domains based upon pre/post assessments:

- Improved personal function
- Improved decision making skills
- Improved independent living skills
- Number of screening and referrals for counseling services

TAY Wellness Center will serve 50 youth, of which 75% will demonstrate improvement in the following outcome domains based on pre/post assessments and consumer perception surveys:

- Development of youth leadership skills
- Utilization of employment services

- Accomplishment of continued education
- Improvement in social skills
- Improvement in life skills and functioning

As a result of the ***Prevention Services for Children and Youth in Stressed Families*** Project we expect these changes to occur:

- Short term: increased child, youth and family member access to wellness and recovery education, and early intervention services; reduced disparities in the utilization of mental health services; increased utilization of prevention services; increased service provider competency; and the creation and/or strengthening of links between MCBH and community partners.
- Intermediate term: decreased negative outcomes that may result from untreated mental illness, which may include prolonged suffering, school failure, the removal of children from their homes, incarcerations, chronic unemployment or homelessness, or suicide.

9. Coordination with Other MHSA Components

Capital Facilities and Information Technology: This component is being developed to support PEI with MHSA infrastructure expansion and growth, especially through enhanced computer capabilities. In future years, based on PEI-collected first-time and early access data, PEI may provide information to help make decisions about new facility locations or existing facility expansions.

Community Services and Supports (CSS): This PEI plan proposes to transfer in several programs that provide prevention and early intervention services that are currently being funded by CSS. PEI programs will be coordinated to serve as the first point of entry to wellness and recovery activities in Monterey County'. As warranted, PEI programs will connect consumers, youth and family members to CSS-funded programs and other mental health services available from MCBH and our community providers.

Housing: Monterey County's PEI programs and activities will be available to support the mental and emotional wellbeing of individuals and families who are receiving supportive housing services.

Social Marketing: Social Marketing efforts will support many of the PEI activities, especially those that are intended to increase early access to services through the dissemination of information via mass media campaigns and other strategies.

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Workforce Education and Training (WET): PEI programs will be positioned to refer individuals who have been identified through its programs to WET's program which provides access for consumers to state and federal work incentive programs. Our approved WET Plan also includes a youth leadership training component, which works in collaboration with the Avanza Program. WET is positioned to support PEI programs with consumer, youth and family member training in wellness, recovery, and resilience, as well as to provide MCBH and community partners' staff training for trauma assessment, cultural competency and other issues as identified in the WET mental health workforce needs assessment.

10. Additional Comments (optional) None.

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County: *Monterey County*

PEI Project Name: *Children & Youth at Risk of or Experiencing Juvenile Justice Involvement* **Date:** 08/12/08

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

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

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

Monterey County's initial Mental Health Services Act (MHSA) Community Services & Supports (CSS) community input process was implemented during the spring and summer of 2005 and involved over 1,858 participants in 77 meetings in every region of the County. Stakeholder participants included clients and family members, low-income communities, all ethnic minorities, all age groups, migrant and new immigrant populations, traditionally marginalized populations, community leaders, County agencies, and community based organizations. When required, meetings were conducted in both English and Spanish. Meetings were promoted through extensive media outreach. The original MHSA input process included requests that the community speak to gaps and needs for all components of the MHSA, including Prevention & Early Intervention. The information gathered during this earlier process was then reviewed, analyzed and organized to form the foundation of the community input for the Prevention & Early Intervention (PEI) Plan. In the summer of 2007, we collaborated with the Epidemiology Section of the Monterey County Health Department, which performed a content analysis of the input from those meetings, produced a summary of the findings, which we then presented to the PEI Work Group in a more focused stakeholder planning process.

Monterey County's PEI planning process began in earnest in October of 2007 with the PEI Coordinator organizing and facilitating a series of PEI Work Group meetings as well as more than 20 community forums with various groups, including community based organizations, consumers, youth, family members, concerned community members, professionals and other stakeholders. The groups represented the four regions of Monterey County: South County, North County, Salinas and the Monterey Peninsula. Individuals participating in the forums represented diverse ethnic backgrounds such as, Latino, African-American, Caucasian, Asian American, and monolingual Spanish speaking populations. Consultation was also received from Native American community members and others from un-served or underserved cultural groups. The PEI Coordinator also attended regular meetings held by various community groups, taking the community input process to them, to ensure that as many individuals as possible had the opportunity to become familiar with the PEI planning process and were able to provide their input. The statements of the various community mental health needs derived from the 2005 MHSA community input process were reiterated and confirmed in the 2007 PEI community input process. Input from both efforts were considered and integrated into the resultant draft PEI Plan.

The populations to be served by each Project were first identified by our community stakeholders who participated in the PEI planning process. Subsequent to obtaining clarification from the Oversight & Accountability Commission's Plan Review Team, our PEI Plan has been re-structured as recommended by the OAC Review Team so that we begin each Project's description with the identification of the Priority Population to be served, the primary unmet mental health need of the priority

population, the programs proposed to address those needs, and the expected outcomes each program in each Project will achieve.

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

The Children **& Youth at Risk of or Experiencing Juvenile Justice Involvement** project is designed to address the needs and priorities that were identified in the community planning process by increasing prevention, education and early intervention efforts to promote mental health awareness. Increased awareness about mental health will reduce stigma among unserved and underserved populations in Monterey County. Stigma is often times the greatest barrier that keeps individuals from seeking and accessing mental health services. Community members consistently identified nontraditional settings such as homes, schools, neighborhoods, and community organizations as means of effective outreach to vulnerable populations, especially those who may be experiencing anxiety, depression, trauma, or co-occurring disorders. Details of how the *Children & Youth at Risk of or Experiencing Juvenile Justice Involvement* project links to Monterey County demographics and community needs, stakeholder input, and priority populations is contained in the project’s program description:

1. **Youth Diversion Program:** The **Youth Diversion Program** will be a partnership between local law enforcement, schools and Behavioral Health to intervene in the early incidence of juvenile delinquency by serving youth at risk of school failure and at risk of juvenile justice involvement with counseling services. Youth who commit misdemeanor crimes will be referred to the *Youth Diversion Program* as an alternative to facing prosecution and serving a sentence in juvenile hall. The *Youth Diversion Program* is designed to assess the emotional and mental health needs of youth who are at risk of school failure and involvement in the juvenile justice system.

The *Youth Diversion Program* will serve youth and families in several ways. Once a youth is identified by local law enforcement and referred to the Program for a mental health assessment, parenting education and family counseling will be offered to those youth and families who are in need of services and who agree to participate in the program. Parenting education provided to parents of youth participating in the *Youth Diversion Program* will focus on issues such as promoting self-esteem, communicating with youth, developing listening skills, and overcoming peer pressure and modern day influences. Often communication between parents and youth at the time of referral to the program has become limited and/or hostile. In most cases the lack of communication leads a young person to feel as though they cannot express their needs to their parents for fear of being misunderstood, rejected or ridiculed. Parents in turn may be setting this tone in their communication with the youth without realizing it. Understanding the peer pressure that youth get from their peers and the influences from within or outside the community in which they live will better

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assist parents in guiding their youth to overcome unhealthy societal influences and thrive in a healthy home environment.

Youth participants of the *Youth Diversion Program* will receive brief counseling to address issues concerning behavior modification, drug and/or alcohol use, suicidal ideations, family matters and other issues. Youth will be given the opportunity to explore the reasons why they engage in criminal activity and how to seek alternative healthy activities. In some cases youth who tend to engage in criminal activity have begun to establish ties with gangs in their neighborhoods and communities. Youth who associate with gangs often choose to do so in order to fill an emotional or social void, and to gain a sense of belonging from the gang. Brief counseling services will help intervene at the early stage of a youth's delinquency by addressing emotional and mental health needs and equipping the individual with coping skills, communication skills and problem solving skills.

