

**Mental Health Services Act
Prevention and Early Intervention Component Plan**

FY 10-11

Submitted: April 30, 2010



A Tradition of Stewardship
A Commitment to Service

**Napa County Mental Health Division
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**Napa County Mental Health Division
Mental Health Services Act
FY 10-11 Prevention and Early Intervention Component Plan**

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

**MENTAL HEALTH SERVICES ACT (MHSA)
PREVENTION AND EARLY INTERVENTION COMPONENT
OF THE THREE-YEAR
PROGRAM AND EXPENDITURE PLAN
Fiscal Year 2010-11**

County Name: **Napa County**

Date: **4/30/10**

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

<p>County Mental Health Director</p> <p>Name: Jaye Vanderhurst</p> <p>Telephone Number: (707) 299-2102</p> <p>Fax Number: (707) 299-2199</p> <p>E-mail: Jaye.Vanderhurst@countyofnapa.org</p>	<p>Project Lead</p> <p>Name: Felix A. Bedolla, MHSA Project Manager</p> <p>Telephone Number: (707) 299-1759</p> <p>Fax Number: (707) 299-1857</p> <p>E-mail: Felix.Bedolla@countyofnapa.org</p>
<p>Mailing Address: Napa County Mental Health Division 2261 Elm Street, Trailer Q, Napa CA 94559</p>	

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 original signed
 Assistant Behavioral Health Manager
 (Designee of Mental Health Director Jaye Vanderhurst)

 April 30, 2010
 Date

Executed at Napa County Mental Health, 2261 Elm Street, Napa, California

PEI COMMUNITY PROGRAM PLANNING PROCESS

1. The county shall ensure that the PEI Community Program Planning Process is adequately staffed. Describe which positions and/or units assumed the following responsibilities:

- a. The overall PEI Community Program Planning Process** - The overall PEI Community Program Planning Process was planned and implemented by the Mental Health Services Act Project Manager, Felix Bedolla, and the PEI Workgroup Co-chairs, Shirin Vakharia, Prevention and Youth Treatment Coordinator and Halsey Simmons, Assistant Behavioral Health Care Manager for Children’s Mental Health Services. Allen, Shea and Associates, a technical assistance firm, was hired to support the community planning process and to assist in developing the work plans.

- b. Coordination and management of the PEI Community Program Planning Process** - The coordination and management of the Community Program Planning Process was shared between the MHSA Project Manager, and the PEI Co-chairs. These three individuals comprised the planning group that directed the PEI process and workplan development. The work was overseen by Napa County Health and Human Services management. Jaye Vanderhurst, Mental Health Director and Jim Featherstone, Assistant Director of Health and Human Services, reviewed the planning process before, during and after it was implemented.

- c. Ensuring that stakeholders have the opportunity to participate in the PEI Community Program Planning Process** - A PEI Workgroup was formed at the beginning of the PEI Community Program Planning Process with representatives from all of the required and several of the recommended stakeholder groups (**See Figure 1**). These representatives assisted the PEI planning group in reaching out to stakeholder groups both to communicate the progress of the planning process and to invite and encourage participation.

Figure 1: PEI Planning Workgroup Membership

PEI Workgroup Member	Official Alternate	Primary MHSA Sector/ Stakeholder Group	Secondary MHSA Sector/ Stakeholder Group	Other Sector/ Stakeholder Group
Mary Butler		Law Enforcement		
Kathy Karcher	Marlena Garcia	Consumers/ Family Members	Family Resource Centers	

PEI COMMUNITY PROGRAM PLANNING PROCESS

PEI Workgroup Member	Official Alternate	Primary MHSA Sector/ Stakeholder Group	Secondary MHSA Sector/ Stakeholder Group	Other Sector/ Stakeholder Group
Laura Keller		Health	Education/First 5	0-5 population
Andrea Knowlton		Education/0-5	Education/SELPA	0-5 population/Funder (First 5)
Tracy Lamb		Social Services	Underserved	Domestic Violence/Trauma
Rich Melton	Steve Potter	Law Enforcement		
Robert Moore, MD		Health	Underserved	
Jeannie Morris		Education	Underserved and Social Services	Foster Youth
Harris Nussbaum		Providers/MH Board	Family Members	Education
Frances Ortiz-Chavez		Underserved	Social Services	Education/Faith
Terri Restelli-Deits	Carolyn Wrage	Underserved	Social Services	Seniors
Karen Smith, MD		Health		
Stephanie Snyder-Parry		Family Resource Centers	Underserved	Upvalley Communities
Sherry Tennyson		Family Resource Centers	Underserved	American Canyon
Jeanne Title	Laura Ryan	Education		
Mark Bontrager		Providers/BH Committee		

The planning process consisted of several stages, each designed to encourage participation and input.

Data Collection and Analysis – coordinated by Allen, Shea and Associates

- Collection of community and provider input through written and online surveys.
- Survey of service providers to determine current Prevention and Early Intervention services in Napa County.
- Review of existing data for each priority population to illustrate the scope of need for PEI services and supports.

Synthesis of Data and Community Input – performed by Allen, Shea and Associates

- Synthesis of data from community and provider surveys, current PEI services, and existing data source to develop ideas for potential PEI services and supports. This was

PEI COMMUNITY PROGRAM PLANNING PROCESS

done by the workgroup members and representatives from unserved/underserved groups.

- Input about services needed for each priority population from community members and providers through a series of community meetings.
- Additional input about services needed for each priority population from unserved/underserved communities through a series of focus groups.

Review of Data, Plan Development and Submittal – County MHSa Staff (MHSa Project Manager and Staff Services Specialist)

- Two workshops were organized by County MHSa Staff and consultants to review PEI guidelines, background information and community input and all community and provider recommendations with members of the Stakeholder Advisory Committee (SAC). The SAC recommended areas of focus for each of the priority populations.
- Workplans were developed by County MHSa staff based on recommendations from the County's MHSa Stakeholder Advisory Committee.
- County MHSa Staff presented the draft PEI Workplans for review to the Stakeholder Advisory Committee and the County's Mental Health Board.
- County MHSa Staff will present the Final PEI Proposal to the Stakeholder Advisory Committee and MH Board, prepare responses to any written comment, and submit the proposal to DMH and the MHSOAC.

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

- Included representatives of unserved and/or underserved populations and family members of unserved/underserved populations (See Figure 2)** - The PEI Workgroup spent time defining who is unserved and/or underserved by the current Prevention and Early Intervention services in Napa County. Latinos, seniors, and those who live outside the City of Napa had been identified in the CSS process using the treatment data, and were the initial populations considered to be unserved and/or underserved by PEI services.

After completing the community and provider surveys and a review of existing services, the following groups were identified: Asian/Pacific Islander, Native American, Veterans, Lesbian/Gay/Bisexual/Transgender/Questioning (LGBTQ), and those living outside the City of Napa. Though neither seniors nor Latinos were identified as particularly underserved by PEI services, they were included in the PEI Workgroup's definition of unserved/underserved as these groups have historically been underserved/unserved. Planning efforts also looked at groups who were over-represented in systems such as juvenile justice and non-traditional schools as a potential indicator that the group was under/unserved by prevention and early intervention services and was therefore being identified in systems once problems had progressed.

PEI COMMUNITY PROGRAM PLANNING PROCESS

The PEI Workgroup relied on its representatives to reach out to groups who had at least one member of the workgroup representing their interests: seniors, Latinos, Asian/Pacific Islander, and those living outside the City of Napa. The representatives went back to their contacts and constituents as input and/or involvement was needed. The workgroup did not have representatives from the Native American, LGBTQ, and Veteran communities. The PEI Co-chairs and the MHSa Project Manager reached out to representatives in these communities and invited them to participate in the planning process.

This resulted in two ad-hoc workgroups: one for LGBTQ and one for Native Americans. Each of these workgroups reviewed the data the PEI Workgroup had collected and submitted two of the 27 provider ideas for PEI funding. All of the 27 provider ideas indicated the proposed PEI services and supports were designed to serve some or all of the unserved and underserved populations.

After the provider ideas were submitted, a series of community meetings were held throughout the County to ask the community which types of services should be available for the priority populations. Outreach for these meetings was done to all unserved/underserved groups through the PEI Workgroup and the ad-hoc committees.

Additional outreach was later initiated by the consultant to include veterans groups. When the community meetings were completed, eight focus groups, and interviews on veterans' and Native American needs were conducted to specifically talk with members of unserved and underserved communities. See Figure 2 on page 8 for details.

- 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. (See Figure 2)** - The PEI planning group spent considerable time and effort to ensure the planning process was inclusive and accessible. Demographics were considered at each stakeholder involvement event/activity. (See a. above as well.)

Geographic Location: Online and paper surveys were distributed to residents and providers throughout the county. Community meetings were conducted in four locations: Calistoga, St Helena, Napa and American Canyon. Areas where community meeting attendance was low were targeted in the focus groups.

Age: Very young children, school-aged children and their families were well-represented on the workgroup and in the provider ideas. To reach Transition Aged Youth (TAY), a PEI Co-chair worked with a local agency focused on TAY. This outreach helped the PEI Workgroup recruit TAY for the Napa community meeting. Adults were well-represented in the community and provider survey and through the PEI Workgroup and provider ideas. Additionally, many of the discussions about the services needed for children and youth involved parents. Seniors were represented on the workgroup, in the provider

PEI COMMUNITY PROGRAM PLANNING PROCESS

survey and in the provider ideas. Because they did not participate proportionally in the community survey or the community meetings, three of the eight focus groups were specifically focused on seniors.

Gender: In most of the outreach efforts, about 20-25% of the participants were male with 75-80% female. Nobody self-identified as transgender or other gender.

Race/ethnicity: Specific outreach was done by workgroup members to the Latino and Asian American/Pacific Islander communities to encourage participation in each of the stakeholder process components. The MHSA Project Manager worked to involve the Native American community. A representative from the Native American community was also invited to and attended a PEI Conference with County staff and a consumer PEI Workgroup member.

Language: The surveys, community meetings and focus groups were all conducted in English and Spanish. Outreach to the Filipino Tagalog-speaking population was done through providers and community representatives who spoke Tagalog. Translation was made available, but it was not requested.

- c. **Included outreach to consumers with serious mental illness and/or serious emotional disturbance and their family members, to ensure the opportunity to participate. (See Figure 2)** Outreach to consumers was done primarily through two local consumer-led agencies as well as through case managers. Consumers and their family members participated on the PEI Workgroup and attended several PEI Conferences with County staff and PEI Workgroup members. Consumers submitted one of the 27 provider ideas and participated in several others. Consumers and family members were well-represented at the community meetings. To be sure consumers' voices were heard clearly, one of the eight focus groups was conducted with consumers exclusively. Consumers and family member representatives also participated as members of the Stakeholder Advisory Committee.

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Figure 2: Participation in the Community Planning Process

		% of Napa County Population	Community Survey	Provider Survey	PEI Workgroup	Ad-hoc Workgroups	Provider Ideas ¹	Community Meetings	Focus Groups
		N=124,279 ²	n=260	n=220	n=16	Yes/No	n=27	n=85	n=89
Race/Ethnicity ³	Asian/Pacific Islander	3%	3%	47%	6%	No	52%	4%* ⁴	n/a
	Black/African American	1%	4%	n/a	n/a	NO	n/a	0%	n/a
	Hispanic/Latino	24%	40%	67%	19%	No	81%	35%*	24%
	Native American	1%	1%	45%	0%	Yes	48%	0%*	24%
	White	70%	47%	n/a	n/a	No	n/a	33%*	n/a
	More than one Race/Ethnicity	4%	3%	n/a	n/a	No	n/a	0%*	n/a
	Other	0%	2%	n/a	n/a	No	n/a	0%*	n/a
	LGBTQ	n/a	8%	45%	0%	Yes	37%	4%	2%
	Veterans	n/a	3%	32%	0%	No	22%	4%	9%
	Consumers ⁵	8%	n/a	n/a	6%	Yes	4%	50%	17%
Geographic	City of American Canyon	8%	6%	16%	6%	No	26%	14%	7%
	City of Napa	58%	68%	62%	88%	No	15%	78%	28%
	Town of Yountville	2%	1%	14%	0%	No	0%	n/a	8%
	City of St Helena	5%	3%	23%	0%	No	11%	5%	37%
	City of Calistoga	4%	7%	22%	6%	No	15%	4%	0%

¹ 44% of provider ideas indicated that the program would serve all groups in Napa County. This column shows the percentage of provider ideas that specifically indicated an unserved/underserved population.

² Census 2000 Figure for Napa County. Accessed at www.bayareacensus.ca.gov 4/27/09.

³ Ibid

⁴ These percentages are based on the attendees who responded to questions about their ethnicity (n=48)

⁵ Medi-Cal Approved Claims Data for Napa County MHP Calendar Year 07, page 1.

⁶ Census 2000. Accessed at <http://quickfacts.census.gov/qfd/states/06/06055.html> 5/19/09.

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Figure 2: Participation in the Community Planning Process

		% of Napa County Population	Community Survey	Provider Survey	PEI Workgroup	Ad-hoc Workgroups	Provider Ideas ¹	Community Meetings	Focus Groups
		N=124,279 ²	n=260	n=220	n=16	Yes/No	n=27	n=85	n=89
	Unincorporated Areas	22%	2%	13%	0%	Yes	4%	n/a	3%
	Outside City of Napa	42%	19%	31%	13%	Yes	30%	22%	55%
	All of Napa County	100%	n/a	n/a	n/a	n/a	67%	n/a	n/a
Age Groups ⁷	Young Children (0-5)	6% (<5) 18% (5-17) 61% (18-64) 15% 65+	n/a	37%	13%	No	48%	n/a	n/a
	Children (6-15)		1%	51%	13%	No	74%	n/a	n/a
	Transition Aged Youth (16-25)		27%	55%	6%	No	63%	25%	n/a
	Adults (26 to 59)		60%	42%	94%	No	26%	69%	55%
	Seniors (60 and over)		8%	39%	6%	No	22%	10%	45%
Gender	Male	50%	28%	n/a	25%	No	n/a	19%	n/a
	Female	50%	72%	n/a	75%	No	n/a	81%	n/a
Language ⁸	English	75%	78%	100%	100%	n/a	n/a	79%	76%
	Spanish	20%	35%	n/a	n/a	n/a	n/a	56%	24%
	Tagalog	n/a	2%	n/a	n/a	n/a	n/a	0%	0%

⁷ Census 2000. Accessed at www.bayareacensus.ca.gov 4/27/09 Note: Categories for Census Data differ from categories for PEI data.

⁸ Census 2000. Accessed at <http://www.bayareacensus.ca.gov/counties/NapaCounty.pdf> 5/19/09.

PEI COMMUNITY PROGRAM PLANNING PROCESS

3. Explain how the county ensured that the PEI 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:

See Figure 2.

Individuals with serious mental illness and/or serious emotional disturbance and/or their families were included in each part of the stakeholder process. (See Figure 2 and Question 2c)

Providers of mental health and/or related services such as physical health care and/or social services, Educators and/or representatives of education and representatives of law enforcement were all included in the PEI Workgroup. When the workgroup was initially formed, the membership was reviewed and additional members were added to be sure all required and several of the recommended stakeholder groups were represented. (See Figure 1)

Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families were included in each part of the stakeholder process. There are two local consumer-led agencies and both were invited to participate in the PEI Workgroup and stakeholder activities. All outreach to consumers and family members was done through these agencies. Each agency had a representative on the Stakeholder Advisory Committee.

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

County staff and PEI Workgroup members had several opportunities to participate in PEI-related trainings including:

- Attendance by four consumers/two county staff at a Stigma and Discrimination Reduction Conference in Alameda County;
- Attendance by eight PEI Workgroup members/four county staff at the 2008 Rose Jenkins Conference;
- Attendance by three providers/one consumer/two county staff at a regional PEI Roundtable;

PEI COMMUNITY PROGRAM PLANNING PROCESS

- Attendance by four providers/two county staff at a CIMH Mental Health Policy Forum;
- Information was distributed regarding the PEI webcasts and, based on response, arrangements were made to view several of these webcasts including, "Prevention and Early Intervention (PEI) Guidelines Webcast," "Disparities in Mental Health Access Webcast," and "Underserved Cultural Populations."

Staff and consultants also met individually with workgroup participants to familiarize them with PEI guidelines and requirements.

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 - Of the 16 members of the PEI Workgroup, eight members (and one alternate) had participated in the CSS Planning Process. Three of the county staff people involved in the planning had also participated in the CSS process. The PEI Planning Process was developed to build on the strengths and address the concerns identified in the CSS Planning Process.

Strengths - The CSS process was generally praised for being inclusive and extensive. Many accommodations were made to include all groups and to get input from a variety of individuals. The PEI stakeholder process was designed to build on the successes of the CSS effort and to obtain community input from a variety of different methods including online and paper surveys, community meetings, focus groups, stakeholder groups, and a workgroup.

Concerns - The concerns from the CSS process emerged quickly at the beginning of the PEI planning process:

- How would unserved and underserved groups be defined?
- The terms "unserved" and "underserved" implied that other populations were being over-served and/or well-served in the minds of some stakeholders.
- Would participation on the PEI Workgroup actually influence the decision-making and/or outcome?
- How would transparency and clarity throughout the planning and decision-making process be maintained?

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Unserved/Underserved Populations - To address these concerns, the PEI Workgroup began by defining the unserved/underserved groups as broadly as possible, including groups who had previously been identified as unserved/underserved in the CSS process and those identified through a provider survey. Unserved/underserved populations were defined as those who have more difficulty accessing the current PEI services than other groups. The PEI Workgroup agreed that PEI services should be equally accessible to all groups.

Overall, the data collected for the PEI planning process indicated that the entire community had an average of 39% of their PEI needs met, indicating that on average the community was NOT well-served. Unserved and underserved groups had as little as 17% of their needs met. Using this guideline, it was easier to talk about the need to better serve these populations without excluding other groups.

Participation of workgroup in decision making - The PEI planning group worked to create a process that encouraged participation from a variety of stakeholder groups. The PEI Workgroup's role was to gather and review information that would then be presented to the Stakeholder Advisory Committee (SAC). The SAC's role was to guide the work plan development and make recommendations to the Mental Health Director. The Mental Health Director spoke with the Stakeholder Advisory Committee prior to their review of the data to assure them that she was interested in their recommendations and would work to honor their recommendations as much as possible. She also identified the need for a portion of the funds to be used to coordinate the resulting PEI programs.

Transparency and Clarity - The PEI planning guidelines, process and workplans are a complex set of definitions, ideas and possibilities. Most of the individuals involved in the PEI planning process had a strong sense of how the PEI funds should be spent.

Members of the provider community were on the PEI Workgroup, several members of the PEI Workgroup were also on the Stakeholder Advisory Committee. It became clear that transparency and clarity were essential to ensuring a fair process. The PEI planning group worked hard to prevent putting providers in a position to "vote" for their own agency or program.

The process for decision-making and workplan development changed over time. Each change was intended to increase the transparency of the process. The planning group was careful to distribute the process for developing and evaluating ideas as it was formed. The process was one of continual education, refinement, clarifications and

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review, with input from the community, providers and the Stakeholder Advisory Committee. (See Response to 1.c. below)

- 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 two measures of success that were decided by the workgroup were (1) stakeholder participation in the planning process and (2) stakeholder participation in decision-making.

PEI Planning Process - The PEI Planning Process began with a focus on providers from the various required and recommended stakeholder groups. After a review of the workgroup roster, additional members were invited to participate. The representatives were chosen specifically for their access to the individuals who are part of the PEI priority populations. Workgroup representatives provided outreach to the target populations for each part of the planning process.

Once workgroup members began to develop provider ideas for how to use the PEI funds, the PEI planning group recruited additional individuals who represented populations that were not well represented on the workgroup. Native American and LGBTQ community representatives were asked to submit their ideas about how to address the needs of the priority populations. Though veteran representatives did not submit provider ideas, they were generous with their time and assistance in providing interviews and assisting the planning group in setting up additional interviews.

The PEI planning group defined the range of individuals who were part of these populations broadly and recruited from those populations. For example, when the planning group recognized the need to involve more TAY individuals, it reached out to a local agency that provides services to TAY foster children. This group is likely to be part of several of the PEI priority populations.

In addition to this outreach, the PEI planning group implemented a second set of outreach efforts to specifically address the needs of the unserved/underserved groups. All of these groups consisted of representatives from at least one of the priority populations. For example, outreach to veterans and veteran groups resulted in an interview with the manager of a local PTSD group for veterans. Outreach to isolated geographic areas included focus groups with youth leaders from these communities.

Decision-Making - At each step of the process, the resulting data summary was distributed to all interested participants. The provider ideas were posted online for

PEI COMMUNITY PROGRAM PLANNING PROCESS

review by the providers, participants in the planning process and/or the public. The Stakeholder Advisory Committee reviewed all the data collected and made recommendations about where to focus efforts for each of the priority populations. Workplans are being developed by the planning committee based on input from all sources and will be presented to the Stakeholder Advisory Committee that will then review the draft workplans and make recommendations to the MH Director. The MH Director will then give staff direction to develop final workplans that will be presented for public review/comment and a public hearing of the mental health board.

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

- a. The date of the public hearing:** The public hearing for review of the PEI Component Proposal was on Monday, April 12 from 4:30-5:30pm at a regular meeting of the County Mental Health Board.
- 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 Public Review and Comment Period for the PEI Component Proposal was from Monday, March 1 – Tuesday, March 30, 2010. During this time, the PEI Component Proposal was posted to community bulletin boards, emailed to all MHSAs stakeholders, presented for public review and comment, posted to the MH Division’s MHSAs Website, and generally available for all interested parties at the offices of the Mental Health Division upon request.
- c. A summary and analysis of any substantive recommendations for revisions.** – Although public comments were received, there were no substantive recommendations for revisions of the PEI Component Plan.
- d. The estimated number of participants:** - There were approximately 12 Mental Health Board members present, six Mental Health Division staff, and five consumers in attendance at the public hearing.

PEI PROJECT SUMMARY

County: Napa **PEI Project Name:** American Canyon PEI Project **Date:** April 30, 2010

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

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

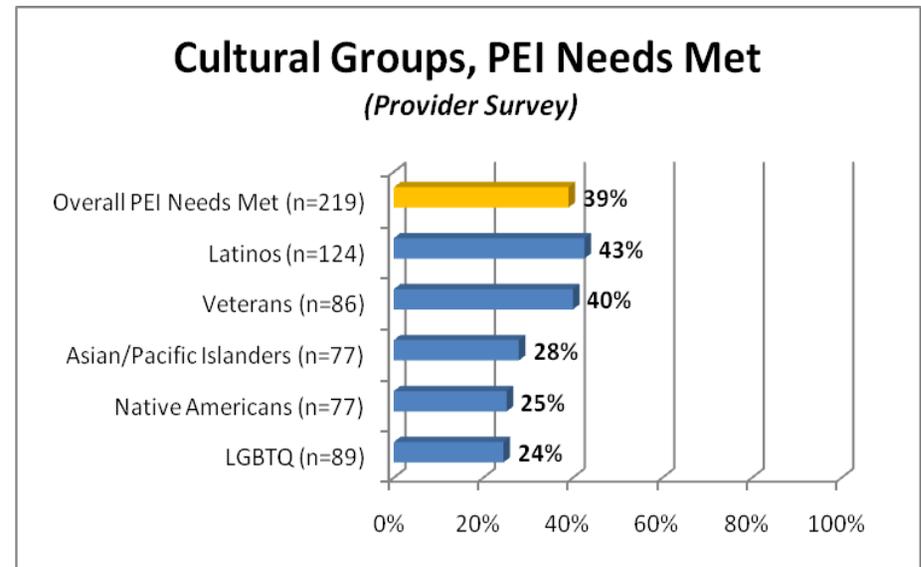
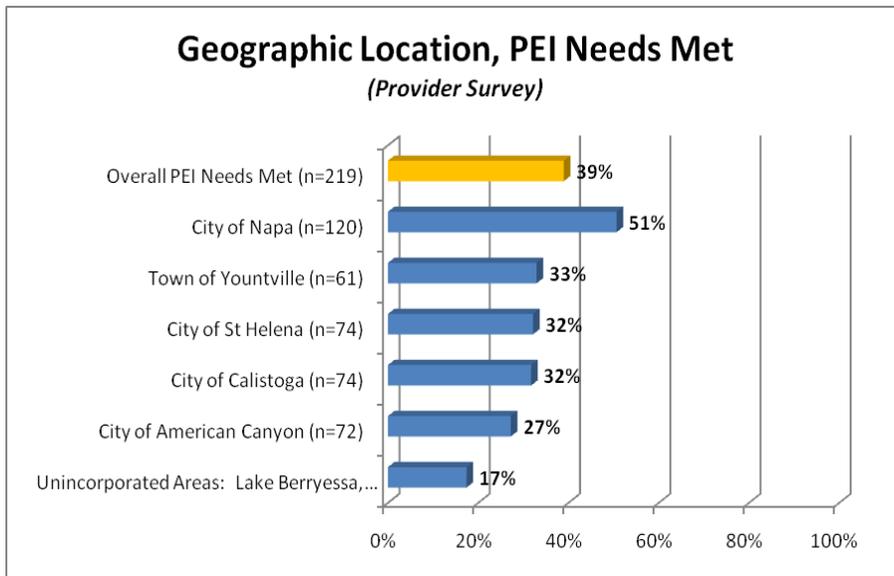
2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
• Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input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

PEI PROJECT SUMMARY

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

Needs Identified by Providers

The provider survey distributed to service providers in Napa County identified the City of American Canyon as a geographically underserved area. Asian/Pacific Islanders were identified by providers as an unserved/underserved cultural group. The City of American Canyon is home to a growing Asian/Pacific Islander community in Napa County.



Provider Ideas

The PEI workgroup developed three prevention and early intervention ideas for American Canyon, each of the ideas focused on youth and families. Two of the ideas were used to formulate this workplan.

In Napa County, Student Assistance Programs (SAP) are currently being implemented in St. Helena and Calistoga. In these communities the model is particularly useful since small communities depend even more heavily on schools to identify the behavioral health needs of youth and facilitate referrals to on-campus or community-based services. Often a significant number of services are offered on-campus since small communities are under-resourced in terms of having sufficient community-based organizations and health care providers to meet identified or emerging needs.

PEI PROJECT SUMMARY

- In St. Helena, for example, during the 2008-2009 school year, a total of 109 students were screened. A review of service data showed that almost 100% of referred students were connected with either an on-campus or community service.
- In Calistoga, during the 2008-2009 school year, 221 students were referred to the SAP and screened. Outcome evaluation is pending, but the number of referrals underscores the need for services.
- Released on October 30, 2003, the ["Retrospective Analysis of the Pennsylvania Student Assistance Program Outcome Data: Implications for Practice and Research"](#) investigated behavioral health and academic outcomes for students participating in a Student Assistance Program. Major findings include that students referred through a SAP process are referred and connected to the behavioral health care system at a much higher rate of almost 80% compared to other traditional means used throughout the country. Furthermore, referred students show positive improvements in attendance, a decrease in discipline problems (as measured by additional suspension rates) and positive promotion and graduation status after their SAP referral.

Community Input

Community members in American Canyon⁹ noted that the *"American Canyon community is small enough to work collaboratively and address situations holistically"* and asked for family support, connections to schools and help accessing services:

- *"Families need to be educated."*
- *"Schools need to be involved."*
- *"There is a lack of knowledge of resources."*
- *"There is a lack of Napa County Health and Human Services satellite multi-services."*
- *"There are limited Veterans Administration (VA) services/resources for soldiers'/families' children."*
- *"We need advocacy to help with access to services and resources."*
- *"We need to provide workshops, free of cost for kids and parents, to increase their communication skills."*
- *"We need more collaboration with parents, give them more advice and direction because families are under a lot of stress."*
- *"There's not enough publicity about what is available or accessible to families."*
- *"Families often have to travel to Napa (which is at least 10 miles away) for services."*
- *"Napa County should take into account the projected numbers and demographics and cultural changes of people coming into American Canyon."*

⁹ All quotes are from the PEI Community Survey (17 American Canyon respondents, n=260), the American Canyon Community Meeting (12 participants) and the American Canyon Focus Group (six participants).

PEI PROJECT SUMMARY

Community Connections

Responses to the community survey by American Canyon residents and attendance at the community meetings held in American Canyon was not as robust as anticipated by the PEI workgroup and planning group. This project and the connection to the PEI collaborative were developed in part to address the need for more input and participation in service planning.

Data Analysis

Napa Junction Elementary was chosen because:

- Larger population of low income families than other schools in the City of American Canyon (54% qualify for free/reduced lunch program and 23% of students report their parents did not graduate from high school)
- 34% of the students at Napa Junction Elementary are English learners, compared to 23% in the district overall.¹⁰
- Napa Junction Elementary has more students at risk of school failure than other elementary schools in American Canyon¹¹:
 - The 14% truancy rate and approximately 20 suspensions per year are higher than other elementary schools in the district.
 - 59% of graduating 5th graders are not proficient in English and 63% are not proficient in Math, making the school the lowest performing elementary school in American Canyon.

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

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

The American Canyon PEI project addresses the needs of youth and their parents/caregivers in American Canyon. Specifically focused on Napa Junction Elementary school, the project provides student and family support.

The project is aligned with many of the themes that emerged from the community surveys and meetings:

- Youth leadership and development
- Services in natural settings
- Training for service providers to understand mental health needs
- Community information about PEI, signs of mental illness and available services
- Training for MH providers to address cultural competency
- Services for individuals that include their families

¹⁰ Source: Ed-Data, Accessed at <http://www.ed-data.k12.ca.us/Navigation/fsTwoPanel.asp?bottom=%2Fprofile%2Easp%3Flevel%3D07%26reportNumber%3D16>, July 29, 2009.

¹¹ Source: Napa Valley Unified School District

PEI PROJECT SUMMARY

Implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services site, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.

The project will be subcontracted to one or more community agencies that can provide services in American Canyon. Though the settings will be determined by the subcontracting organization, it is expected that most settings, including the Student Assistance Program at the Napa Junction Elementary school site, will not be traditional service sites.

Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and/or cultural populations to be served

The American Canyon PEI project will take place in American Canyon for families attending Napa Junction Elementary School. The ethnic makeup of the school is outlined in the following table:

Student Ethnicity for Napa Junction Elementary School, 2007-2008¹²

	School		District
	Enrollment	Percent of Total	Percent of Total
American Indian	1	0.3%	0.9%
Asian	8	2.3%	1.9%
Pacific Islander	5	1.4%	0.4%
Filipino	48	13.8%	4.5%
Hispanic	181	52.0%	43.0%
African American	30	8.6%	2.0%
White	41	11.8%	37.8%
Multiple/No Response	34	9.8%	9.6%
Total	348	100%	100%

¹² Ibid.

PEI PROJECT SUMMARY

Highlights of new or expanded programs

Note: The program highlights are organized using the levels of the Spectrum of Prevention.

Strengthening Individual Knowledge and Skills

- **The Student Assistance Programs (SAP)** will reduce student behavioral, disciplinary problems and substance use while improving school attendance and academic performance through the referral of screened students to appropriate services. Student Assistance Programs utilize comprehensive strategies to improve the well-being of children and youth. The SAP Social Worker at Napa Junction Elementary School will screen and connect students to existing/new school-based programs and will refer for services beyond the capability of site-based services (see home visitation program below.) The SAP Social Worker will coordinate on site services, and link students to external services, activities, and support. The Social Worker will also become a hub of resources for adults to help youth and their families, offering training and workshops for parents and teachers, teacher support, and various forms of assistance to parents.
- **The Home Visitation Program** will work with the SAP Social Worker and the Core team to help families link to existing programs and resources outside of the school. This includes assessing families' needs, and referring them to appropriate resources outside of the school setting so they can navigate the systems of care that are necessary to support the child and/or the family. The Nurse Family Partnership is currently in use by family resource centers in Napa County. This program will expand the services available in American Canyon specifically to families at Napa Junction Elementary School. Parents and family members will be screened to determine if any of them might be eligible for Veterans' Services including LGBTQ and Women's Veterans services.
- **Friday Night Live Kids (FNL Kids):** For youth in the 4th and 5th grade at Napa Junction Elementary, the American Canyon PEI project will provide the Friday Night Live Kids program.

"The most distinguishing aspect of the FNL Kids program is its parent component...parents are an essential element to learning leadership and positive decision making skills. FNL Kids provides a structure in which collaboration between parent and kid is fostered and connections are made. Parents play a key role in teaching basic leadership skills by participating with their kids in activities like movie night, dress-up day, and bring your parent to school day. FNL Kids incorporates the teaching of such critical life skills as leadership skills, character development, critical thinking, decision-making, and refusal skills while providing participants with the value of membership and belonging. The most distinguishing aspect of the FNL Kids program is its parent component

PEI PROJECT SUMMARY

...parents are an essential element to learning. FNL Kids provides a structure in which collaboration between parent and young person is fostered and connections are made.¹³”

The Friday Night Live Kids Program will be advised by the Student Assistance Program Social Worker which will help to demystify the Student Assistance Program; build trust between the SAP and students and families; and provide youth with opportunities to build resiliency and positive youth development. Friday Night Live Programs are currently in existence at American Canyon Middle School and are planned for the High School which is scheduled to open in the fall of 2010. By implementing Friday Night Live Kids at Napa Junction, students in American Canyon begin to develop a connection to a group of pro-social peers thereby facilitating smoother transitions between elementary and middle school and middle and high school.

Fostering Coalitions and Networks & Changing Organizational Practices

- **An SAP Core Team** will be established and maintained by the SAP social worker. The Core Team will be composed of school representatives and service providers who will meet on a weekly basis to discuss referrals to the Student Assistance Program; monitor progress and participation in SAP services and identify organizational practice change to improve mental health outcomes for students. Representatives from the Core Team will also be invited to participate in and contribute to the PEI Collaborative. The SAP Core Team will be responsible for monitoring and improving services to ensure that all students at the school have equal access to services. This is especially important for Asian/Pacific Islander students and families as they are not currently accessing services in American Canyon in proportion to the estimated need. The SAP social worker and the Core Team will refer individuals and families to the Home Visitation Program and to Friday Night Live Kids.

Influencing Policy and Legislation

Funded providers will be asked to conduct a policy scan to determine local laws that impact positive mental health outcomes for the priority population. Policy issues that could be addressed for At Risk Children and Youth in American Canyon include:

- Harassment on school property
- Anti-Bullying
- Immigration
- Livable wage
- Access to health care

¹³ Source: Friday Night Live Website: http://www.ocfnl.org/Chapters/fnl_kids.htm, July 21,2009

PEI PROJECT SUMMARY

Actions to be performed to carry out the PEI project, including frequency or duration of key activities

The American Canyon PEI Project will be carried out by one or more community agencies. Napa County Mental Health Services Act staff will convene the *PEI Summit* and the *PEI Collaborative* to involve all funded programs in planning and evaluating prevention and early intervention services in Napa County. Staff will also conduct the RFP process and recruit potential applicants. The subcontracting agency will be responsible for implementing the program and participating in the *PEI Summit* and the *PEI Collaborative* planning and evaluation activities.

Key milestones and anticipated timeline for each milestone.

Phase One: Planning, Start-up, and Implementation (6 months):

- Develop and release RFPs
- Review proposals, select contractors
- Develop contracts with partner organizations
- Convene *PEI Summit* with providers receiving PEI funds
- Begin implementation
- Establish data collection/evaluation protocols

Phase Two: Program Implementation and Evaluation (next 6 months)

- Convene *PEI Collaborative*
- Work with contractors to determine role in *PEI Collaborative*, develop evaluation plans and establish data collection and reporting expectations.
- Work with contractors to ensure cultural-competency for unserved and underserved populations in all services and programs.
- Continue data collection and evaluation
- Share learning about serving unserved and underserved populations with other community providers.
- Invite interested community providers to join the *PEI Collaborative*

PEI PROJECT SUMMARY

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type		Number of months in operation through June 2011
	Prevention	Early Intervention	
Student Assistance Program	Individuals: 50 Families:	Individuals: Families:	10 months
Home Visitation Program <i>The Nurse/Family Partnership model will be used as this is the model currently used in Napa County home visitation programs. Parents and family members will be screened to determine if any of them might be eligible for Veterans' Services including LGBTQ and Women's Veterans services.</i>	Individuals: Families: 40	Individuals: Families:	10 months
Friday Night Live Kids	Individuals: 30 Families:	Individuals: Families:	10 months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals:80 Families: 40	Individuals: Families:	

PEI PROJECT SUMMARY

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

Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.

Individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance will be referred to County Mental Health, the primary care provider or other appropriate mental health service providers by the SAP social worker, the CORE Team, the home visitor or Friday Night Live (FNL) Kids staff.

The American Canyon PEI project includes a Student Assistance Program (SAP) with a social worker to provide screenings, assessment and brief intervention services on the school campus for students attending Napa Junction Elementary School. The SAP social worker will also serve as the FNL Kids advisor in order to screen the students and families served in the FNL Kids program. The nurse home visitor model includes a screening by a registered nurse and follow-up with a paraprofessional staff. Both the nurse and the home visitor are qualified to refer individuals to the appropriate services.

Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment; community, domestic or sexual violence prevention and intervention; and basic needs.

In addition to providing the SAP social worker to link students to needed services, the project includes a home visitor to follow-up with families that have been identified by the SAP social worker as needing further assistance finding and accessing services.

Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.

The American Canyon PEI project is designed to identify at risk students (and families) at the school site, provide training for teachers and parenting workshops for parents, provide services for students at the school site, support the families outside of the school using a nurse home visitor model, and provide mentoring for the youth through the FNL Kids program. The multiple locations and layers of evidence-based interventions are designed to help families prevent mental illness and to identify critical mental health needs as early as possible.

PEI PROJECT SUMMARY

The system outcomes will be achieved by the SAP social worker setting up a CORE Team at the school site with key individuals that impact the school and community response to prevention and early intervention. The CORE team will also participate in the *PEI Summit* and the *PEI Collaborative* to help plan and evaluate PEI services in Napa County.

6. Collaboration and System Enhancements

Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc., the partnerships that will be established in this PEI project and the roles and activities of other organizations that will be collaborating on this project.

The Student Assistance Program will build relationships between schools, service providers and parents through the SAP social worker and CORE Team in collaboration with providers who will serve students on campus, offer referrals to offsite providers and parent/teacher workshops and support. The SAP social worker will be responsible for establishing and maintaining these collaborations.

The Nurse Family Partnership will also enhance relationships between parents and service providers by supporting families as they seek services outside of the school. As the Nurse Family partnership is already established in other parts of the county, it is expected that the relationships with service providers will be enhanced as the program is extended to families of children referred to the Napa Junction Elementary School SAP.

Describe how the PEI component will strengthen and build upon the local community-based mental health and primary care system including community clinics and health centers.

The local community-based mental health and primary care system are primarily located in the City of Napa. Though some programs have begun to extend services into American Canyon, the American Canyon PEI project will build on the existing system through referrals to community clinics and health centers.

Describe how resources will be leveraged.

The American Canyon PEI project will leverage the existing expertise of the County's Prevention Unit which has experience developing SAPs in other schools, the expertise of the existing Nurse Family Partnership, and the resources of Napa Junction Elementary School to provide access to parents, children and teachers as well as the space to provide the programs.

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Describe how the programs in this PEI project will be sustained.

All providers will be involved in the *PEI Summit* and the *PEI Collaborative*. Through these activities, Napa County is working to create and sustain a system of prevention and early intervention that can withstand changes in program funding over time. By involving each of the funded PEI projects in the capacity building planning and implementation, the projects have access to technical assistance, collaborative relationships and resources to adapt and change over time and are more likely to be sustained. Agencies will be encouraged to seek out other opportunities to expand and leverage this project with support from the grant writing and fund development efforts of County Staff.

7. Intended Outcomes

Describe intended individual outcomes

- Improved resilience and protective factors as demonstrated by a connection with at least one caring adult and opportunities for meaningful involvement at school, home or in the community
- At-risk, underserved students at Napa Junction Elementary School enrolled in the SAP will be at reduced risk for school failure and will show improvement in academic proficiency and attendance.

Describe intended system and program outcomes.

- More community organizations providing prevention and early intervention services
- Enhanced quantity and quality of co-operative relationships with other organizations and systems
- More prevention services provided in non-traditional settings
- Enhanced mental health/wellness promotion environment in partner organizations

Describe other proposed methods to measure success.

The evaluation of this program will be achieved through the use of surveys and interviews with participants and their families. The contractor and the CORE Team will also work with the PEI Collaborative to measure system-level goals.

What will be different as a result of the PEI project and how will you know?

- **Napa Junction Elementary Student Assistance Program**
 - Decrease in suspensions or disciplinary actions from school year prior to entry in SAP
 - Increase in attendance from semester prior to entry into SAP.
- **Home Visitation**
 - Increase in family stability in health, safety, legal and economic domains.
 - Improvements in parenting skills

PEI PROJECT SUMMARY

- **Friday Night Live Kids**

Youth participating in Friday Night Live Kids will report experiencing:

- Safe environment
- Opportunities to build caring and meaningful relationship with peers and adults
- Opportunities to engage in interesting and relevant skill development activities

8. Coordination with Other MHSA Components

Describe coordination with CSS, if applicable.

Individuals who need services beyond prevention/early intervention will be referred to the appropriate CSS programs as indicated: System Navigators, Mobile Outreach, Response and Engagement (MORE), Children's Full Service Partnership (FSP), Transition Age Youth (TAY) FSP, Adult FSP, or Older Adult FSP.

Describe intended use of Workforce Education and Training funds for PEI projects, if applicable.

The Workforce Education and Training Plans are still in development. As training programs are implemented, program staff from the County's PEI programs will be included as appropriate.

Describe intended use of Capital Facilities and Technology funds for PEI projects, if applicable.

Does not apply.

9. Additional Comments (optional)

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: Napa Date: 4/30/10
 PEI Project Name: **American Canyon PEI Project**
 Provider Name (if known): *Contractor(s) - To be determined*
 Intended Provider Category: *Contractor(s) - To be determined*
 Proposed Total Number of Individuals to be served: FY 10-11 80
 Total Number of Individuals currently being served: FY 10-11 0
 Total Number of Individuals to be served through PEI Expansion: FY 10-11 _____
 Months of Operation: FY 10-11 10

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 10-11		Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Staff Services Specialist (.10 FTE)	\$7,720		\$7,720
			\$0
			\$0
b. Benefits and Taxes @ %	\$2,642		\$2,642
c. Total Personnel Expenditures	\$10,362		\$10,362
2. Operating Expenditures			
a. Facility Cost			
	\$0		\$0
b. Other Operating Expenses			
	\$1,000		\$1,000
c. Total Operating Expenses	\$1,000		\$1,000
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Contractor(s) - To be determined	\$104,400		\$104,400
Evaluation Consultant	\$10,824		\$10,824
	\$0		\$0
a. Total Subcontracts	\$115,224		\$115,224
4. Total Proposed PEI Project Budget	\$126,586		\$126,586
B. Revenues (list/itemize by fund source)			
	\$0		\$0
	\$0		\$0
	\$0		\$0
1. Total Revenue	\$0		\$0
5. Total Funding Requested for PEI Project	\$126,586		\$126,586
6. Total In-Kind Contributions	\$0		\$0

**Project #1: American Canyon PEI Project
Budget Narrative**

This project will be implemented through a combination of County staff and a contracted community-based organization. Upon approval of Napa County's PEI Component Plan for FY 10-11, County staff will determine if this contract will be sole-sourced or whether to develop and distribute a Request for Qualification/Proposal (RFQ/RFP). Staff will coordinate the project with the prospective PEI contractor(s) to develop resources, leverage additional funding, coordinate PEI services and participate in the newly formed PEI Collaborative.

If this PEI project is determined to be appropriate for an RFQ/RFP process, it will be included in the Bidders Conference, which will be convened to share information about the RFQ/RFP process. After a thorough review of all received qualifications and proposals, the strongest applicant(s) will be selected to implement this PEI project. Negotiations with prospective contractors will begin and budgets, contract amounts will be determined, and contracts developed with the goal of implementing the project as soon as possible.

A. 1. Personnel Expenditures

- a. Staff Services Specialist (.10 FTE) – This is an existing position within the Mental Health Division and the incumbent will be allocating 10% of their time to assist with the implementation of the PEI Project including attending meetings, preparing and monitoring contracts, compiling outcome data, and working with the PEI contractor(s) . The cost is based on the Mental Health Division's salary/benefit schedule for FY 10-11.
- b. Employee Benefits – The cost is based on actual employee benefit projections from the FY 10-11 Salary Schedule for the position at the appropriate FTE percentage.
- c. Total Personnel Expenditures – This line item is the total amount of all personnel salary and benefit expenditures.

2. Operating Expenditures

- a. Other Operating Expenditures – These costs are based on estimated program operating costs, supplies, communications, information technology, travel, training, and any costs associated with PEI Project related meetings.
- b. Total Operating Expenditures – This line item is the total amount of all projected operating expenses of the total budget.