The goals of the *Youth Diversion Program* are to:

- Coordinate community resources and provide the youth to referrals to mental health professionals;
- Promote healthy family environments;
- Provide parent education and awareness, assist parents in identifying their children's social, emotional and mental health needs; and,
- Reduce recidivism in criminal activity by addressing emotional and psychological needs of youth through the provision of mental health early intervention services.

The partnership between law enforcement, schools, community based organizations providing counseling services for youth and Monterey County Behavioral Health will establish a referral system network that will identify youth and their families who are in need of mental health early intervention services. Youth and their families will gain access to the *Youth Diversion Program* by referral. It is anticipated that 25 youth and their families will be served in the first year of implementation.

We are working with all of our collaborative partners to develop the program's timelines for implementation, which will include identification of milestones.

4. Programs

PEI PROJECT SUMMARY

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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	
Youth Diversion Program	Individuals: Families:	Individuals: 25 Families: 25	12
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 0 Families:0	Individuals: 25 Families:25	

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

Links to Mental Health Service Providers: The *Children & Youth at Risk of ore Experiencing Juvenile Justice Involvement* project will bridge gaps in the community with new partnerships that will implement a program specifically designed to meet the needs of youth in Monterey County. The partnerships will ensure that un-served and underserved populations will become aware of available mental health services and will also gain awareness about mental health issues. The program is also designed to reduce disparities in access to mental health services due to discrimination and stigma.

Links to Other Needed Services: The partnerships that are established and built upon as a result of the prevention and education programs will also provide enhancements to the referral system network consisting of community based organizations and county operated programs. A referral system will ensure that individuals served through prevention, education and early intervention programs are also better equipped to access other support services that will meet immediate needs.

Leveraged Resources and Links to Outcomes at the Individual/family, Program/system, or Community Levels:

PEI PROJECT SUMMARY

Form No. 3

The *Youth Diversion Program* will provide direct services on the individual and family level. Social Marketing of program information will contribute to community level improvements, especially in the areas of reduction of stigma, and awareness of and access to services. Personnel who are involved in the PEI programs will be encouraged to participate in cultural competency and program/system level improvement training. PEI funded services will contribute to increased capacity among our nonprofit organization partners.

Resources will be leveraged by in-kind contributions such as administrative costs and facilities, in addition to the planning activities for establishing additional funding sources. It is anticipated that our community partners will research and submit grant proposals to funding entities seeking to support prevention, education and early intervention services for youth. These grant funds will contribute to any future expansion of the program, as well as will contribute to program sustainability in the future.

7. Collaboration and System Enhancements

It is anticipate that the *Youth Diversion Program* will operate in collaboration with the Monterey Peninsula Unified School District, the Seaside Police Department and Monterey County Behavioral Health. The partnership will work together to serve youth and will seek measures to expand their partnerships to include community based organizations that will assist in meeting immediate needs. Plans for sustainability of the program will be developed in collaboration with community partners, key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

8. Intended Outcomes

Youth Diversion Program

Individual level outcomes:

- Reduced stigma
- Increased knowledge parent education concerning social, emotional and mental health needs of youth
- Increased parenting education that promotes healthy relationships and home environments
- Increased individual and family functioning

Program/system outcomes:

- Reduced disparities in access to mental health services
- Increased access to early intervention services

As a result of the *Children & Youth at Risk of or Experiencing Juvenile Justice Involvement* project we expect these changes to occur:

- Short term: increased consumer and family member access to wellness, recovery, and early intervention services; reduced disparities in the utilization of mental health services; increased availability of prevention services; increased mental health service provider competency; strengthened links between PEI and other Monterey County MHSAs components; and the creation and strengthening of links between MCBH and community partners.
- Intermediate term: reduce negative outcomes that may result from untreated mental illness, which may include prolonged suffering, school failure, the removal of children from their homes, incarcerations, chronic unemployment or homelessness, or suicide.

9. Coordination with Other MHSAs Components

Capital Facilities and Information Technology: This component will support PEI programs with MHSAs infrastructure expansion and growth, especially through enhanced computer capabilities. In future years, based on PEI-collected first-time and early access data, PEI programs may provide information to help make decisions about new facility locations or existing facility expansions.

Community Services and Supports (CSS): This PEI plan proposes to transfer in several programs that provide prevention and early intervention activities that are currently being funded by CSS. PEI programs will be coordinated to serve as the first point of entry to wellness and recovery for mental health services and activities in Monterey County'. As warranted, PEI will connect consumers, youth and family members to CSS programs and other mental health services available from MCBH and our community providers.

Housing: Monterey County's PEI programs and activities are intended to support the mental and emotional wellbeing of individuals and families who are receiving supportive housing services.

Social Marketing: Social Marketing efforts will support many of the PEI activities, especially those that are intended to increase early access to services through the dissemination of information via mass media campaigns and other marketing activities and other strategies.

Workforce Education and Training (WET): PEI programs will be positioned to refer individuals who have been identified through its programs to WET's program which provides access for consumers to state and federal work incentive programs. WET is

PEI PROJECT SUMMARY

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positioned to support PEI programs with consumer, youth and family member training in wellness, recovery, and resilience, and to provide MCBH and community partner staff training in trauma assessment, cultural competency and other issues as identified in the WET mental health workforce needs assessment.

10. Additional Comments (optional) None.

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name:	Monterey				Date:	9/3/08	
PEI Project Name:	Trauma Exposed Individuals						
Provider Name (if known):	County of Monterey						
Intended Provider Category:	County Agency						
Proposed Total Number of Individuals to be served:		FY 07-08	0	FY 08-09	0		
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	0		
Months of Operation:		FY 07-08	0	FY 08-09	12		
					Total Program/PEI Project Budget		
Proposed Expenses and Revenues				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							
a. Facility Cost							
			\$ -	\$ -	\$ -		
b. Other Operating Expenses							
			\$ -	\$ -	\$ -		
c. Total Operating Expenses							
			\$ -	\$ -	\$ -		
3. Subcontracts/Professional Services (list/itemize all subcontracts)							
	Alcohol and Drug Early Intervention		\$ -	\$ 70,000	\$ 70,000		
	Child Advocacy Program		\$ -	\$ 60,000	\$ 60,000		
	Critical Incident Debriefing		\$ -	\$ 5,500	\$ 5,500		
	School Based Domestic Violence Counseling		\$ -	\$ 75,000	\$ 75,000		
	Suicide Prevention Hot Line Expansion		\$ -	\$ 87,000	\$ 87,000		
			\$ -	\$ -	\$ -		
a. Total Subcontracts							
			\$ -	\$ 297,500	\$ 297,500		
4. Total Proposed PEI Project Budget							
			\$ -	\$ 297,500	\$ 297,500		
B. Revenues (list/itemize by fund source)							
			\$ -	\$ -	\$ -		
			\$ -	\$ -	\$ -		
			\$ -	\$ -	\$ -		
1. Total Revenue							
			\$ -	\$ -	\$ -		
5. Total Funding Requested for PEI Project							
			\$ -	\$ 297,500	\$ 297,500		
6. Total In-Kind Contributions 15% of contracted services							
			\$ -	\$ 44,625	\$ 44,625		

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name:	Monterey	Date:	9/3/08		
PEI Project Name:	Children & Youth at Risk of or Experiencing Juvenile Justice Involvement				
Provider Name (if known):	County of Monterey				
Intended Provider Category:	County Agency				
Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09	0	
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	0	
Months of Operation:	FY 07-08	0	FY 08-09	12	
			Total Program/PEI Project Budget		
Proposed Expenses and Revenues			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					
a. Facility Cost					
			\$ -	\$ -	\$ -
b. Other Operating Expenses			\$ -	\$ -	\$ -
c. Total Operating Expenses			\$ -	\$ -	\$ -
3. Subcontracts/Professional Services (list/itemize all subcontracts)					
	Youth Diversion Program			\$ 50,000	\$ 50,000
a. Total Subcontracts			\$ -	\$ 50,000	\$ 50,000
4. Total Proposed PEI Project Budget			\$ -	\$ 50,000	\$ 50,000
B. Revenues (list/itemize by fund source)					
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
1. Total Revenue			\$ -	\$ -	\$ -
5. Total Funding Requested for PEI Project			\$ -	\$ 50,000	\$ 50,000
6. Total In-Kind Contributions			\$ -	\$ 7,500	\$ 7,500
	15% of contracted services				