3. Subcontracts/Professional Services

- a. Project Contractor (to be determined). The budget amount was developed from PEI Concept Papers and estimates of costs provided by county staff, community non-profit providers, and other stakeholders/organizations. It is anticipated that contractor budgets will include costs for salaries/benefits, program supplies, direct operating expenses, services, indirect, and administrative costs.

Project #1: American Canyon PEI Project - Budget Narrative continued

- 1) It is envisioned that staffing for the project may include the following potential positions, although Napa County has purposefully not proscribed any required positions in order to allow potential contractors flexibility in staffing these programs based on their own knowledge and expertise.

American Canyon PEI Project

- Student Assistance Program Social Worker
- Home Visitors
- Friday Night Live Coordinator/Staff

- b. Evaluation Consultant – This line item will be a contracted position that will be put out to a RFQ. The Evaluator will be responsible for working with the staff and contractor to implement evaluations that will help determine the efficacy of the PEI Project. The estimated cost is based on the anticipated level of service and average rate of consultants/evaluators currently utilized by the Napa County Health & Human Services Agency.

- 4. Total Proposed PEI Project Budget - This line item is the total amount budgeted for the American Canyon PEI Project.

B. Revenues (list/itemize by fund source) – No amount is listed in this section as there are currently no other revenue sources confirmed for this new PEI Project. (Potential funding sources may include Auction Napa Valley, General School District Funds, Safe and Drug Free Schools, No Child Left Behind; Title I, IV, and V; SB1113—Safe Schools and Violence Prevention Act, Foster Youth Funding, Federal Prevention Grants, California Wellness Foundation, California Attorney General Violence Prevention Funding, School Community Violence Prevention Grants, etc.)

- 1. Total Revenue - No amount is listed in this line item as there are currently no other revenue sources confirmed for this PEI Project.

- 5. Total Funding Requested for PEI Project – This line item is the total amount requested for the American Canyon PEI Project.

- 6. Total In-Kind Contributions - No amount is listed in this line item as there are currently no confirmed in-kind contributions for this PEI Project. Included in the job duties for staff in this PEI Project will be resource development.

PEI PROJECT SUMMARY

County: Napa **PEI Project Name:** Domestic Violence PEI Project **Date:** April 30, 2010

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

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

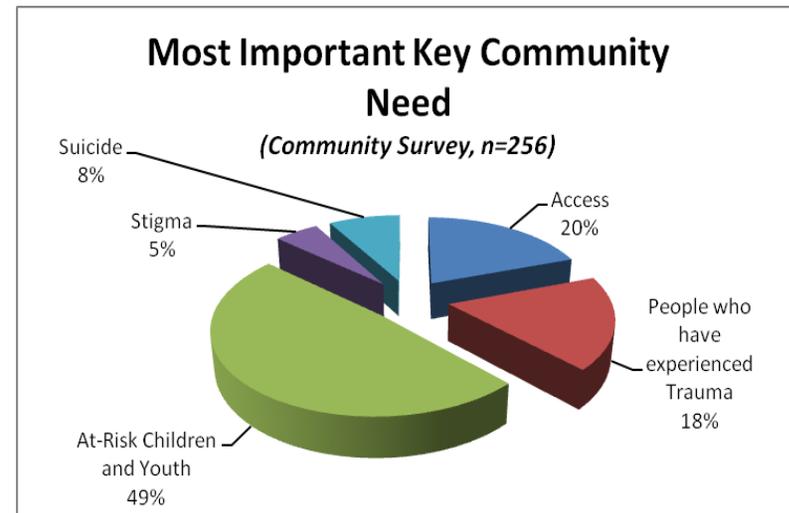
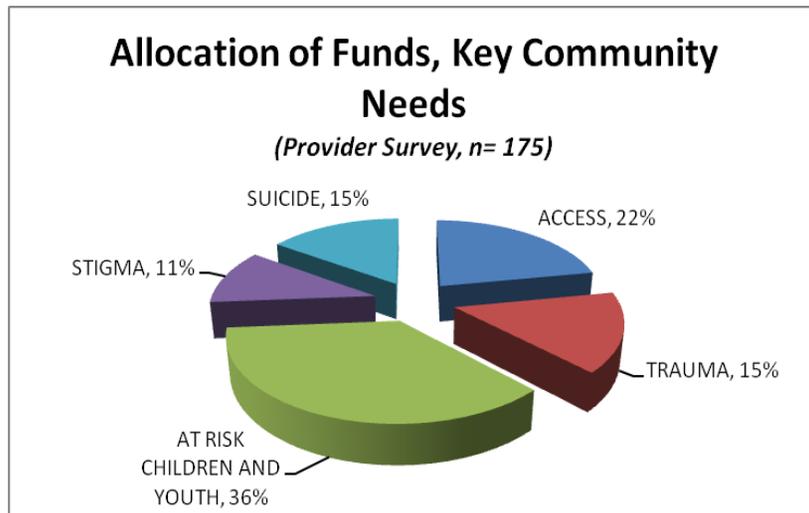
2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
• Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	X	X	X	X
2. Individuals Experiencing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

PEI PROJECT SUMMARY

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

Stakeholder Input

Respondents to the PEI provider and community surveys indicated that the most important key community needs was “At Risk Children and Youth.” This project addresses how trauma-exposed children and youth are served in Napa County.



This project was developed from a program idea submitted by domestic violence advocates who participated in the PEI workgroup. In addition, community forum participants discussed the need to work with families and serve children exposed to domestic violence.

- *“...Concern is to work on relationship before it escalates to Domestic Violence. Especially need education and resources around: communication, boundaries.”*
- *“For some families the crime of Domestic Violence doesn’t rise to the level where anything will be done, children are still impacted.”*
- *“Children in domestic violence homes need to be identified and served.”*
- *“Therapeutic parenting (Parent interactive therapy and home visitation) help(s) families work through issues – (we are) not currently identifying families very well.”*

PEI PROJECT SUMMARY

Data Analysis

- Currently several non-profit organizations and County programs address the issue of children exposed to domestic violence but not comprehensively. There is no common protocol and little collaboration.
- Over 1,200 child abuse reports and over 700 domestic violence reports are made each year in Napa County¹⁴.
- According to the ACE study and “Safe from the Start” research by Dr. Bruce Perry PhD¹⁵, there are documented changes in brain function in children exposed to violence and the long range implications are far-reaching. Research shows that children exposed to violence, even at infancy, are at higher risk for social and academic problems, substance abuse, and teen pregnancy and may become either perpetrators or victims of domestic violence as adults. Solving this problem will take a multi-system approach including schools, law enforcement, family centers, domestic violence agencies and clinicians.

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

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

The Domestic Violence PEI project was developed by domestic violence advocates in Napa County to prevent the onset of Post-Traumatic Stress Syndrome (PTSD) and improve mental health outcomes in children exposed to domestic violence. The project includes a) the development of common screening tools and multi-system protocols for identifying children and b) support for children exposed to domestic violence once they have been identified.

This project addresses the following themes that emerged from the community planning process:

- Services in natural settings
- Training for all service providers to understand mental health needs
- Services for individuals that include their families and/or support network.

Implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services site, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.

The project will be contracted to one or more community agencies that can facilitate the development of universal screening, assessment and referral tools and serve children exposed to domestic violence. The support services for children will be conducted initially with the families engaged in domestic violence services that are either placed in the Domestic Violence Shelter or are

¹⁴ Source: Napa Emergency Women’s Services (for more details on the ACE Study see <http://www.cestudy.org/>)

¹⁵ Ibid.

PEI PROJECT SUMMARY

receiving case management services to address their Domestic Violence-related needs in the community. Services will take place primarily in the City of Napa (where most families are sheltered) with the intent of expanding services as additional funding becomes available.

Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and/or cultural populations to be served.

The support services for children will be conducted initially in the City of Napa where the sheltered and case managed families are primarily located. The program will expand as funding becomes available. The services will be available to all families currently sheltered in Napa County. According to the local domestic violence agency, Napa Emergency Women's Services (NEWS), the current sheltered population in Napa County is 52% Latino. The sheltered families are primarily low to very low income and are dealing with parental substance abuse and/or parental mental illness among other issues. If families are employed, it is almost certainly in low paying unskilled laborer positions. Most sheltered families have very few resources.

Highlights of new or expanded programs.

Note: The program highlights are organized using the levels of the Spectrum of Prevention.

Coordinated Screenings, Assessments and Treatment Protocol

The Domestic Violence Project will work with the existing Domestic Violence Task Force to develop universal screening, assessment and referral tools and a multi-system protocol and service plan for children exposed to violence. Parents and family members will be screened to determine if any of them might be eligible for Veterans' Services including LGBTQ and Women's Veterans services.

Support for Children - Once identified, these children will be supported through:

Strengthening Individual Knowledge and Skills

- **Support:** Psycho-education support groups for children to address the impact of exposure to domestic violence.
- **Training:** Training to help parents support their children by:
 - recognizing the symptoms of post-traumatic stress disorder (PTSD) in their children;
 - creating a safe home environment;
 - understanding the role of consistent routines; and
 - learning to communicate their children's needs to other adults involved in caring for the child (teachers, other family members, preschool providers, etc.)

PEI PROJECT SUMMARY

- **Access to Services:** Review of children's and family history by a multi-disciplinary team (a subcommittee of the Domestic Violence Task Force) to identify the best services to support families in becoming violence-free. Advocates to help children and their parents/caregivers secure the needed services (housing, legal assistance, etc.).

Changing Organizational Practices

Contractor(s) will be asked to conduct a brief needs assessment of organizational practices impacting mental health outcomes for the priority population. Organizational practice issues that could be addressed for Trauma Exposed Individuals may include:

- Implementing Trauma Informed Practices in organizations serving individuals at risk for trauma (i.e. substance abuse services, housing programs etc)
- Implementing universal screening for children to determine exposure to violence

Influencing Policy and Legislation

Contractor(s) will be asked to conduct a policy scan to determine local laws that impact positive mental health outcomes for the priority population. Policy issues that could be addressed for Trauma Exposed Individuals

- Probation requirements for offenders
- Court response to domestic violence to include perpetrators and all victims including children

Actions to be performed to carry out the PEI project, including frequency or duration of key activities.

The Domestic Violence PEI Project will be carried out by one or more community agencies. Napa County Mental Health Services Act staff will convene the *PEI Summit* and the *PEI Collaborative* to involve all funded programs in planning and evaluating prevention and early intervention services in Napa County including the contractor(s) for this project. Staff will also conduct an RFP process and recruit potential applicants. The contractor(s) will be responsible for implementing the program and participating in the *PEI Summit* and the *PEI Collaborative* planning and evaluation activities.

Key milestones and anticipated timeline for each milestone.

Phase One, Planning and Start-up (6 months):

- Develop and release RFP
- Review proposals, select contractor(s)
- Develop contracts with partner organizations
- Convene *PEI Summit* with providers receiving PEI funds
- Begin implementation

PEI PROJECT SUMMARY

- Establish data collection/evaluation protocols

Phase Two, Program Implementation and Evaluation (next 6 months)

- Convene *PEI Collaborative*
- Work with contractor(s) to determine role in *PEI Collaborative*, develop evaluation plans and establish data collection and reporting expectations.
- Work with contractor(s) to ensure cultural-competency for unserved and underserved populations in all services and programs.
- Continue data collection and evaluation
- Share learning about serving unserved and underserved populations with other community providers.
- Invite interested community providers to join the *PEI Collaborative*

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type		Number of months in operation through June 2011
	Prevention	Early Intervention	
Coordinated Screenings, Assessments and Treatment Protocol. Parents and family members will also be screened to determine if any of them might be eligible for Veterans' Services including LGBTQ and Women's Veterans services.	Individuals: 0 Families: 0	Individuals: 30 Families: 0	10 months
Support for Children Safe from the Start Framework or similar to include psycho-education support groups, parent training, and review of children's and family history by a multi-disciplinary team.	Individuals: 0 Families: 0	Individuals: 20 Families: 15	10 months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 0 Families: 0	Individuals: 50 Families: 15	

PEI PROJECT SUMMARY

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

Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.

Domestic Violence PEI Project staff will connect individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers. Families may be referred to Advocates from the multi-disciplinary team with program staff providing the support for children and/or the parent trainers.

Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment; community, domestic or sexual violence prevention and intervention; and basic needs.

The Domestic Violence PEI Project includes review by a multi-disciplinary team to assess the resources needed by the children and family and an advocate to assist the children and family to access the services.

Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.

The project provides universal screening, assessment and referral protocols developed through the existing Domestic Violence Task Force and the *PEI Collaborative*. The project also provides support services for children and families who have been exposed to domestic violence and training to help parents support their children. The contractor(s) will participate in the *PEI Summit* and *PEI Collaborative* to create a mental health prevention and early intervention system and achieve the system-level outcomes.

6. Collaboration and System Enhancements

Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc., the partnerships that will be established in this PEI project and the roles and activities of other organizations that will be collaborating on this project.

The Domestic Violence PEI project builds on existing systems and relationships to better serve the children and families affected by domestic violence. The project also utilizes the existing Domestic Violence Task Force to develop common screenings, assessments and treatment protocols. The multi-disciplinary team will be a subcommittee of this task force.

PEI PROJECT SUMMARY

Describe how the PEI component will strengthen and build upon the local community-based mental health and primary care system including community clinics and health centers.

Individuals and families served through this project will be referred to the local community-based mental health and primary care system as needed. Representatives from these systems will be members of the multi-disciplinary team to ensure appropriate referrals and follow-up with community clinics and health centers.

Describe how resources will be leveraged.

This project leverages the relationships that service providers already have with families seeking shelter and the relationships and history of the Domestic Violence Task Force.

Describe how the programs in this PEI project will be sustained.

All providers will be involved in the *PEI Summit* and the *PEI Collaborative*. Through these activities, Napa County is working to create and sustain a system of prevention and early intervention that can withstand the changes in program funding over time. By involving each of the funded PEI projects in the capacity building planning and implementation, the projects have access to the technical assistance, collaborative relationships and resources to adapt and change over time and are more likely to be sustained. Agencies will be encouraged to seek out other opportunities to expand and leverage this project with support from the grant writing and fund development efforts of County Staff.

7. Intended Outcomes

Describe intended individual outcomes.

- Children and Victims of Domestic Violence will develop improved resilience and protective factors as demonstrated by improved social connectedness and reduced social isolation
- Children and Victims of Domestic Violence will develop improved mental health status, emotional health, and knowledge of the impact of social and emotional factors
- Children and Victims of Domestic Violence will be at reduced risk for development of Post Traumatic Stress Disorder

Describe intended system and program outcomes.

- Enhanced quantity and quality of co-operative relationships with other organizations and systems
- More prevention services provided in non-traditional settings
- Enhanced mental health promotion environment in partner organizations

PEI PROJECT SUMMARY

Describe other proposed methods to measure success.

The evaluation of this program will be achieved through the use of surveys and interviews with participants and their families. The contractor(s) and the Domestic Violence Task Force will also work with the *PEI Collaborative* to measure system-level goals.

What will be different as a result of the PEI project and how will you know?

- Children and Domestic Violence Victims who are currently exposed to Domestic Violence will be clearly identified and referred to a single agency for a screening, assessment, and referral to services as needed.
- Universal screening, assessment, and referral tools will be identified and implemented to provide for effective referrals based on best practices in the field of Domestic Violence Trauma.
- Agencies will work together and communicate regularly on what is working and identify current gaps in addressing the needs of Children and Domestic Violence Victims exposed to Domestic Violence.
- Caregivers will have an understanding of the effects of Domestic Violence Trauma on children/adults.

8. Coordination with Other MHSA Components

Describe coordination with CSS, if applicable.

Individuals who need services beyond early intervention will be referred to the appropriate CSS programs as indicated: System Navigators, Mobile Outreach, Response and Engagement (MORE), Children's Full Service Partnership (FSP), Transition Age Youth (TAY) FSP, Adult FSP, or Older Adult FSP.

Describe intended use of Workforce Education and Training funds for PEI projects, if applicable.

The Workforce Education and Training Plans are still in development. As training programs are implemented, program staff from the PEI programs will be included as appropriate.

Describe intended use of Capital Facilities and Technology funds for PEI projects, if applicable.

Does not apply

9. Additional Comments (optional)

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: Napa Date: 4/30/10
 PEI Project Name: **Domestic Violence PEI Project**
 Provider Name (if known): *Contractor(s) - To be determined*
 Intended Provider Category: *Contractor(s) - To be determined*
 Proposed Total Number of Individuals to be served: FY 10-11 50
 Total Number of Individuals currently being served: FY 10-11 0
 Total Number of Individuals to be served through PEI Expansion: FY 10-11 0
 Months of Operation: FY 10-11 10

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 10-11		Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Staff Services Specialist (.10 FTE)	\$7,720		\$7,720
			\$0
			\$0
b. Benefits and Taxes @ %	\$2,642		\$2,642
c. Total Personnel Expenditures	\$10,362		\$10,362
2. Operating Expenditures			
a. Facility Cost			
	\$0		\$0
b. Other Operating Expenses	\$1,000		\$1,000
c. Total Operating Expenses	\$1,000		\$1,000
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
<i>Contractor(s) - To be determined</i>	\$109,400		\$109,400
Evaluation Consultant	\$11,342		\$11,342
	\$0		\$0
a. Total Subcontracts	\$120,742		\$120,742
4. Total Proposed PEI Project Budget	\$132,104		\$132,104
B. Revenues (list/itemize by fund source)			
	\$0		\$0
	\$0		\$0
	\$0		\$0
1. Total Revenue	\$0		\$0
5. Total Funding Requested for PEI Project	\$132,104		\$132,104
6. Total In-Kind Contributions	\$0		\$0

Project #2: Domestic Violence PEI Project Budget Narrative

This project will be implemented through a combination of County staff and a contracted community-based organization. Upon approval of Napa County's PEI Component Plan for FY 10-11, County staff will determine if this contract will be sole-sourced or whether to develop and distribute a Request for Qualification/Proposal (RFQ/RFP). Staff will coordinate the project with the prospective PEI contractor(s) to develop resources, leverage additional funding, coordinate PEI services and participate in the newly formed PEI Collaborative.

If this PEI project is determined to be appropriate for an RFQ/RFP process, it will be included in the Bidders Conference, which will be convened to share information about the RFQ/RFP process. After a thorough review of all received qualifications and proposals, the strongest applicant(s) will be selected to implement this PEI project. Negotiations with prospective contractors will begin and budgets, contract amounts will be determined, and contracts developed with the goal of implementing the project as soon as possible.

A. 1. Personnel Expenditures

- a. Staff Services Specialist (.10 FTE) – This is an existing position within the Mental Health Division and the incumbent will be allocating 10% of their time to assist with the implementation of the PEI Project including attending meetings, preparing and monitoring contracts, compiling outcome data, and working with the PEI contractor(s). The cost is based on the Mental Health Division's salary/benefit schedule for FY 10-11.
- b. Employee Benefits – The cost is based on actual employee benefit projections from the FY 10-11 Salary Schedule for the position at the appropriate FTE percentage.
- c. Total Personnel Expenditures – This line item is the total amount of all personnel salary and benefit expenditures.

2. Operating Expenditures

- a. Other Operating Expenditures – These costs are based on estimated program operating costs, supplies, communications, information technology, travel, training, and any costs associated with PEI Project related meetings.
- b. Total Operating Expenditures – This line item is the total amount of all projected operating expenses of the total budget.

3. Subcontracts/Professional Services

- a. Project Contractor (to be determined). The budget amount was developed from PEI Concept Papers and estimates of costs provided by county staff, community non-profit providers, and other stakeholders/organizations. It is anticipated that contractor budgets will include costs for salaries/benefits, program supplies, direct operating expenses, services, indirect, and administrative costs.

Project #2: Domestic Violence PEI Project - Budget Narrative continued

- 1) It is envisioned that staffing for the project may include the following potential positions, although Napa County has purposefully not proscribed any required positions in order to allow potential contractors flexibility in staffing these programs based on their own knowledge and expertise.

Domestic Violence Project

- Domestic Violence Program Coordinator
- Domestic Violence Case Worker/Manager
- Domestic Violence Multi-Disciplinary Team

- b. Evaluation Consultant – This line item will be a contracted position that will be put out to a RFQ. The Evaluator will be responsible for working with the staff and contractor to implement evaluations that will help determine the efficacy of the PEI Project. The estimated cost is based on the anticipated level of service and average rate of consultants/evaluators currently utilized by the Napa County Health & Human Services Agency.

4. Total Proposed PEI Project Budget - This line item is the total amount budgeted for the Domestic Violence PEI Project.

B. Revenues (list/itemize by fund source) – No amount is listed in this section as there are currently no other revenue sources confirmed for this new PEI Project. (Potential funding sources may include Auction Napa Valley, Blue Shield Foundation, California Wellness Foundation, California Endowment Foundation, Community Foundation of Napa Valley, Federal Prevention Grants, California Attorney General Violence Prevention Funding, School Community Violence Prevention Grants, SAMHSA, Robert Wood Johnson Foundation, Queen of the Valley Hospital Community Outreach, Andrus Family Fund, California Community Foundation, California Wellness Foundation, Gap Foundation, Tides Foundation, etc.)

1. Total Revenue - No amount is listed in this line item as there are currently no other revenue sources confirmed for this PEI Project.

5. Total Funding Requested for PEI Project – This line item is the total amount requested for the Domestic Violence PEI Project.

6. Total In-Kind Contributions - No amount is listed in this line item as there are currently no confirmed in-kind contributions for this PEI Project. Included in the job duties for staff in this PEI Project will be resource development.

PEI PROJECT SUMMARY

County: Napa **PEI Project Name:** LGBTQ PEI Project **Date:** April 30, 2010

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

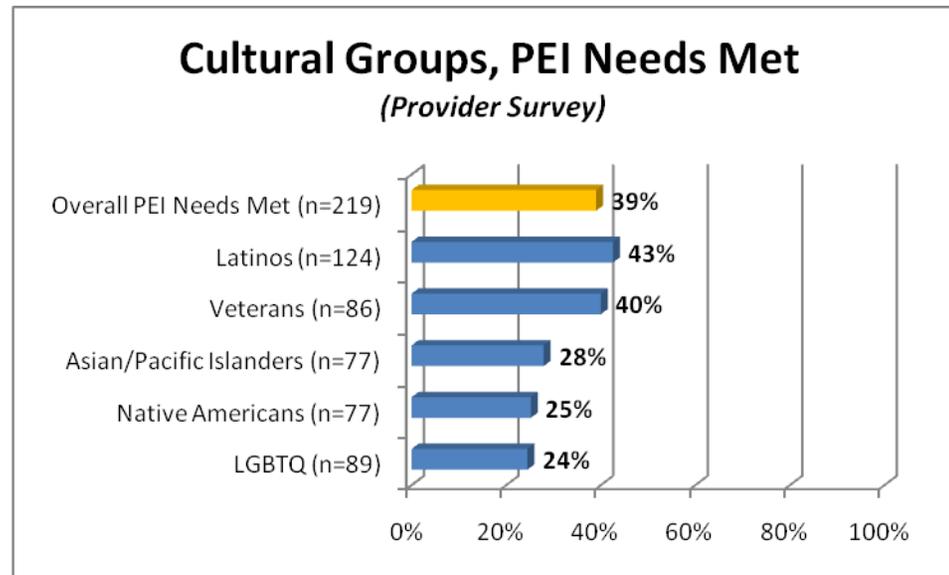
1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	X	X	X	X
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	X	X	X
3. At-Risk Children, Youth and Young Adult Populations	X	X	X	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	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
• 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	X	X	X	X

PEI PROJECT SUMMARY

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

The provider and community survey identified Lesbian, Gay, Bisexual, Transgender, and Questioning or LGBTQ individuals as underserved/underserved. Of the providers surveyed for the PEI provider survey, 100 of 156 providers indicated they currently serve the LGBTQ community (64%).



The PEI workgroup membership did not include representatives from the LGBTQ community. After the need was identified, an ad-hoc committee of LGBTQ representatives was convened to discuss mental health prevention and early intervention needs. The ad-hoc committee expressed concern that local service providers surveyed did not report serving the LGBTQ community. The ad-hoc committee was also concerned that there was very little information available about the needs of the LGBTQ community in Napa County. The committee developed an outline of an LGBTQ program to address the gap in knowledge, awareness, and resources with the intent of making existing PEI services accessible and safe for LGBTQ individuals.

PEI PROJECT SUMMARY

Additional data showed a need for provider trainings to encourage practices that are welcoming and culturally-competent for LGBTQ:

- A 2005 study found that *“58% of psychologists supported a gay-affirmative stance in therapy compared to 5% in 1991.”*¹⁶ Though this is an improvement, it is of concern that 42% of psychologists did not support a gay-affirmative stance in therapy in the 2005 study.
- *“For GLBT persons living in rural areas, there may be a number of barriers to finding GLBT-friendly mental health providers and programs. In a study of mental health providers serving two rural communities, participants reported widespread anti-GLBT bias and an overall lack of resources for GLBT persons. Unfortunately, fears of harassment—or worse—prevented GLBT providers from working with GLBT consumers to create networks and resources.”*¹⁷
- *“Gay, Lesbian, and bisexual people in the United States have unique health risks. The US Dept. of Health and Human Services has identified 29 **Healthy People 2010** objectives in which disparities exist between homosexual or bisexual persons and heterosexual persons. These focus areas include access to care, educational and community-based programs, injury and violence prevention, mental health and mental disorders, substance abuse, and tobacco abuse.”*¹⁸
- AB2920: This legislation added the LGBTQ community to the list of protected classes for services. Providers serving elderly LGBTQ have to be culturally-competent to receive certain types of funding.

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

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

This project specifically addresses the disparities in access to mental health services that both the providers and the ad-hoc committee identified. This project will convene a LGBTQ Advisory Board to help increase organizations’ capacity to screen and serve Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) individuals and their families in order to provide timely and appropriate mental health prevention and early intervention referrals and services. The project also develop or select a logo and certification process to help LGBTQ identify organizations that are actively working to serve LGBTQ individuals.

The goal of the project is to encourage and support providers to make changes in their organizational practices to make all mental health prevention and early intervention services in Napa County more accessible to LGBTQ individuals.

¹⁶ Bostwick, W. (2007) Disparities in Mental Health Treatment among GLBT populations. National Alliance on Mental Illness. Downloaded on July 18, 2008 at: http://nami.beardog.net/AdvHTML_Upload/1GLBTDisparities07.pdf

¹⁷ Ibid

¹⁸ Frankowski, B. (2004) Sexual Orientation and Adolescents. Journal of the American Academy of Pediatrics, Vol. 113, No. 6, pp. 1827-1832.

PEI PROJECT SUMMARY

This project aligns with the following themes from the community planning process:

- Training for mental health providers to address cultural competency
- Training for all service providers to understand mental health needs
- Community gathering places and community building

Implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services site, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.

The project will be contracted to one or more community agencies that are culturally-competent to serve LGBTQ and with the ability to help other organizations become more culturally competent to serve LGBTQ. Though the specific settings for the trainings will be determined by the contractor(s), it is expected that most of the provider trainings will take place primarily in community settings where prevention and early intervention services are delivered.

Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and/or cultural populations to be served.

The LGBTQ PEI Project is intended for organizations that serve as access points for mental health prevention and early intervention referrals and services: schools, health care organizations, juvenile justice settings, law enforcement, faith-based organizations, public assistance/vocational organizations, community-based organizations and other organizations providing mental health prevention and early intervention programs in Napa County.

All project activities will be geared toward improving the accessibility and competency of each organization's services for LGBTQ individuals in an effort to eliminate the discrimination and trauma LGBTQ individuals report experiencing as they seek services and as they "come out" to themselves, their friends, families, and/or the community.

Highlights of new or expanded programs.

Note: The program highlights are organized using the levels of the Spectrum of Prevention.

PEI PROJECT SUMMARY

Fostering Coalitions and Networks

- ***Community Development and Advocacy***

In order to develop an appropriate program to reach out to providers that might serve the LGBTQ community, a LGBTQ Advisory Board will be convened. The advisory board will ensure that the LGBTQ PEI Project is culturally competent and will outreach effectively to the LGBTQ community about the development of a logo and certification; and work with the PEI Collaborative to identify gaps in mental health prevention and early intervention services and plan for new services.

Educating Providers

- ***Provider Assessment, Training and Cultural Competency Support***

This component includes outreach to organizations, organizational assessments, provider and organizational trainings, and ongoing cultural competency support including understanding the unique needs of LGBTQ Veterans. The learning from the assessments and trainings will be developed into materials that will be shared with the PEI Collaborative and other community providers. If additional funding becomes available the learning, may be expanded into an e-training course open to all community providers.

Changing Organizational Practices

- ***Logo Development and Certification***

To ensure LGBTQ individuals that an organization is actively working to make their services more competent and accessible, the LGBTQ Advisory Board will develop or identify a logo and certification process for organizations to display after completing the provider training. The LGBTQ Advisory Board will also conduct community outreach to ensure the LGBTQ population understands the meaning of the logo/certification and which organizations are actively working to better serve LGBTQ individuals.

Influencing Policy and Legislation

Contractor(s) will be asked to conduct a policy scan to determine local laws that impact positive mental health outcomes for the LGBTQ population. Policy issues that could be addressed for this population include:

- Domestic Partner Benefits
- Equality
- Non-Discrimination policies in organizations not already covered by state law

PEI PROJECT SUMMARY

Actions to be performed to carry out the PEI project, including frequency or duration of key activities

The LGBTQ PEI Project will be carried out by one or more community agencies. Napa County Mental Health Services Act staff will convene the *PEI Summit* and the *PEI Collaborative* to involve all funded programs in planning and evaluating prevention and early intervention services in Napa County. Staff will also recruit potential applicants and conduct the RFP process. The eventual contractor(s) will be responsible for implementing the program and participating in the *PEI Summit* and the *PEI Collaborative* planning and evaluation activities.

Key milestones and anticipated timeline for each milestone.