PEI Administration Budget Worksheet

Form No. 5

County: Monterey

Date: 09/03/2008

	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 Support Staff	0.5	0.5	\$0	\$16,339	\$16,339
b.			\$0	\$0	\$0
c. Other Personnel (list all classifications)			\$0	\$0	\$0
_____			\$0	\$0	\$0
_____			\$0	\$0	\$0
_____			\$0	\$0	\$0
d. Employee Benefits			\$0	\$4,302	\$4,302
e. Total Personnel Expenditures			\$0	\$20,641	\$20,641
2. Operating Expenditures					
a. Facility Costs			\$0	\$7,841	\$7,841
b. Other Operating Expenditures			\$0	\$4,765	\$4,765
c. Total Operating Expenditures			\$0	\$12,606	\$12,606
3. County Allocated Administration					
a. Total County Administration Cost			\$0	\$0	\$0
4. Total PEI Funding Request for County Administration Budget			\$0	\$33,247	\$33,247
B. Revenue					
1 Total Revenue			\$0	\$0	\$0
C. Total Funding Requirements			\$0	\$33,247	\$33,247
D. Total In-Kind Contributions			\$5,768	\$5,768	\$11,535

**Mental Health Services Act
Prevention and Early Intervention Component
Underserved and Unserved Cultural Populations
FY 2007-08 and 2008-09**

A. EXPENDITURES

Personnel Expenditures

All of the recruitments will be conducted in accordance with County policy, and will stress the desire to hire staff that is linguistically and ethnically diverse. Total personnel costs amount to **\$840,854**. This amount is a sum of salaries and benefits and taxes shown below.

- a. Salaries and Wages. Costs for salaries and wages amount to **\$620,923**. It includes costs for; 0.4 FTE Behavioral Health Services Manager II at **\$39,698**, 3.0 FTE Social Worker III at **\$225,000**, 2.5 FTE Psychiatric Social Worker II at **\$183,500**, 0.25 FTE Psychiatrist at **\$52,725**, and 2.0 FTE or consumers or family members at **\$120,000**.
 - i. 0.40 FTE Behavioral Health Services Manager will oversee and monitor the daily functions of behavioral health operated programs.
 - ii. 3.00 FTE Social Worker III will perform system navigation functions to include consumer and family advocacy, referral system development and implementation for services within the mental health system and in collaboration with community services available throughout Monterey County.
 - iii. 2.0 FTE Psychiatric Social Worker will provide school based services for populations identified under the MHSA CSS community involvement process. The additional 0.50 FTE Psychiatric Social Worker II will provide family support group services.
 - iv. 0.25 FTE Psychiatrist will bring extensive experience in most theories of traditional and alternative mental health to consumer support groups, introducing a holistic orientation to mental health.
 - v. The 2 FTE Social Workers or their equivalent will provide services in partnership with other consumers in the development and implementation of the Peer to Peer Counseling program.
- b. Benefits and Taxes. Benefits are estimated at **\$219,931** and include costs for P.E.R.S., social security, pre-tax flex plan, post-tax flex plan, and life insurance.

Operating Expenditures

Total operating expenses amount to **\$48,906**.

- a. Facility Cost. None

- b. Other Operating Expenses. Other operating expenses are estimated at **\$48,906** and it includes costs for Internet access, email, computer support, telephone, enterprise allocation, and rental of space.

Subcontracts/Professional Services

This category totals **\$1,582,508**.

- a. Toll-Free 24/7 Telephone Referral System (211) Initiative **\$25,000**. This represents the costs for support in the development and implementation of a county-wide 211 referral line where potential consumers will receive a direct referral to mental health services.
- b. Adult Wellness Center **\$258,502**. This represents the costs of a contract with a local community based organization for the ongoing operations of a Wellness Center. The contract is currently in place as established under MHSA CSS and is now being allocated under MHSA PEI to align the goals of the wellness center with the intentions of the MHSA PEI component.
- c. African American Community Partnership **\$127,000**. This represents the cost for a contract with a local community based organization for services to the African American community by conducting outreach and engagement activities, mental health prevention counseling services as well as community education. Of this funding, \$107,000 is asked from MHSA prevention Early Intervention and \$10,000 is anticipated from federal financial participation revenue. Of the total \$127,000; \$97,000 was originally budgeted under MHSA CSS and \$30,000 is being asked as an augmentation.
- d. Community Warm Line **\$82,000**. This represents the costs for a contract with a local community based organization for a warm line which will provide consumers and family members with a 24 hour telephone service providing social support and referrals information.
- e. Depression and Anxiety Screening **\$25,000**. This represents costs to coordinate and host four (4) community wide depression and anxiety screening events for transition age youth, adults, and older adults. The costs are anticipated to be part of a contract but the County may elect to provide these services at its discretion.
- f. Early Intervention-Secure Families **\$164,365**. This represents costs for mental health screening and assessment services to children ages 0-5. The costs are anticipated to be part of a contract but the County may elect to provide these services at its discretion.
- g. Emotions Anonymous Groups **\$10,000**. This represents the costs for a contract with a local community based organization to run emotions and schizophrenia anonymous groups for adults and older adults.
- h. LGBTQ Community Partnership **\$116,340**. This represents the costs for a contract with a local community based organization for provision of outreach (\$50,000) and prevention counseling services (66,340) from a local community based organization.

- i. Multilingual Parenting **\$146,981**. This represents educational services about mental health issues for multilingual parents offered by a local community organization.
- j. Network of Care **\$24,000**. This represents costs for a contract with the Trilogy Integrated Resources, LLC for the maintenance of the Network of Care website.
- k. Prevention Services for Native American Youth **\$85,000**. This represents costs for a contract with a local community based organization for provision of alternative prevention and early intervention services specifically developed to address the mental health needs of Native American youth.
- l. Latino Community Partnership – Promotores **\$130,320**. This represents the costs for a contract with a local community based organization for the provision of training by Promotores de Salud to consumers in their own neighborhood or place of work.
- m. Latino Community Partnership - Promotores Expansion for Older Adults **\$40,000**. This represents an expansion of a contract mentioned in item l above. The training would be specific to older adults.
- n. Mental Health Screening for 0-8 Children **\$110,000**. This represents the costs for provision of screening services to children ages 0-8. The costs are anticipated to be part of a contract but the County may elect to provide these services at its discretion.
- o. Senior Peer Counseling and Expansion **\$138,000**. This represents costs for a contract with a community based organization to provide peer counseling services to Monterey County seniors with mental health needs.
- p. Social Marketing **\$100,000**. This represents the costs for a contract with a social marketing firm to help Monterey County develop a social marketing plan to reach underserved populations.

Total Proposed PEI budget

The overall expenditure level for this program is **\$2,472,269**.

B. Revenues.

Other revenues for this program are estimated at **\$50,000** in Federal Financial Participation.

5. Total Funding Requested **\$2,422,269**. The total funding requested is the difference between the total expenditures of \$2,472,269 and \$50,000 in offsetting Federal Financial Participation revenue.

6. Total In-Kind Contributions are estimated at **\$237,376**. This estimation was derived after surveying some community based organizations and establishing 15% average in-kind contributions from organizations that currently contract with the County.

Budget Narrative
Mental Health Services Act Prevention and Early Intervention Component
Trauma Exposed Individuals
FY 2007-08 and 2008-09

A. EXPENDITURES

Personnel Expenditures

No salaries, Wages, and Benefits are budgeted in this program

Operating Expenditures

No operating expenditures for this program

Subcontracts/Professional Services

This category totals **\$297,500**.