Phase One, Planning and Start-up (6 months):

- Develop and release RFP
- Review proposals, select subcontractor(s)
- Develop contracts with partner organizations
- Convene *PEI Summit* with providers receiving PEI funds
- Begin implementation
- Establish data collection/evaluation protocols

Phase Two, Program Implementation and Evaluation (next 6 months)

- Convene *PEI Collaborative*
- Work with contractor(s) to determine role in *PEI Collaborative*, develop evaluation plans and establish data collection and reporting expectations.
- Work with contractor(s) to ensure cultural-competency for unserved and underserved populations in all services and programs.
- Continue data collection and evaluation
- Share learning about serving unserved and underserved populations with PEI Collaborative and other community providers.
- Invite interested community providers to join the *PEI Collaborative*

PEI PROJECT SUMMARY

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type		Number of months in operation through June 2011
	Prevention	Early Intervention	
<p>Community Building and Advocacy: LGBTQ Advisory Board</p> <p><i>Collaborative process similar to UCSF’s Queer Tobacco Intervention Project (QueerTIP)¹⁹</i></p>	<p>Individuals:0 Families:0</p>	<p>Individuals:0 Families:0</p>	10 months
<p>Provider Training: Organizational Assessment, Training and Cultural Competency Support including understanding the unique needs of LGBTQ Veterans.</p> <p><i>“Guidelines for the Care of Lesbian, Gay, Bisexual and Transgendered Patients”²⁰ or similar</i></p>	<p>Individuals:0 Families:0</p>	<p>Individuals:0 Families:0</p>	10 months
<p>Logo Development and Certification</p>	<p>Individuals:0 Families:0</p>	<p>Individuals:0 Families:0</p>	10 months
<p>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</p>	<p>Individuals:0 Families:0</p>	<p>Individuals:0 Families:0</p>	

¹⁹ UCSF AIDS Research Institute, “Smoking Cessation Interventions in San Francisco’s Queer Communities” Accessed at <http://www.caps.ucsf.edu/pubs/reports/pdf/Q-TIPS2C.pdf>, July 21, 2009.

²⁰ Gay and Lesbian Medical Association, “Guidelines for the Care of Lesbian, Gay, Bisexual and Transgendered Patients” Accessed at http://www.glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf, July 3, 2009

PEI PROJECT SUMMARY

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

Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.

The PEI LGBTQ Project focuses on working with service providers who are the referral sources and/or providers of mental health prevention and early intervention services. These providers are screening and referring individuals now, this project is focused on making all entry points into the prevention and early intervention system equally accessible to the LGBTQ community.

Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment; community, domestic or sexual violence prevention and intervention; and basic needs.

It is anticipated that the cultural competency support and training, logo/certification process, and outreach to the LGBTQ community will encourage LGBTQ individuals who need services to access them. All agencies that currently provide prevention and early intervention services in Napa County will be encouraged to participate.

Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.

The most important goal of this project is to create equal access to the existing PEI referral sources and services. This will be done by supporting providers as they change their organizational practices, helping LGBTQ individuals identify agencies that are accessible through the development of a logo and certification process, and establishing long-term collaborative relationships with the LGBTQ community through the LGBTQ Advisory Board and related outreach and advocacy activities. The LGBTQ Advisory Board will participate in the *PEI Collaborative*, ensuring the organizational and community learning is shared with other PEI funded programs and the larger group of provider agencies.

6. Collaboration and System Enhancements

Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc., the partnerships that will be established in this PEI project and the roles and activities of other organizations that will be collaborating on this project.

PEI PROJECT SUMMARY

The PEI LGBTQ Project will develop relationships with service providers and collaborate with the programs to assess their current practices, their readiness for change and their progress in changing their organizational practices to address the needs of LGBTQ individuals. The establishment of the LGBTQ Advisory group is intended to foster a long term relationship between service providers and the LGBTQ community to identify gaps in services and to improve cultural competency.

Describe how the PEI component will strengthen and build upon the local community-based mental health and primary care system including community clinics and health centers.

The PEI LGBTQ Project will enhance the system of mental health prevention and early intervention services by making the entry points into the system of services more accessible to LGBTQ individuals. The project is focused on helping organizations identify ways to change their practices to incorporate new policies and procedures that will make the program, space and staff more welcoming to LGBTQ individuals. The logo and certification will serve to alert individuals that the agency and program staff are actively working to incorporate changes to better serve the LGBTQ community.

Describe how resources will be leveraged.

This project leverages the currently available prevention and early intervention services by making them more accessible for the LGBTQ community. The project also leverages the knowledge and influence of the LGBTQ community through the creation of the LGBTQ Advisory Board. Other potential leveraging includes utilization of existing logos and/or certification processes that are already in use by organizations such as the Lavender Seniors of the East Bay.

Describe how the programs in this PEI project will be sustained.

All providers will be involved in the *PEI Summit* and the *PEI Collaborative*. Through these activities, Napa County is working to create and sustain a system of prevention and early intervention that can withstand the changes in program funding over time. By involving each of the funded PEI projects in the capacity building planning and implementation, the projects have access to the technical assistance, collaborative relationships and resources to adapt and change over time and are more likely to be sustained. Agencies will be encouraged to seek out other opportunities to expand and leverage this project with support from the grant writing and fund development efforts of County Staff.

7. Intended Outcomes

Describe intended individual outcomes.

- LGBTQ individuals will receive culturally competent PEI and other services from providers who have been trained to provide more culturally competent services to the LGBTQ community.

PEI PROJECT SUMMARY

Describe intended system and program outcomes.

- Enhanced quantity and quality of co-operative relationships between providers who have received training and other organizations and systems
- Enhanced mental health promotion environment in partner organizations.
- Enhanced LGBTQ cultural competency among community service providers
- Increased ability of community service providers who have received training to serve LGBTQ individuals in a more culturally competent manner

Describe other proposed methods to measure success.

The evaluation of this program will be achieved through the use of surveys and interviews with providers. The contractor(s) and the LGBTQ Advisory Board will also work with the PEI Evaluator to measure system-level goals.

What will be different as a result of the PEI project and how will you know?

- All prevention and early intervention services in Napa County will be more accessible to the LGBTQ community.
- The learning gained from the organizational assessments and trainings will be accessible to all providers in Napa County, and the necessary changes will be implemented.

8. Coordination with Other MHSA Components

Describe coordination with CSS, if applicable.

Individuals who need services beyond early intervention will be referred to the appropriate CSS programs as indicated: System Navigators, Mobile Outreach, Response and Engagement (MORE), Children's Full Service Partnership (FSP), Transition Age Youth (TAY) FSP, Adult FSP, or Older Adult FSP.

Describe intended use of Workforce Education and Training funds for PEI projects, if applicable.

The Workforce Education and Training Plans are still in development. As training programs are implemented, program staff from the PEI programs will be included as appropriate.

Describe intended use of Capital Facilities and Technology funds for PEI projects, if applicable.

Does not apply

9. Additional Comments (optional)

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: Napa Date: 4/30/10
 PEI Project Name: **LGBTQ PEI Project**
 Provider Name (if known): *Contractor(s) - To be determined*
 Intended Provider Category: *Contractor(s) - To be determined*
 Proposed Total Number of Individuals to be served: FY 10-11 0
 Total Number of Individuals currently being served: FY 10-11 0
 Total Number of Individuals to be served through PEI Expansion: FY 10-11 0
 Months of Operation: FY 10-11 10

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 10-11		Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Staff Services Specialist (.05 FTE)	\$3,860		\$3,860
			\$0
			\$0
b. Benefits and Taxes @ %	\$1,322		\$1,322
c. Total Personnel Expenditures	\$5,182		\$5,182
2. Operating Expenditures			
a. Facility Cost			
	\$0		\$0
b. Other Operating Expenses			
	\$500		\$500
c. Total Operating Expenses	\$500		\$500
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
<i>Contractor(s) - To be determined</i>	\$43,500		\$43,500
Evaluation Consultant	\$4,510		\$4,510
	\$0		\$0
a. Total Subcontracts	\$48,010		\$48,010
4. Total Proposed PEI Project Budget	\$53,692		\$53,692
B. Revenues (list/itemize by fund source)			
	\$0		\$0
	\$0		\$0
	\$0		\$0
1. Total Revenue	\$0		\$0
5. Total Funding Requested for PEI Project	\$53,692		\$53,692
6. Total In-Kind Contributions	\$0		\$0

**Project #3: LGBTQ PEI Project
Budget Narrative**

This project will be implemented through a combination of County staff and a contracted community-based organization. Upon approval of Napa County’s PEI Component Plan for FY 10-11, County staff will determine if this contract will be sole-sourced or whether to develop and distribute a Request for Qualification/Proposal (RFQ/RFP). Staff will coordinate the project with the prospective PEI contractor(s) to develop resources, leverage additional funding, coordinate PEI services and participate in the newly formed PEI Collaborative.

If this PEI project is determined to be appropriate for an RFQ/RFP process, it will be included in the Bidders Conference, which will be convened to share information about the RFQ/RFP process. After a thorough review of all received qualifications and proposals, the strongest applicant(s) will be selected to implement this PEI project. Negotiations with prospective contractors will begin and budgets, contract amounts will be determined, and contracts developed with the goal of implementing the project as soon as possible.

A. 1. Personnel Expenditures

- a. Staff Services Specialist (.05 FTE) – This is an existing position within the Mental Health Division and the incumbent will be allocating 5% of their time to assist with the implementation of the PEI Project including attending meetings, preparing and monitoring contracts, compiling outcome data, and working with the PEI contractor(s) . The cost is based on the Mental Health Division’s salary/benefit schedule for FY 10-11.
- b. Employee Benefits – The cost is based on actual employee benefit projections from the FY 10-11 Salary Schedule for the position at the appropriate FTE percentage.
- c. Total Personnel Expenditures – This line item is the total amount of all personnel salary and benefit expenditures.

2. Operating Expenditures

- a. Other Operating Expenditures – These costs are based on estimated program operating costs, supplies, communications, information technology, travel, training, and any costs associated with PEI Project related meetings.
- b. Total Operating Expenditures – This line item is the total amount of all projected operating expenses of the total budget.

3. Subcontracts/Professional Services

- a. Project Contractor (to be determined). The budget amount was developed from PEI Concept Papers and estimates of costs provided by county staff, community non-profit providers, and other stakeholders/organizations. It is anticipated that contractor budgets will include costs for salaries/benefits, program supplies, direct operating expenses, services, indirect, and administrative costs.

Project #3: LGBTQ PEI Project - Budget Narrative continued

- 1) It is envisioned that staffing for the project may include the following potential positions, although Napa County has purposefully not proscribed any required positions in order to allow potential contractors flexibility in staffing these programs based on their own knowledge and expertise.

LGBTQ PEI Project

- Community Outreach Worker/Educator

- b. Evaluation Consultant – This line item will be a county contracted position that will be put out to an RFQ. The Evaluator will be responsible for working with the staff and contractor to implement an evaluation that will help determine the efficacy of the PEI Project. The estimated cost is based on the anticipated level of service and average rate of consultants/evaluators currently utilized by the Napa County Health & Human Services Agency.

4. Total Proposed PEI Project Budget - This line item is the total amount budgeted for the LGBTQ PEI Project.

B. Revenues (list/itemize by fund source) – No amount is listed in this section as there are currently no other revenue sources confirmed for this new PEI Project. (Potential funding sources may include Auction Napa Valley, California Wellness Foundation, California Endowment Foundation, Community Foundation of Napa Valley, SAMHSA, Robert Woods Johnson Foundation, Queen of the Valley Hospital Community Outreach, Andrus Family Fund, California Community Foundation, California Wellness Foundation, Gap Foundation, Tides Foundation, etc.)

1. Total Revenue - No amount is listed in this line item as there are currently no other revenue sources confirmed for this PEI Project.

5. Total Funding Requested for PEI Project – This line item is the total amount requested for the LGBTQ PEI Project.

6. Total In-Kind Contributions - No amount is listed in this line item as there are currently no confirmed in-kind contributions for this PEI Project. Included in the job duties for staff in this PEI Project will be resource development.

PEI PROJECT SUMMARY

County: Napa **PEI Project Name:** Native American PEI Project

Date: April 30, 2010

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

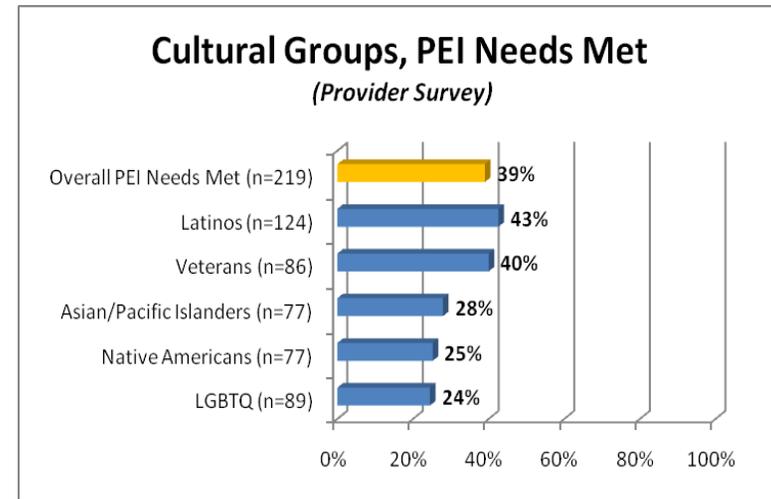
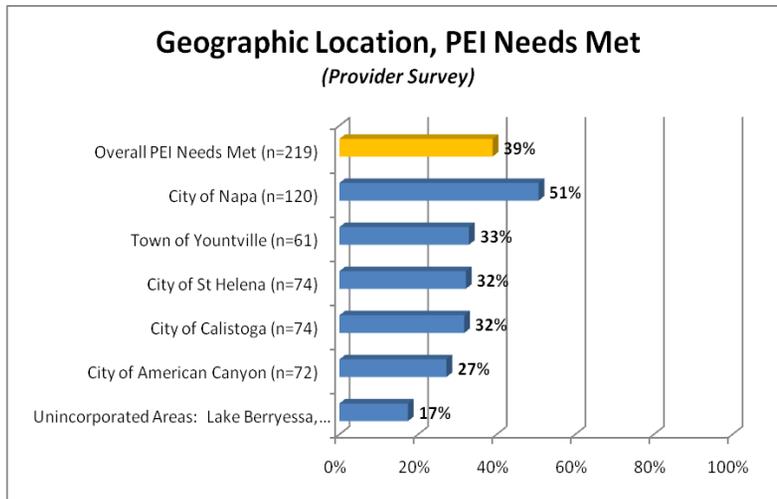
1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	X	X	X	X
2. Psycho-Social Impact of Trauma	X	X	X	X
3. At-Risk Children, Youth and Young Adult Populations	X	X		
4. Stigma and Discrimination	X	X	X	X
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
• 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	X	X		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	X	X	X	X

PEI PROJECT SUMMARY

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

Native Americans were identified as unserved/underserved by existing PEI services by providers who responded to the PEI provider survey. Additionally, providers identified the unincorporated areas as particularly unserved/underserved geographic area in Napa County.



Native Americans make up approximately 1% of the population of Napa County.²¹To further understand the mental health prevention and early intervention needs of the Native American community, local Native American cultural informants were asked to design a PEI program. The result was a workplan that outlined culturally appropriate strategies to address the needs of this population, many of whom live in the unincorporated areas of the County. Native American representatives designed a project to bring “Native American families living in Napa County together for emotional, physical and spiritual support and networking by establishing culturally-relevant outreach programs to strengthen a very scattered and diverse Native American community.”

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

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

²¹ US Census Quick Facts for Napa County, 2008 population estimate. Accessed at <http://quickfacts.census.gov/qfd/states/06/06055.html>, 02/09/10.

PEI PROJECT SUMMARY

The Native American PEI project was developed based on program ideas submitted by the cultural informants from the Native American community in Napa County. The workplan provides outreach/education, cultural events and provider training to enhance prevention and early intervention resources for the Native American community.

In addition, this project aligns with the following themes that emerged from the overall community planning process:

- Services in natural settings
- Training for all service providers to understand mental health needs
- Services for individuals that include their families and/or support network
- Community gathering places and community building

Implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services site, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.

The project will be subcontracted to a local inter-tribal organization that will provide culturally-competent services for Native Americans in Napa County. Though the settings will be determined by the subcontracting organization, it is expected that the outreach and events will occur throughout Napa County with an emphasis on the unincorporated areas of the County.

Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and/or cultural populations to be served

The target community for the services outlined in this project is the approximately 1,300 Native Americans living in Napa County²². The outreach and events will occur throughout Napa County with an emphasis on the unincorporated areas of the County.

Highlights of new or expanded programs

Note: The program highlights are organized using the levels of the Spectrum of Prevention.

Strengthening Individual Knowledge and Skills

- **Outreach, Education, and Screenings:** The Native American PEI project will use an outreach/education worker to plan and attend events and provide information and informal screenings/assessments. The outreach worker will be trained to do short screenings and make referrals to relevant services or more in-depth assessments for individuals and families, including nutrition, child development, health and mental health services. Individuals, parents and family members will also be screened to determine if any of them might be eligible for Veterans' Services including LGBTQ and Women's Veterans services.

²² Ibid.

PEI PROJECT SUMMARY

- **Cultural Events and Traditional Practices that Build Resiliency and Support Wellness:** The Native American PEI project will promote cultural events and traditional practices in Napa County to bring the Native American Community together and build trust. These events will be organized by the outreach/education worker and will serve as a venue for informal outreach, education, screenings and assessments.

Proposed activities and events include:

- Beading classes, traditional drumming circles, flute making and regalia creation;
- Monthly sweat lodge sessions;
- Monthly potluck dinners in semi-rural locations; and,
- Native American Pow-Wow.”²³

Fostering Coalitions and Networks

- **Advisory Group:** The Native American PEI project will include advisors to educate and inform community providers about culturally appropriate services for Native Americans. This is to ensure that once individuals are identified and referred (through the screenings and assessments) that providers will be able to offer services that will be more culturally competent and sensitive to the needs of Native Americans. This Advisory Group will also participate in the *PEI Collaborative*.

Changing Organizational Practice

The inter-tribal organization will conduct a brief needs assessment to determine organizational practices that need to be modified in order to improve mental health outcomes for Native American populations and/or to address norms that impact mental health outcomes. Organizational practices that could be addressed may include:

- Assisting organizations in changing organizational practices that facilitate access for Native Americans;
- Encourage organizations to implement cultural competence standards relevant to Native American populations
- Encourage organizations to include Native American Race/Ethnicity categories in service data

Influencing Policy and Legislation

The inter-tribal organization will also conduct a policy scan to determine local laws that impact mental health outcomes for the priority population. Policy issues that could be addressed for this population include:

- Livable wage
- Access to health care
- Affordable housing

²³ The cultural activities/events come directly from the project submitted by the cultural informants. These traditionally-based practices are recognized best practice models for Native American communities.

PEI PROJECT SUMMARY

Actions to be performed to carry out the PEI project, including frequency or duration of key activities.

The Native American PEI Project will be carried out by a local inter-tribal organization. Napa County Mental Health Services Act staff will convene the *PEI Summit* and the *PEI Collaborative* to involve all funded programs in planning and evaluating prevention and early intervention services in Napa County which will include staff from this organization working on this project. The contractor will be responsible for implementing the program and participating in the *PEI Summit* and the *PEI Collaborative* planning and evaluation activities.

Key milestones and anticipated timeline for each milestone.

Phase One: Planning and Start-up (6 months):

- Develop contract with local inter-tribal organization
- Convene *PEI Summit* with providers receiving PEI funds including the inter-tribal organization
- Begin implementation
- Establish data collection/evaluation protocols

Phase Two, Program Implementation and Evaluation (next 6 months)

- Convene *PEI Collaborative*
- Work with contractor to determine role in *PEI Collaborative*, develop evaluation plans and establish data collection and reporting expectations.
- Support contractor as needed in program and service delivery
- Continue data collection and evaluation
- Share learning about serving unserved and underserved populations with other community providers.
- Invite interested community providers to join the *PEI Collaborative*

PEI PROJECT SUMMARY

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type		Number of months in operation through June 2011
	Prevention	Early Intervention	
<p>Outreach, Education and Screenings <i>Ages and Stages and similar screening and assessment tools. Individuals, parents and family members will be screened to determine if any of them might be eligible for Veterans' Services including LGBTQ and Women's Veterans services.</i></p>	Individuals: 200 Families:	Individuals:0 Families:0	10 months
<p>Cultural Events</p> <ul style="list-style-type: none"> • <i>Classes: beading, drumming, flute making, regalia creation and similar activities</i> • <i>Sweat Lodge: A traditional ceremony to re-integrate the body, mind, and spirit which helps in recovery from trauma and offers tangible support for sober living</i> • <i>Annual Pow-Wow for familial reunification, networking, positive behavior role modeling, ceremonial self-esteem building, outreach for mental health services, and primary contacts for marginalized individuals and families.</i> 	Individuals: 60 Families:	Individuals:0 Families:0	10 months
	Individuals: 50 Families:	Individuals:0 Families:0	10 months
	Individuals: 200 Families:	Individuals:0 Families:0	10 months
<p>Advisory Group <i>To assess needs in Native American community and work with providers to create culturally appropriate services</i></p>	Individuals: 0 Families: 0	Individuals: 0 Families: 0	10 months
<p>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED <i>(Note: Given the nature of outreach and education services and the likelihood that some individuals may participate in multiple activities, it will be difficult to ensure overall count is 100% unduplicated.)</i></p>	Individuals: 510 Families:	Individuals:0 Families:0	

PEI PROJECT SUMMARY

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

Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.

Any individuals who participate in the cultural events/activities and are identified as needing screenings or further services will be referred to the outreach/education worker for screenings and referrals. Individuals who are identified as needing assessments and/or services after being screened by the outreach worker will be referred to Napa County Mental Health or appropriate service providers.

Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment; community, domestic or sexual violence prevention and intervention; and basic needs.

The outreach/education worker will connect Native American individuals and families with needed services, and the advisory group will work with community providers to ensure culturally appropriate services are available.

Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.

The Native American PEI project provides cultural events and activities to build trust and resilience, and an outreach/education worker to connect individuals to needed services. In addition, the project develops relationships between the Native American community and service providers through involvement in the *PEI Summit* and the *PEI Collaborative*. This involvement will promote learning in all the participating agencies and improve cultural competency to enable Native American individuals to seek culturally appropriate services in the community.

6. Collaboration and System Enhancements

Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc., the partnerships that will be established in this PEI project and the roles and activities of other organizations that will be collaborating on this project.

The primary relationships that will be established in this project are the relationships between the Native American community, Napa County Mental Health, and service providers in Napa County. The project is designed to build trust and encourage participation from the Native American community in PEI prevention/early intervention activities.

PEI PROJECT SUMMARY

Describe how the PEI component will strengthen and build upon the local community-based mental health and primary care system including community clinics and health centers.

This project strengthens the current system of services by bringing culturally-competent outreach, screenings and referrals to the Native American community. It also provides for feedback to providers about how to provide accessible and appropriate services to this community. Participation in the *PEI Collaborative* is critical to share learning and bring changes in how services are delivered. It is anticipated that as a result of the outreach and health screening efforts that Native Americans will be referred to community clinics for services to address issues such as diabetes, substance abuse, and other health issues.

Describe how resources will be leveraged.

This project leverages the relationships of the outreach worker with the Native American community and the knowledge of the local inter-tribal organizations Advisory Group to educate providers. Additional resources that will be leveraged include provider offices where trainings will be held, community sites where cultural events will be held, and the inter-tribal organization's land where Native American cultural events will be held.

Describe how the programs in this PEI project will be sustained.

All providers will be involved in the *PEI Summit* and the *PEI Collaborative*. Through these activities, Napa County is working to create and sustain a system of prevention and early intervention that can withstand the changes in program funding over time. By involving each of the funded PEI projects in the capacity building planning and implementation, the projects have access to the technical assistance, collaborative relationships and resources to adapt and change over time and are more likely to be sustained. Agencies will be encouraged to seek out other opportunities to expand and leverage this project with support from the grant writing and fund development efforts of County Staff.

7. Intended Outcomes

Describe intended individual outcomes.

- Native Americans living in the Napa County area will demonstrate improved resilience and protective factors as indicated by increased pride in their culture and traditions
- Native Americans living in the Napa County area will demonstrate improved resilience and protective factors as indicated by a reduction in social isolation and increased social connectedness

Describe intended system and program outcomes.

- More prevention services provided in non-traditional settings
- Enhanced use of ethnic/cultural community partners

PEI PROJECT SUMMARY

- Reduced stigma

Describe other proposed methods to measure success.

The evaluation of this program will be achieved through the use of surveys and interviews with individuals and families. The contractor will also work with the PEI Collaborative to measure system-level goals.

What will be different as a result of the PEI project and how will you know?

- A culturally competent outreach/education coordinator will work with the Native community to create culturally appropriate programs that bring together the Native American community on a regular basis. Programs will be offered in natural settings, incorporating Native American culture and traditions as a platform from which to offer prevention and early intervention programs.
- Cultural gatherings to strengthen local Native American community ties and with tribes of origin in outlying regions to meet, network and socialize, and thereby build greater resiliency through strengthening of cultural ties and traditional practices, which has been recognized as a best practice model.
- An advisory group to identify needs and strengthen the services that are used by Native Americans in Napa County.

8. Coordination with Other MHSa Components

Describe coordination with CSS, if applicable.

Individuals who need services beyond early intervention will be referred to the appropriate CSS programs as indicated: System Navigators, Mobile Outreach, Response and Engagement (MORE), Children's Full Service Partnership (FSP), Transition Age Youth (TAY) FSP, Adult FSP, or Older Adult FSP.

Describe intended use of Workforce Education and Training funds for PEI projects, if applicable.

The Workforce Education and Training Plans are still in development. As training programs are implemented, program staff from the PEI programs will be included as appropriate.

Describe intended use of Capital Facilities and Technology funds for PEI projects, if applicable.

Does not apply

9. Additional Comments (optional)

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: Napa Date: 4/30/10
 PEI Project Name: Native American PEI project
 Provider Name (if known): Contractor(s) - To be determined
 Intended Provider Category: Ethnic or Cultural Organization
 Proposed Total Number of Individuals to be served: FY 10-11 510
 Total Number of Individuals currently being served: FY 10-11 0
 Total Number of Individuals to be served through PEI Expansion: FY 10-11 0
 Months of Operation: FY 10-11 10

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 10-11		Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Staff Services Specialist (.05 FTE)	\$3,860		\$3,860
			\$0
			\$0
b. Benefits and Taxes @ %	\$1,322		\$1,322
c. Total Personnel Expenditures	\$5,182		\$5,182
2. Operating Expenditures			
a. Facility Cost			
	\$0		\$0
b. Other Operating Expenses			
	\$500		\$500
c. Total Operating Expenses	\$500		\$500
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Contractor(s) - To be determined	\$43,500		\$43,500
Evaluation Consultant	\$4,510		\$4,510
	\$0		\$0
a. Total Subcontracts	\$48,010		\$48,010
4. Total Proposed PEI Project Budget	\$53,692		\$53,692
B. Revenues (list/itemize by fund source)			
	\$0		\$0
	\$0		\$0
	\$0		\$0
1. Total Revenue	\$0		\$0
5. Total Funding Requested for PEI Project	\$53,692		\$53,692
6. Total In-Kind Contributions	\$0		\$0

**Project #4: Native American PEI Project
Budget Narrative**

This project will be implemented through a combination of County staff and a contracted community-based organization. Upon approval of Napa County's PEI Component Plan for FY 10-11, County staff will determine if this contract will be sole-sourced or whether to develop and distribute a Request for Qualification/Proposal (RFQ/RFP). Staff will coordinate the project with the prospective PEI contractor(s) to develop resources, leverage additional funding, coordinate PEI services and participate in the newly formed PEI Collaborative.

If this PEI project is determined to be appropriate for an RFQ/RFP process, it will be included in the Bidders Conference, which will be convened to share information about the RFQ/RFP process. After a thorough review of all received qualifications and proposals, the strongest applicant(s) will be selected to implement this PEI project. Negotiations with prospective contractors will begin and budgets, contract amounts will be determined, and contracts developed with the goal of implementing the project as soon as possible.

A. 1. Personnel Expenditures

- a. Staff Services Specialist (.05 FTE) – This is an existing position within the Mental Health Division and the incumbent will be allocating 5% of their time to assist with the implementation of the PEI Project including attending meetings, preparing and monitoring contracts, compiling outcome data, and working with the PEI contractor(s) . The cost is based on the Mental Health Division's salary/benefit schedule for FY 10-11.
- b. Employee Benefits – The cost is based on actual employee benefit projections from the FY 10-11 Salary Schedule for the position at the appropriate FTE percentage.
- c. Total Personnel Expenditures – This line item is the total amount of all personnel salary and benefit expenditures.

2. Operating Expenditures

- a. Other Operating Expenditures – These costs are based on estimated program operating costs, supplies, communications, information technology, travel, training, and any costs associated with PEI Project related meetings.
- b. Total Operating Expenditures – This line item is the total amount of all projected operating expenses of the total budget.

3. Subcontracts/Professional Services

- a. Project Contractor (to be determined). The budget amount was developed from PEI Concept Papers and estimates of costs provided by county staff, community non-profit providers, and other stakeholders/organizations. It is anticipated that contractor budgets will include costs for salaries/benefits, program supplies, direct operating expenses, services, indirect, and administrative costs.

Project #4: Native American PEI Project - Budget Narrative continued

- 1) It is envisioned that staffing for the project may include the following potential position(s), although Napa County has purposefully not proscribed any required positions in order to allow potential contractors flexibility in staffing these programs based on their own knowledge and expertise.

Native American PEI Project

- Community Outreach Worker/Educator

- b. Evaluation Consultant – This line item will be a contracted position that will be put out to a RFQ. The Evaluator will be responsible for working with the staff and contractor to implement evaluations that will help determine the efficacy of the PEI Project. The estimated cost is based on the anticipated level of service and average rate of consultants/evaluators currently utilized by the Napa County Health & Human Services Agency.

4. Total Proposed PEI Project Budget - This line item is the total amount budgeted for the Native American PEI Project.

B. Revenues (list/itemize by fund source) – No amount is listed in this section as there are currently no other revenue sources confirmed for this new PEI Project. (Potential funding sources may include Auction Napa Valley, Community Foundation of Napa Valley, Federal Prevention Grants, California Wellness Foundation, US Department of Agriculture, US Department of Health and Human Services, SEVA Foundation, etc.)