- a. Alcohol and Drug Early Intervention \$70,000. This represents costs for a contract with a community based organization to provide alcohol and drug early intervention services to transition age youth and adults.
- b. Child Advocacy Program **\$60,000**. This represents the costs for a contract to provide services to the un-served and underserved populations by providing early interventions, parent education, social support services and referrals to mental health services.
- c. Critical Incident Debriefing **\$5,500**. This represents costs for a contract to provide immediate services at or near the site of a critical incident with the intention of alleviating the short term and long term impact of trauma. The costs are anticipated to be part of a contract but the County may elect to provide these services at its discretion.
- d. School-Based Domestic Violence Counseling **\$75,000**. This represents costs for a contract with a local community based organization to provide counseling services at 10 schools at \$7,500 per school per year.
- e. Suicide Prevention Hotline Expansion **\$87,000**. This represents the costs for a contract with a local community based organization to provide a suicide prevention crisis line.

Total Proposed PEI budget

The overall expenditure level for this program is **\$297,500**.

b. Revenues

- A. No other revenues are anticipated for this program.

5. Total Funding Requested for PEI Project: **\$297,500**

6. Total In-Kind Contributions are estimated at **\$44,625**. This estimation was derived after surveying some community based organizations and establishing 15% average in-kind contributions from organizations that currently contract with the County.

Budget Narrative
Mental Health Services Act Prevention and Early Intervention Component
Children & Youth at Risk of or Experiencing Juvenile Justice Involvement
FY 2007-08 and 2008-09

A. EXPENDITURES

Personnel Expenditures

No salaries, Wages, and Benefits are budgeted in this program

Operating Expenditures

No Operating expenditures for this program

Subcontracts/Professional Services

This category totals **\$50,000**.

- a. Youth Diversion Program **\$50,000**. This represents costs for a contract with a local community organization to provide counseling services in partnership with local law enforcement and schools.

Total Proposed PEI budget

The overall expenditure level for this program is **\$50,000**

B. Revenues

No other revenues are anticipated for this program.

5. Total Funding Requested for PEI Project: **\$50,000**

6. Total In-Kind Contributions are estimated at **7,500**. This estimation was derived after surveying some community based organizations and establishing 15% average in-kind contributions from organizations that currently contract with the County.

No in-kind contributions are anticipated for this program at this time.

Budget Narrative
Mental Health Services Act Prevention and Early Intervention Component
Children and Youth in Stressed Families
FY 2007-08 and 2008-09

A. EXPENDITURES

Personnel Expenditures

All of the recruitments will be conducted in accordance with County policy, and will stress the desire to hire staff that is linguistically and ethnically diverse. Total personnel costs amount to **\$160,000**. This amount is a sum of salaries and wages and benefits and taxes shown below.

a. Salaries and Wages

Costs for Salaries and wages amount to **\$120,000**. It includes costs for a 2 FTE Social Worker III to work with transition age youth as an expansion of the AVANZA program by conducting outreach and engagement activities as well as providing direct social support and mental health services.

b. Benefits and Taxes

Benefits are estimated at **\$40,000** and include costs for P.E.R.S., social security, pre-tax flex plan, post-tax flex plan, and life insurance.

Operating Expenditures

Operating expenditures for this program are estimated at **\$12,951** per year.

b. Other Operating Expenses. Operating expenditures are estimated at **\$12,951** to cover costs of Internet access, e-mail, computer support, telephone, rental of space, and enterprise allocation for 2 FTE. The annual cost per FTE is \$6,475.50 is pro-rated to cover 2 FTE in this program.

Subcontracts/Professional Services

This category totals **\$381,734**.

Pathways to Safety **\$150,000**. This represents costs for the development and implementation of Pathways to Safety Phase 2, also known as Differential Response. Services provided will include outreach and engagement activities to identified families with children whose child abuse reports are deemed to be without substantiated abuse, and instead have dire needs for mental health services.

Transition Age Youth Wellness Center **\$231,734**. This represents the partial costs for the operation of a Youth Wellness Center. The costs are anticipated to be part of a contract but the County may elect to provide these services at its discretion.

Total Proposed PEI budget

The overall expenditure level for this program is **\$554,685**.

B Revenues.

No other revenues are anticipated for this program.

5. Total Funding Requested for PEI Project: **\$554,685**

6. Total In-Kind Contributions are estimated at **\$57,260**. This estimation was derived after surveying some community based organizations and establishing 15% average in-kind contributions from organizations that currently contract with the County.

Budget Narrative
Mental Health Services Act Prevention and Early Intervention Component
Administration
FY 2007-08 and 2008-09

EXPENDITURES

1. Personnel Expenditures

All of the recruitments will be conducted in accordance with County policy, and will stress the desire to hire staff that is linguistically and ethnically diverse. Total personnel costs amount to **\$20,641** for fiscal year (FY) 2008-09 and include costs for an Office Assistant only. The costs for the **Prevention and Early Intervention Coordinator are covered by the planning funds approved during FY 2007-08** and are not included in this budget as requested by the Department of Mental Health on their letter dated July 8, 2008. The overall amount is a sum of salaries and wages and benefits and taxes shown below.

- a. Salaries and Wages. FY 2008-09. Costs for Salaries and wages amount to \$20,641. It includes costs for a 0.5 FTE Office Assistant for 12 months (\$16,339). The 0.5 FTE Office Assistant will provide clerical support to the PEI Coordinator.
- b. Benefits and Taxes. Benefits are estimated at \$4,302 for FY 2008-09 and include costs for P.E.R.S., social security, pre-tax flex plan, post-tax flex plan, and life insurance.

2. Operating Expenditures.

Operating expenditures for this program are estimated at \$33,247 per year. **The remaining operating expenditures were included in the planning request submitted and approved during FY 2007-08.**

- a. Facility Cost. Rental costs are estimated at \$3,741 per year for 1.5 FTE for rental of buildings. The annual cost per FTE is estimated at \$2,494 and is prorated according to the number of FTEs in this program. Additionally costs for janitorial supplies \$500, janitorial services \$1,000, building maintenance outside services \$600, building maintenance \$500, alarm services \$600, and utilities \$900 amount to a total of \$4,100. The overall total for facilities costs is \$7,841. The facilities costs such as maintenance of buildings is allocated to all programs costs as these costs are incurred but are originally budgeted in the Administration budget.
- b. Other Operating Expenses. Operating expenditures are estimated at \$4,765 for office supplies. All other operating costs have already been included in the previously approved planning funds requests.

3. County Allocated Administration.

No allocated A-87 County Administration is budgeted as this time.

4. Total Proposed PEI budget for Administration \$33,247.

REVENUES

No other revenues are anticipated for this program.

5. Total Funding Requested for PEI Project: \$33,247

6. Total In-Kind Contributions: In-Kind Contribution of \$3,845 County overhead (A87) x 1.5 FTE = \$5,767.50 is estimated for each year times two years = \$11,535.

LOCAL EVALUATION OF A PEI PROJECT (Form No. 7)

County: Monterey County

Date: September 3, 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.

2.

Monterey County will evaluate its Children & Youth in Stressed Families (CYSF) project.

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

The CYSF project was selected for evaluation for the following reasons:

- It addresses one of the most-often mentioned needs identified in the stakeholder process: services for children and youth ages 0-25 in stressed families.
- It will provide children and youth with nontraditional (school and community) portals of entry to prevention, early intervention and supportive services, which is an important component of our mental health system transformation.
- It is comprised of three distinct, evidence-based programs – all of which provide opportunity to measure client/family level and program/system level outcomes.
- It provides early intervention strategies that are based on individual and family needs, strengths, and resiliencies through the encouragement of wellness, personal empowerment, and growth.
- It works to avoid and/or lessen the impacts of SED to provide a more stable base for maintaining healthy lives. When needed, it links consumers to a network of supportive services for SED and SMI.

To meet these purposes, the Children & Youth in Stressed Families project was designed around three programs addressing family functioning, youth supports and leadership, and young adult self-determination:

LOCAL EVALUATION OF A PEI PROJECT (Form No. 7)

1. **Pathways to Safety** – providing assessment and referral to families with children ages 0-17 that have had unsubstantiated abuse and neglect reports to Child Protective Services, for the purposes of addressing and improving family function.
 2. **Avanza Program (Expansion)** – assisting, nurturing, and empower case-managed young adults ages 16 - 25 to make successful decisions as they transition into adulthood, with intensive and comprehensive interventions in the areas of (a) employment, (b) independent living skills, and (c) personal functioning.
 3. **Transition Age Youth (TAY) Wellness Center** – providing youth ages 16-25 with (a) leadership training, (b) vocational assessment and options, job training, and employment supports, and (c) housing supports, through self-directed, self-help practices.
2. What are the expected person/family-level and program/system-level outcomes for each program?

The following page contains a concise summary of the intended person/family and program/system level outcomes for the three programs that comprise the Children & Youth in Stressed Families project.

LOCAL EVALUATION OF A PEI PROJECT (Form No. 7)

Program	Personal/Family Outcomes	Program/System Outcomes
<p>Pathways to Safety (children ages 0 to 17 years old & families) Case Management and Individual Service Plan Model</p>	<p>Person-Level Outcomes:</p> <ul style="list-style-type: none"> • Increased abilities to cope with daily stress • Improved parenting skills • Increased child health and well-being <p>Family-Level Outcomes:</p> <ul style="list-style-type: none"> • Increased access to family support services • Increased access to social services programs including food supports and Medi-Cal/Healthy Families insurance programs • Improved family interactions / family safety 	<p>Program Outcomes:</p> <ul style="list-style-type: none"> • Improvement in families stability and functioning • Healthier and safer children and families • Decreased incidence of reoccurring reports of child abuse and neglect • Increased and strengthened links to transitional housing agencies. <p>System Outcomes:</p> <ul style="list-style-type: none"> • Program sustainability through community partnerships that include these agencies: Monterey County Department of Social Services, Action Council of Monterey County, Inc., Alisal Community Healthy Start, Cabrillo College, Door to Hope, Harmony at Home, NAACP, Girls Inc, Partners for Peace, Planned Parenthood Mar Monte, Monterey Adult School, Salvation Army, and others
<p>Avanza Program Expansion (16-25 years old): Case Management Model</p>	<p>Person-Level Outcomes:</p> <ul style="list-style-type: none"> • Increased skills for obtaining and retaining employment • Improved independent living skills • Improved access to housing supports • Improved personal functioning <p>Family-Level Outcomes:</p> <ul style="list-style-type: none"> • Improved functioning and stability for young families 	<p>Program Outcomes:</p> <ul style="list-style-type: none"> • Increased and strengthened links to transitional housing agencies. • Increased funding through in-kind contributions and partner funds <p>System Outcomes:</p> <ul style="list-style-type: none"> • Decreased stigma through culturally appropriate, youth-guided social marketing efforts. • Cultural competency will increase through workforce education and training efforts. • Program sustainability through community partnerships such as Juvenile Probation, schools, social services, and employment services.
<p>TAY Wellness Center (16-25 years old): Self-help, Peer Supported Model</p>	<p>Person-Level Outcomes:</p> <ul style="list-style-type: none"> • Increased knowledge of vocational options • Increased support for first-time employment • Increased opportunities for social enterprises • Increased opportunities to receive training and participate in providing support to peers • Increased skills in leadership and 	<p>Program Outcomes:</p> <ul style="list-style-type: none"> • Increased and strengthened links to county probation and social services departments, and non-governmental agencies • Increased opportunities for funding through partner and in-kind contributions <p>System Outcomes:</p> <ul style="list-style-type: none"> • Decreased stigma through culturally appropriate, youth-guided social marketing efforts • Increased MCBH staff and partner cultural competency via workforce education and training efforts

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	<p>community engagement</p> <ul style="list-style-type: none">• Increased skills in cooperation and collaboration <p>Family-Level Outcomes:</p> <ul style="list-style-type: none">• Increased financial stability	<ul style="list-style-type: none">• Program sustainability through community partnerships such as Juvenile Probation, schools, social services, and employment services, and private and public employers.
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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.

The estimated TOTAL unduplicated individuals to be served may be as many as 80, although it may be assumed that some individuals could be served by more than one program within this project. **The estimated TOTAL unduplicated families** to be served may be as many as 180, although it may be assumed that some families could be served by more than one program within this project.

Persons to receive intervention: *Pathways to Safety*

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			5				
Asian Pacific Islander			1				
Latino			130				
Native American							
Caucasian			30				
Other (Indicate if possible)			14				
AGE GROUPS							
Children & Youth (0-17)			180				
Transition Age Youth (16-25)							
Adult (18-59)							
Older Adult (>60)							
TOTAL			180				

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

Persons to receive intervention: *Avanza (Expansion)*

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			3				
Asian Pacific Islander			2				
Latino			35				
Native American							
Caucasian			10				
Other (Indicate if possible)			5				
AGE GROUPS							
Children & Youth (0-17)							
Transition Age Youth (16-25)			55				
Adult (18-59)							
Older Adult (>60)							
TOTAL			55				
Total PEI project estimated <i>unduplicated</i> count of individuals to be served: 55							

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Persons to receive intervention: *TAY Wellness Center*

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			2				
Asian Pacific Islander			1				
Latino			19				
Native American							
Caucasian			7				
Other (Indicate if possible)			1				
AGE GROUPS							
Children & Youth (0-17)							
Transition Age Youth (16-25)			30				
Adult (18-59)							
Older Adult (>60)							
TOTAL			30				
Total PEI project estimated <i>unduplicated</i> count of individuals to be served: 30							

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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 pages present objectives, goals, strategies, activities, intended outcomes, measuring instruments, and frequency of measurement for each program in the CYSF project.

Each program's biannual evaluation report will include a participant demographic profile to assure fidelity with our focus populations. Client satisfaction with accessible and culturally competent service delivery will be measured using the California Department of Mental Health Consumer Satisfaction Survey according to an assigned program-specific code. We will also obtain records of program staff participation in Workforce Education and Training (WET) cultural competency courses. We foresee assessing individual and family level outcomes with an appropriate sample of program participants through means that are suitable for each program, as described below. The Surveillance, Epidemiology, and Evaluation Branch of Monterey County Health Department will assess our program and system level outcomes by analyzing an aggregation of program performance results, qualitative information obtained by our program partners, and indicators of public health.

At this time we anticipate collecting program data monthly, conducting an aggregated data analysis biannually, and producing an analytical report annually. Annual reports will eventually provide longitudinal data results that we anticipate will inform program refinements that may be needed.

In general, our CYSF evaluation plans are designed with a strategic, inclusive, and utilization-oriented focus. We are using the following evidence-based core values as guidance in our CYSF program evaluation:

1. Collecting continuous and ongoing data that are useful to making decisions and meeting overall objectives.
2. Using both quantitative and qualitative data.
3. Including program manager, staff, consumers, and family members in the evaluation process.
4. Basing the evaluation methodology on the unique characteristics of each program.
5. Designing program evaluation at the program's inception, as a component of work to be done in the course of routine program activities.

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Program #1: Pathways to Safety

Problem Statement				
Children who are in danger of abuse and neglect need intervention at the first sign of a problem.				
Desired Change (objective)				
More responsive child welfare system, enhanced community services, and improved family and child well being.				
Focus Population				
Families with children ages 0-17 that have had unsubstantiated abuse and neglect reports to Child Protective Services.				
Goal, Strategies, & Activities	Baseline (2008-2009)	Year 2 (2009-2010)	Intended Outcomes	How & When Measured
Goal: Increased family stability through greater abilities to cope with stress				
Strategy: Provide assessment, family engagement, and case management				
Activity A. Referral and Assessment 1. Families are referred to Pathways to Safety 2. Assess families for needs 3. Link families to appropriate services 4. Encourage families to participate in setting their own goals	_(#) families are referred __ (%) of families are assessed __ (%) of families complete a service plan __ (%) of families access referred services	_(#) families are referred __ (%) of families are assessed __ (%) of families complete a service plan __ (%) of families access referred services	<ul style="list-style-type: none"> • More families access services • More families are engaged in decisions for their well-being • More families stay out of the child welfare system 	Measures: Program capacity, utilization, and operations Measuring Instruments: Engagement & Service Reports When Measured: Biannually

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Program #1: Pathways to Safety (continued)

Goal, Strategies, & Activities	Baseline (2008-2009)	Year 2 (2009-2010)	Intended Outcomes	How & When Measured
Goal: Increased family stability through greater abilities to cope with stressors				
Strategy: Provide assessment, family engagement, and case management				
<p>Activity B. Engage Families</p> <p>1. Provide beneficial, accessible, and culturally appropriate services to engage and retain referred families through the completion of their service plans</p>	<p>_#/_% of families that agree that services were accessible and available at convenient times.</p> <p>_#/_% of families that agree that the services their family needed were accessible and available at convenient locations.</p> <p>_#/_% of families that agree that services were provided in a culturally & linguistically appropriate manner.</p>	<p>_#/_% of families that agree that services were accessible and available at convenient times.</p> <p>_#/_% of families that agree that the services their family needed were accessible and available at convenient locations.</p> <p>_#/_% of families that agree that services were provided in a culturally & linguistically appropriate manner.</p>	<ul style="list-style-type: none"> • Program participants receive services that are accessible and available at convenient times and locations, and are provided in a culturally and linguistically appropriate manner. • Program participants receive services that are helpful and appropriate to their needs and goals. 	<p>Measures: Program accessibility, cultural competency of program staff, improved family functioning.</p> <p>Measuring Instrument: Referral forms, Service plans, Engagement & Service Reports, Workforce Education and Training program utilization.</p> <p>When Measured: Biannually</p>

LOCAL EVALUATION OF A PEI PROJECT (Form No. 7)

Program #1: Pathways to Safety (continued)

Goal, Strategies, & Activities	Baseline (2008-2009)	Year 2 (2009-2010)	Intended Outcomes	How & When Measured
Goal: Increased family stability through greater abilities to cope with stress				
Strategy: Provide assessment, family engagement, and case management				
<p>Activity C. Reduce reoccurring reports of abuse</p> <ol style="list-style-type: none"> 1. Provide appropriate health and welfare referrals to Medi-Cal/Healthy Families, CalWORKs, Food Stamps, others. 2. Conduct pre- and post-program family assessments 3. Provide case management 	<p>_#/_% of families newly enrolled in Medi-Cal other social supports</p> <p>_#/_% of families who successfully transition out of Pathways to Safety</p> <p>_#/_% of families experience another child abuse referral within 6 months</p>	<p>_#/_% of families newly enrolled in Medi-Cal other social supports</p> <p>_#/_% of families who successfully transition out of Pathways to Safety</p> <p>_#/_% of families experience another child abuse referral within 6 months</p>	<p>More eligible families are enrolled in Medi-Cal other social supports</p> <p>Nearly all families show improvements in assessment measures</p> <p>Fewer families experience another child abuse referral</p>	<p>Measures: Client-level health and safety, Program outcomes</p> <p>Measuring Instrument: Referral forms, Monterey County Social Services records, North Carolina Family Assessment Scale (NCFAS-G), Probation Reports</p> <p>When Measured: Biannually</p>
<p>Activity D. Program capacity and sustainability Collaborate with and form strong relationships with community partners</p>	<p>Amount of direct services funding provided by partners; ability to leverage funding from other sources; number of grant applications</p>	<p>Amount of direct services funding provided by partners; ability to leverage funding from other sources; number of grant applications</p>	<p>Community capacity to provide these services is developed and sustained</p>	<p>Measures: Capacity and sustainability</p> <p>Measuring Instrument: Annie M. Casey Foundation Organizational Assessment Tool</p> <p>When Measured: Biannually</p>

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Program #2: Avanza

Problem Statement				
Transition Age Youth (TAY) ages 16-25 in stressed families require social supports and decision-making skills to successfully transition into adulthood.				
Desired Change (objective)				
TAY are empowered, informed, confident, and supported in their personal functioning, independent living, education, and employment decisions.				
Focus Population				
TAY living with mental health challenges including a SED, in stressed families, who have not accessed social, emotional, or mental health supports through the foster care system.				
Goal, Strategies, & Activities	Baseline Data (2008-2009)	Year 2 Results (2009-2010)	Intended Outcomes	How & When Measured
Goal: Connect transition age youth with community resources, education, employment, and social opportunities.				
Strategy: Provide TAY with an environment that supports personal growth and leadership opportunities				

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<p>Activity A: Case Management for counseling and referral</p> <p>1. TAY are referred to Avanza from Probation, Social Services, MCBH, and others, and assessed for strengths and needs</p> <p>2. Encourage TAY to participate in setting their own goals</p> <p>3. Link TAY to counseling, social, training, and employment services</p> <p>4. Provide TAY with ongoing counseling in individual and group settings</p>	<p>_#/_% of TAY who are referred and assessed</p> <p>_#/_% of TAY who complete a Success Plan</p> <p>_#/_% of TAY utilizing services; # services utilized</p> <p>_#/_% of TAY who do not offend or abuse drugs</p>	<p>_#/_% of TAY who are referred and assessed</p> <p>_#/_% of TAY who complete a Success Plan</p> <p>_#/_% of TAY utilizing services; # services utilized</p> <p>_#/_% of TAY who do not offend or abuse drugs</p>	<p>TAY utilize social supports and counseling services.</p> <p>TAY have improved personal functioning and independent living skills.</p> <p>TAY stay clean of illegal substances and offenses</p> <p>Nearly all TAY show improvements in pre- and post-program assessments</p>	<p>Measures: Number of consumers assessed and referred to education, counseling, and social services; Number of TAY completing a Success Plan</p> <p>Measuring Instrument: Program reports, pre- and post-program assessments, Probation reports.</p> <p>When Measured: Biannually</p>
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Program #2: Avanza (continued)

Goal, Strategies, & Activities	Baseline Data (2008-2009)	Year 2 Results (2009-2010)	Intended Outcomes	How & When Measured
Goal: Connect TAY with community resources, education, employment, and social opportunities.				
Strategy: Provide TAY with an environment that supports personal growth and leadership opportunities				
<p>Activity B: Skill-building peer mentoring, social, and recreational opportunities</p> <p>1. Provide opportunities and encourage TAY engagement</p> <p>2. Provide encouragement for program participation and the assumption of leadership and peer mentoring roles</p>	<p>_#/_% of TAY participating in "The Real Game," Girl's Group", "Lifeskills Group, monthly outings, etc.</p> <p>_#/_% of TAY demonstrating leadership competence</p>	<p>_#/_% of TAY participating in "The Real Game," Girl's Group", "Lifeskills Group, monthly outings, etc.</p> <p>_#/_% of TAY demonstrating leadership competence</p>	<p>TAY have improved decision-making skills</p>	<p>Measures:</p> <p>Measuring Instrument: Multi-Sources Method evaluation tool, Transition to Independence Process System Guidelines</p> <p>When Measured: Biannually</p>
<p>Activity C: Service Delivery</p> <p>Provide counseling, mentoring, and activities in a culturally competent manner.</p>	<p>_#/_% of TAY who agree that services are accessible and available at convenient times and locations</p> <p>_#/_% of TAY who agree that services are culturally & linguistically appropriate</p>	<p>_#/_% of TAY who agree that services are accessible and available at convenient times and locations</p> <p>_#/_% of TAY who agree that services are culturally & linguistically appropriate</p>	<p>Nearly all TAY are satisfied with services</p> <p>Nearly all TAY would recommend to others</p>	<p>Measures:</p> <p>TAY satisfaction with service locations, times, and cultural and linguistic appropriateness</p> <p>Measuring Instrument: CA DMH Consumer Satisfaction Survey (per assigned program code); Workforce Education and Training program utilization</p> <p>When Measured: Biannually</p>

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Program #3: TAY Wellness Center

Problem Statement				
Transition age youth need better preparation to successfully obtain skill sets in self-help, cooperation/collaboration, community engagement, leadership, vocational, and life skills.				
Desired Change (objective)				
Having greater success in managing their emotional and mental illnesses, TAY consumers lead more productive, meaningful, rewarding, and purposeful lives.				
Focus Population				
TAY ages 16-25 with severe mental illness who are transferring out of or are referred by the Mental Health Unit, Managed Care, or Children's System of Care, into the Adult System of Care.				
Goal, Strategies, & Activities	Baseline Data (2008-2009)	Year 2 Results (2009-2010)	Intended Outcomes	How & When Measured
Goal: TAY Mental Health clients obtain empowerment and self-directed management skills				
Strategy: Facilitate the establishment and operation of a TAY-managed, self-help, peer-supported wellness learning center.				
Activity A: Operational Development 1. Facilitate the development of Board of Directors that includes TAY; employ TAY as staff; develop a TAY leadership group to assist in ongoing center operations. 2. Provide TAY leadership and new member recruitment trainings that are considered informative and useful. 3. Continuously recruit new TAY to participate in leadership roles	Initiation of organizational tasks __ (%) of TAY satisfied with trainings __ (#) of new TAY participating in Center operations	Center operations are established and maintained __ (%) of TAY satisfied with trainings __ (#) of new TAY participating in Center operations	TAY Wellness Center operates for and by TAY Center TAY are satisfied with trainings Center TAY are empowered	Measures: Number leadership trainings provided, number of participating consumers per training; number of Center TAY engaged in Center operations Measuring Instrument: Program progress report, Leadership Training evaluations When Measured: Biannually

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Program #3: TAY Wellness Center (continued)

Goal, Strategies, & Activities	Baseline Data (2008-2009)	Year 2 Results (2009-2010)	Intended Outcomes	How & When Measured
Goal: TAY Mental Health clients obtain empowerment and self-directed management skills				
Strategy: Facilitate the establishment and operation of a TAY client-managed, self-help, peer-supported wellness learning center.				
<p>Activity B: Offer Programs</p> <p>1. Provide a variety of self-help, peer supported, youth and family-run programs to build resiliency, leadership, social, and communication skills.</p> <p>2. Refer TAY to counseling; educational opportunities; vocational training; employment services.</p>	<p>70% TAY satisfied with services</p> <p>20 TAY use the center monthly (average)</p>	<p>75% TAY satisfied with services</p> <p>40 TAY use the center monthly (average)</p>	<p>Nearly all TAY satisfied with services</p> <p>Minimum 50 frequent or regular TAY</p>	<p>Measures: Number and variety of programs provided, number of participating TAY per program; number and type of referrals to external resources. Number of referrals made, aggregated by referral type.</p> <p>Measuring Instrument: Program progress report</p> <p>When Measured: Biannually</p>
<p>Activity C: Service Delivery</p> <p>1. Provide TAY with peer-led support opportunities for therapeutic, recreational, and learning activities.</p> <p>2. TAY are satisfied with the welcoming, accessible, culturally competent manner in which services are provided.</p> <p>3. TAY recommend the wellness center services and activities to others</p> <p>4. Provide pre- and post-program assessments to measure TAY improvement and program impacts.</p>	<p>70% TAY satisfied with services</p> <p>70% TAY satisfied with services</p> <p>70% TAY would recommend to others</p> <p>70% TAY show improvements</p>	<p>75% TAY satisfied with services</p> <p>75% TAY satisfied with services</p> <p>75% TAY recommend to others</p> <p>75% TAY show improvements</p>	<p>Nearly all TAY satisfied with services</p> <p>Nearly all TAY satisfied with services</p> <p>Nearly all TAY recommend to others</p> <p>Nearly all TAY show improvements</p>	<p>Measures: Number of TAY and family members participating in provider opportunities; Number of new TAY/family members recruited to participate in ongoing provider opportunities.</p> <p>Measuring Instrument: Program satisfaction survey; CA DMH Consumer Satisfaction Survey (per assigned program code); Workforce Education and Training program utilization, pre- and post-program assessments</p> <p>When Measured: Biannually</p>

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Program #3: TAY Wellness Center (continued)

Goal, Strategies, & Activities	Baseline Data (2008-2009)	Year 2 Results (2009-2010)	Intended Outcomes	How & When Measured
Goal: TAY Mental Health clients obtain empowerment and self-directed management skills				
Strategy: Facilitate the establishment and operation of a TAY client-managed, self-help, peer-supported wellness learning center.				
Activity D: Utilization 1. The TAY Wellness Center is utilized to capacity. 2. TAY Clients regularly participate in Wellness Center activities.	20 TAY use the center monthly (average) 70% of TAY consider themselves frequent or regular members	40 TAY use the center monthly (average) 75% of TAY consider themselves frequent or regular members	Minimum 50 frequent or regular TAY Nearly all TAY consider themselves frequent or regular members	Measures: Numbers of new and regular TAY visiting the Center Measuring Instrument: Sign-in logs, Program progress report, CA DMH Consumer Satisfaction Survey (per assigned program code) When Measured: Biannually

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5. How will data be collected and analyzed?

Pathways to Safety

Data will be collected and analyzed by program and internal evaluator staff using:

- Client demographics
- Referral forms
- Service Plans
- Engagement and Service Reports
- Program reports
- CA DMH Consumer Satisfaction Survey
- Workforce Education and Training course enrollment/completion, as appropriate

Avanza

Data will be collected and analyzed by an external program evaluator using:

- Client demographics
- Multi-Sources Method evaluation tools
- Transition to Independence (TIP) process evaluation tools
- Case study and consumer interview protocols that measure client progress against their Success and Services plans
- Program reports
- CA DMH Consumer Satisfaction Survey
- Probation reports and school records, as appropriate
- Workforce Education and Training course enrollment/completion, as appropriate

TAY Wellness Center

Data will be collected and analyzed by program and internal evaluator staff using:

- Program sign-in logs
- Program progress reports
- Leadership Training evaluations
- CA DMH Consumer Satisfaction Survey
- Workforce Education and Training course enrollment/completion, as appropriate

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

Two important efforts are underway to provide for the cultural competence of CYSF staff, consumers/family members and consumers who choose to take peer mentoring roles:

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- In 2007 MCBH organized a standing Cultural Competency Workgroup to suggest, monitor, and evaluate the delivery of MHSA services in a culturally and linguistically competent manner. The Workgroup participated in a study of its organizational cultural competence (conducted by Martinez, Lopez, and Mock) as part of its commitment to the availability of culturally relevant mental health services, and is currently participating in a national Cultural Competence Practices study conducted by the University of Southern Florida in which logic models are being used to determine short and long-term objectives for increasing cultural competence.
- Monterey County's MHSA Workforce Education and Training (WET) Plan includes a series of trainings and workshops to support CYSF programs to assist staff, consumers and family member in cultural competency, leadership skills, and peer mentorship training. WET is also developing staff clinical competencies to assist program managers and staff as programs develop and grow.

All PEI programs reflect Monterey County race/ethnic, linguistic, and cultural demographics. A large part of our indication of cultural competence will be measured via consumer opinions and stakeholder feedback. Among other tools, we anticipate relying on the California Department of Mental Health's Consumer Perception Survey – coded to specific programs – as it provides us with longitudinal data against which we will be able to measure ongoing progress.

Pathways to Safety cultural competency measures include:

- #/% of clients who agree that services are accessible and available at convenient times and locations.
- #/% of clients who agree that services are culturally & linguistically appropriate.
- #/% of staff enrolling WET cultural competency trainings or workshops

Avanza cultural competency measures include:

- #/% of clients who agree that services are accessible and available at convenient times and locations.
- #/% of clients who agree that services are culturally & linguistically appropriate.
- #/% of staff enrolling WET cultural competency trainings or workshops

TAY Wellness Center Program cultural competency measures include:

- #/% of clients who agree that services are accessible and available at convenient times and locations.
- #/% of clients who agree that services are culturally & linguistically appropriate.

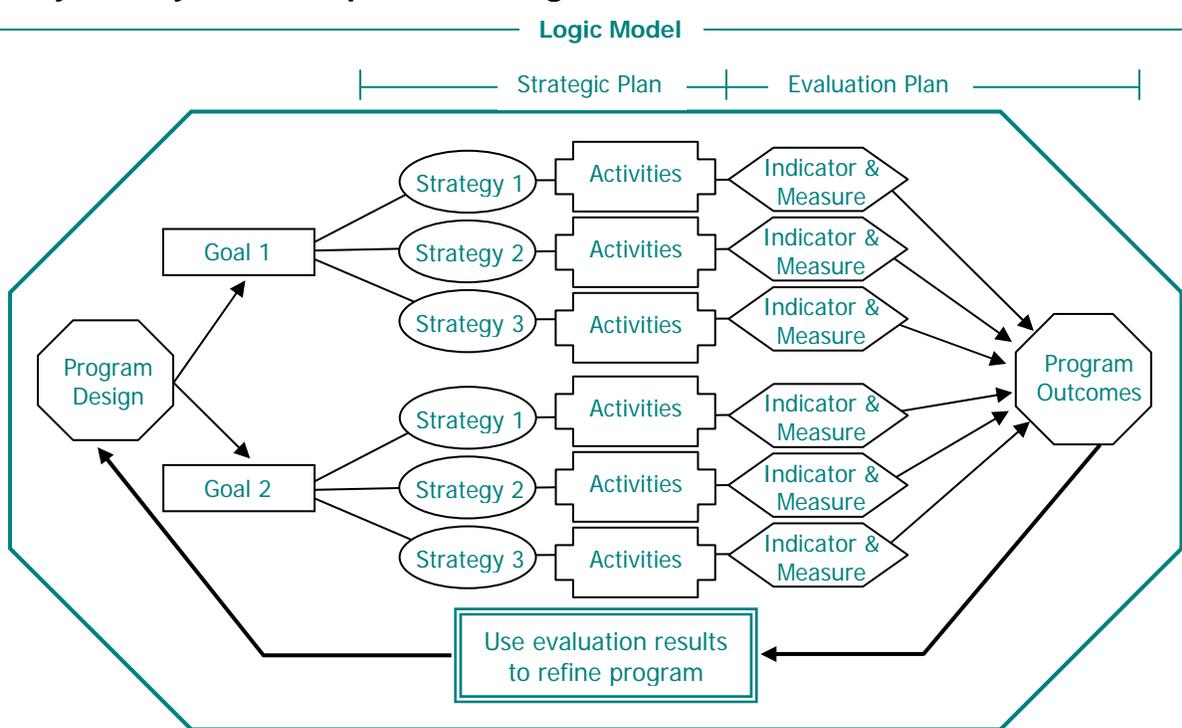
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- #/% of clients who would recommend the Center to others
- #/% of clients who consider themselves frequent or regular members
- #/% of staff enrolling WET cultural competency trainings or workshops

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

Monterey County Health Department has a policy to evaluate all programs for fidelity and outcomes. Our procedures are participatory and utilization-focused, and use real-world evaluation methodologies. Our process involves evaluation theory, design, implementation, application and reporting. A step-by-step curriculum uses logic models to link interventions with intended outcomes, and indicator matrices to define program strategies, resources, outputs, measures, and instruments. These procedures and tools will be used to evaluate the fidelity of CYSF Project.

Monterey County Health Department Program Evaluation Process Schematic



Pathways to Safety Program Fidelity Measures Include:

- High ratio of families served to program capacity
- Program participants accessing health and social services for which they are eligible
- Program participants staying out of the child welfare system and not experiencing further child abuse referrals

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- Parents demonstrating improved parenting skills, and families experiencing greater stability, health, and safety

Avanza Program Fidelity Measures

Dr. Dorthy Lebron, an external evaluation consultant under contract with Monterey County, is working in collaboration with Avanza program staff and other stakeholders in leading the process for designing the program evaluation. She will help assure program fidelity in a number of ways:

- Dr. Lebron has evaluated the Avanza program since its inception, having provided research and evaluation services for La Familia Sana/The Healthy Family, a federal system of care grant initiative that provided the initial funding to plan and implement the Avanza program.
- Dr. Lebron uses logic modeling, total quality management tools, implementation tracking tools that are recommended by SAMHSA and others, and other mechanisms that measure program process and outcomes to assure that essential program elements are carried out in accord to original program designs.
- Dr. Lebron's fidelity strategies include directing the program toward evidence-based practices and written guidelines, proven measurement instruments, articulation with essential program elements, periodic consultation with program staff to assess program changes, and assistance with plans to address program setbacks or needed modifications.

Pathways to Safety Program Fidelity Measures include:

- High ratio of consumers served to program capacity
- Program consumers staying clean of substances and clear of legal offenses
- Program consumers having improved personal function and independent living skills
- Program consumers demonstrating improved decision-making skills

TAY Wellness Center Program Fidelity Measures Include:

- High ratio of TAY served to program capacity
- TAY operating the Center according to their needs
- TAY demonstrating leadership and self-help skills
- TAY achieving their education and employment goals

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

Pathways to Safety and TAY Wellness Center Evaluation Dissemination Plans

The essential purpose of CYSF evaluation is to learn the extent of progress toward the intended goals, to apply what is learned in ways that will improve service effectiveness, efficiency, and

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equity, and to share what has been learned with others. The dissemination of evaluation findings with program managers, partners, and consumers is instrumental to achieving this purpose.

For Pathways to Safety and TAY Wellness Center we plan to use reports, report summaries, PowerPoints, and fact sheets as communication vehicles. Below is an evaluation matrix that we have found to be helpful in making dissemination decisions.

Dissemination of Evaluation Findings

	Full Report	Executive Summary	PowerPoint	Fact Sheet
Audiences	Program Managers, MCBH MHSa Evaluation Workgroup, funders	Consumers and family members, MCBH Transformation Team, MCBH staff and general public	In-person presentations to consumers, family members, staff, and general public	Consumers and family members, general public, media
Purpose/Use	Full status report for in-depth use, such as program expansion or replication; grant applications	Quick read of key findings; intended to be used with full report	Convey main points from Executive Summary to large audiences at meetings & conferences	Quick release of data to generate further interest
Format	Printed copies, Website, PDF	Usually within the full report, but can be printed separately; Website, PDF.	Website, in-person presentations	8.5x11" paper copies or two-fold brochure

Source: Lawrenz, F., Gullickson, A., Toal, S. Dissemination: Handmaiden to evaluation use. *American Journal of Evaluation*. 2007: Vol 28 No 3:275-289.

Avanza Evaluation Dissemination Plan

At this time we plan to disseminate Avanza evaluation findings via an annual comprehensive report, summary report, and periodic newsletter articles. Documents will be distributed in English and Spanish and made available on the county’s MHSa and System of Care websites for broader dissemination.

Our external evaluator and program staff, working with our social marketing consultant, will produce a family and youth-friendly comprehensive report consisting of table of contents, executive summary, program description, baseline and progress data analysis in graphic format, narrative description, and outlook/next steps. The focus areas highlighted in the summary

LOCAL EVALUATION OF A PEI PROJECT (Form No. 7)

reports and newsletter articles will be determined in a collaboration of Avanza participants and staff.

Dissemination of Evaluation Findings

	Full Report	Summary Report	Newsletter Articles
Avanza participants and family members		X	x
Avanza providers and program staff	X		X
MHSA Evaluation Workgroup	X		
Monterey County Children’s Behavioral Health leadership	X		
MHSA Transformation Team members		X	
Monterey County Mental Health Commission, Board of Supervisors and CAO’s Office		X	
Posted on Website		X	X