1. Total Revenue - No amount is listed in this line item as there are currently no other revenue sources confirmed for this PEI Project.

5. Total Funding Requested for PEI Project – This line item is the total amount requested for Native American PEI Project.

6. Total In-Kind Contributions - No amount is listed in this line item as there are currently no confirmed in-kind contributions for this PEI Project. Included in the job duties for staff in this PEI Project will be resource development.

PEI PROJECT SUMMARY

County: Napa

PEI Project Name: Older Adult PEI Project

Date: April 30, 2010

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

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	X	X
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	X	X
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>		
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	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
• Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	X	X
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	X	X
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	X	X

PEI PROJECT SUMMARY

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

Stakeholder Input from CSS process

Seniors were initially identified as an underserved population during the CSS process based on Medi-Cal treatment data. As a result of this disparity, surveys were conducted to better understand the needs of older adults in Napa County. The local agencies that conducted the surveys participated in the PEI workgroup and shared the following input.

- In a 2005 survey of older adults conducted by Area Agency on Aging of Napa and Solano Counties, (n=550 older adults in Napa County)
 - 19.7% mentioned mental health or depression as a problem ;
 - 19.7% indicated problems with depression. For Latino elders this was as high as 30%²⁴.
- In March 2007, the Healthy Aging Population Initiative (HAPI) Behavioral Health Task Force conducted a follow-up survey of 219 older adults to assess needs, determine priorities and preferences in services and service delivery.
 - 12% of White (Non-Latino) respondents and 28% of Latino respondents reported often needing help for feelings and worries; more than 50% of each group felt they needed help occasionally.
 - The concerns most often mentioned were depression, care-giving, cognitive impairment, loss of a loved one and illnesses.
 - Respondents preferred receiving services in their home (48%)²⁵.
- Additional surveys were conducted with community providers and health care providers.
 - Sixty-three percent of community providers indicated that 30% or more of their older adult clients exhibited problems with mental health.²⁶
 - Health care providers said an average of 43% of their older adult patients exhibited problems.²⁷
 - The majority of gatekeepers surveyed indicated that they were willing: 1) to be trained in identifying mental health or cognitive impairment issues (83%); 2) to use of a brief screening tool (75%); 3) and to refer clients for assessment (78%).
 - Respondents indicated the services most needed included mental health (52%), cognitive impairment (74%), medication assessments (61%), therapeutic interventions (48%), resources and referral (68%), grief counseling (65%), caregiver support (81%), and social reassurance (84%).

²⁴ Healthy Aging Planning Initiative Survey of Older Adults, 2005

²⁵ Healthy Aging Population Initiative Behavioral Health Survey of Older Adults, 2008.

²⁶ Healthy Aging Population Initiative Behavioral Health Survey of Community Providers Serving Older Adults, 2008

²⁷ Healthy Aging Population Initiative Behavioral Health Survey of Health Care Providers Serving Older Adults, 2008

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- Healthcare providers saw a need for the following services: neurological/dementia (70%; 89% of non-Clinic Ole providers) and mental health (50%-56%) assessments, therapeutic interventions (55%) and chronic disease support (55%). Health care providers indicated that they are likely to incorporate a behavioral health model that included screening tools and assessment by on-call behavioral health specialists (95% likely or very likely).

Stakeholder Input from PEI process

Seniors also completed the PEI Community Survey, participated in the community meetings and in smaller focus groups²⁸. The feedback was consistent with the findings from the Mental Health Division's CSS planning process. Seniors noted their concerns about isolation and suggested ways to connect mental health prevention and early intervention to existing service providers that are used and trusted by seniors.

Comments included:

- *"Isolated seniors are the toughest to identify."*
- *"Meals On Wheels" should be used more as a link to seniors...[they] know who's homebound and isolated, and possibly depressed."*
- *"Need more home visits by specialists and also other community volunteers."*

Data Analysis:

Persons 65 and older represent 15% of the total population in Napa County (approximately 20,000). Among California counties, Napa County has the second highest percentage of the total population who are 85 years and older. It has the third highest percentage of the total population of residents age 75 years and older. Additionally, the county has a significantly high percentage (up to 30%) of older adults living below poverty and living alone in the community.²⁹

- Researchers estimate that one in five people over the age of 65 suffers from a mental disorder.³⁰ (The estimate for Napa County is approximately 4,000 seniors have a mental disorder.)
- By 2030, the number of persons with psychiatric disorders who are over the age of 65 will equal or exceed the number in younger age groups (age 18 to 29 or age 30 to 44) with mental health issues. There is a substantial unmet need for mental

²⁸ 22 seniors responded to the PEI community survey (n=260), of the 85 community meeting participants who completed demographic forms, 9 identified themselves as seniors, and 40 of the 89 focus group participants identified as seniors.

²⁹ (US Census; 2006 projections AAA Needs Assessment.)

³⁰ Jeste DV, Alexopoulos GS, Bartels SJ, et al: Consensus statement on the upcoming crisis in geriatric mental health: research agenda for the next two decades. Archives of General Psychiatry 56:848-853, 1999

PEI PROJECT SUMMARY

health services for older persons according to the 1999 Surgeon General's report on mental health³¹, the Administration on Aging 2001 report³², and an expert consensus statement.³³

Studies show older adults have significant mental health needs in terms of onset of serious mental illness:

- 12% of patients with a first psychotic episode are over 64³⁴,
- 15% of first experiences of schizophrenia occur after the age of 60³⁵, and
- Biological vulnerability to depression rises sharply in the early 70s, including the presence of medical problems, neurological disorders and medication side effects³⁶
- 1/3 of alcohol abusers are of late life onset;³⁷

Integration of behavioral health services and disease case management is an emerging best practice recommended by SAMHSA (Substance Abuse and Mental Health Services Administration) and many HMOs (Health Maintenance Organizations) including Kaiser Permanente. Studies suggest that behavioral health integration is cost-effective, produces improved clinical outcomes and is more satisfying for patients and providers alike. Studies indicate that depression significantly increases the overall burden of illness in patients with chronic medical conditions.³⁸ Depression has also been linked to increased disease-related morbidity and mortality. Depression also is clearly associated with a poorer prognosis and more rapid progression of chronic illnesses. Focusing on older people with increasing disability, pain, physical ill-health and compromised social support should help in both the prevention and recognition of onset of later-life depression.^{39 40 41}

Research to date suggests that the levels of stress involved in care-giving can be high and may result in psychiatric disturbance in the caregivers themselves. Many older persons with long-term care needs (65%) rely exclusively on family and friends to provide assistance. Another 30% will supplement family care with assistance from paid providers. An analysis of caregiver interventions

³¹ http://www.aagponline.org/prof/facts_mh.asp. *Geriatrics and Mental Health – The Facts: Demographics of the Elderly Population*. AAGP On-line.

³² Mental Health: A Report of the Surgeon General. Rockville, Md, US Department of Health and Human Services, 1999

³³ Jeste DV, Alexopoulos GS, Bartels SJ, et al

³⁴ Castle, D.J., & Murray, R.M. (1993). The epidemiology of late onset schizophrenia. *Schizophrenia Bulletin*, 19, 691-700.

³⁵ Harris, M.J., & Jeste, D.V. (1988). Late onset schizophrenia: an overview. *Schizophrenia Bulletin*, 14, 39-55.

³⁶ Karel, M.J. (1997). Aging and depression: Vulnerability and stress across adulthood. *Clinical Psychology Review*, 17, 847-879.

³⁷ Liberto, J.G.; Oslin, D.W.; and Ruskin, P.E. Alcoholism in older persons: A review of the literature. *Hospital and Community Psychiatry* 43(10): 975-984, 1992.

³⁸ Integration of Behavioral Health and Primary Care. Brazelon Center for Mental Health Law. Washington, D.C. February 2005.

³⁹ Spitzer R, Kroenke K, Linzer M, et al. Health-related quality of life in primary care patients with mental disorders. Results from the PRIME-MD 1000 Study. *JAMA* 1995; 274: 1511 -1517

⁴⁰ Unutzer J, Patrick D, Marmon T, Simon G, Katon W. Depressive symptoms and mortality in a prospective study of 2,558 older adults. *Am J Geriatr Psychiatry*; in press.

⁴¹ Prince M, Harwood R, Thomas A, Mann A. A prospective population-based cohort study of the effects of disablement and social milieu on the onset and maintenance of late-life depression. The Gospel Oak Project VII. *Psychol Med* 1998; 28: 337 -350.

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demonstrated that psycho-educational and psychotherapeutic interventions showed the most consistent short-term effects on caregiver burden, depression, and subjective well-being, perceived caregiver satisfaction, ability/knowledge, and care receiver symptoms.⁴²

Care provided by family and friends can determine whether older persons can remain at home. While adult daycare provides necessary respite for caregivers, a study at New York University Medical Center points to individual and family counseling as a means to delay nursing home placement for Alzheimer's patients.⁴³ In a study of evidence-based practices it was found that in general, cognitive therapy, behavioral therapy, and cognitive-behavioral therapy have the greatest empirical support for effectiveness in the treatment of geriatric depression.⁴⁴

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

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

Older adults are at high-risk for depression, suicide, and a range of other mental health issues. The Older Adult PEI Project is designed to support early identification and intervention among at-risk older adults and older adults who are experiencing early onset of mental health issues, particularly those who are isolated and underserved. Caregivers will also be screened and will be referred to appropriate services if needed.

This project aligns with the following overall priorities identified in the Community Planning Process:

- Training for all service providers to understand mental health needs
- Community information about PEI, signs of mental illness and available services
- Services available for individuals that include their families

⁴² Sorensen, S., Pinquart, M., & Duberstein P. (2002). How effective are interventions with caregivers? An updated meta-analysis. *Gerontologist*, **42**, 356-72. Sorensen, S., Pinquart, M., & Duberstein P. (2002). How effective are interventions with caregivers? An updated meta-analysis. *Gerontologist*, **42**, 356-72.

Whittier, S., Coon, D., & Aaker, J. (2002, April). *Caregiver support interventions* (Research Brief No. 10). Washington, DC: National Association of State Units on Aging.

⁴³ Mittleman, M., Ferris, S., Steinberg, G., Shulman, E., Mackell, J., Ambinder, A., and Cohen, J. (1993). An intervention that delays institutionalization of Alzheimer's disease patients: treatment of spouse-caregivers. *The Gerontologist*, **33**(6), 730-740.

⁴⁴ Secker D.L.1; Kazantzis N.2; Pachana N.A.. Cognitive Behavior Therapy for Older Adults: Practical Guidelines for Adapting Therapy Structure. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, Volume 22, Number 2, 2004, pp. 93-109(17)

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Implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services site, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.

Services will be provided in the homes of seniors and caregivers. The project will be contracted to a community agency or agencies that can provide training to service providers who are currently serving seniors in their homes.

Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and/or cultural populations to be served.

The Older Adult PEI project will operate county-wide, and serve all older adults. The provider training will ensure that programs that currently serve seniors have more resources to screen, assess and refer seniors in need of prevention and early intervention services.

Highlights of new or expanded programs.

Note: The program highlights are organized using the levels of the Spectrum of Prevention.

Promoting Community Education

Outreach and Education to older adults and caregivers to reduce stigma and improve access to mental health services. Utilize low cost social marketing strategies to reach older adults and caregivers with education to motivate older adults to seek/accept assistance. This could include presentations, public service announcements, local radio and television media, news articles. Gatekeepers would be provided materials for distribution to older adults and their caregivers about the value of addressing mental health issues and how to find assistance.

Educating Providers/Changing Organizational Practices

Provider Training

- Gatekeeper Training Gatekeepers are those who come in contact with isolated older adults including Meals on Wheels volunteers, family resource center and senior center staff, home care providers, and health care providers. The Gatekeeper training “trains those who come in contact with older adults to recognize signs of

PEI PROJECT SUMMARY

depression and other mental illness and to help seniors connect to services.”⁴⁵ This component will identify at-risk seniors and connect them to appropriate support.

- Physician, Health Care Provider and Social Service Provider Training will enhance health care providers’ knowledge of the “unique geriatric mental health issues, differentiation of dementia from other mental illnesses, and local referral options.”

Fostering Coalitions and Networks/Changing Organizational Practices

Multi-Disciplinary Team: Assessment and Referrals

- Referrals will come from Gatekeepers, physicians, health care providers and social service providers using a centralized information and referral system.
- Referrals will be triaged by the Multi-Disciplinary Team Case Manager who will conduct a comprehensive assessment
- Referrals needing more comprehensive services will be reviewed by the Multi-Disciplinary Team.
- Individuals and family members will be screened to determine if any of them might be eligible for Veterans’ Services including LGBTQ and Women’s Veterans services.

Early Intervention

Brief Intervention

- Based on the results from the comprehensive assessment, older adults will be referred for brief intervention.

Actions to be performed to carry out the PEI project, including frequency or duration of key activities

The Older Adult PEI Project will be carried out by one or more community agencies. Napa County Mental Health Services Act staff will convene the *PEI Summit* and the *PEI Collaborative* to involve all funded programs in planning and evaluating prevention and early intervention services in Napa County. Staff will also conduct the RFP process and recruit potential applicants. The contractor(s) will be responsible for implementing the program and participating in the *PEI Summit* and the *PEI Collaborative* planning and evaluation activities.

⁴⁵ This program is the same program proposed in the Solano County PEI plan and the description is taken from that document, page 71.

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Key milestones and anticipated timeline for each milestone.

Phase One, Planning and Start-up (6 months):

- Develop and release RFP
- Review proposals, select subcontractor(s)
- Develop contracts with partner organizations
- Convene *PEI Summit* with providers receiving PEI funds
- Begin implementation
- Establish data collection/evaluation protocols

Phase Two, Program Implementation and Evaluation (next 6 months)

- Convene *PEI Collaborative*
- Work with contractor(s) to determine role in *PEI Collaborative*, develop evaluation plans and establish data collection and reporting expectations.
- Work with contractor(s) to ensure cultural-competency for unserved and underserved populations in all services and programs.
- Continue data collection and evaluation
- Share learning about serving unserved and underserved populations with other community providers.
- Invite interested community providers to join the *PEI Collaborative*

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4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type		Number of months in operation through June 2011
	Prevention	Early Intervention	
<p>Outreach and Education <i>Social marketing strategies which may include presentations, PSAs, local radio and television media, and/or news articles.</i></p>	Individuals: 3,000 Families:	Individuals: Families:	10 months
<p>Provider Training</p> <ul style="list-style-type: none"> • <i>Gatekeepers</i> • <i>Physicians, Healthcare providers and social service providers</i> <p><i>Using Mental Health First Aid or a similar program</i></p>	Individuals: 60 Families:	Individuals: Families:	10 months
<p>Multi-Disciplinary Team: Assessment and Referrals <i>Using Geriatric Depression Scale, Trauma Scales, Caregiver Strain Index, Burden scale, Mini-cognition scale, Short Michigan Alcoholism Screening Instrument – Geriatric Version (SMAST) or similar. Individuals, parents and family members will also be screened to determine if any of them might be eligible for Veterans’ Services including LGBTQ and Women’s Veterans services.</i></p>	Individuals: Families:	Individuals: 40 Families:	10 months
<p>Brief Interventions <i>Healthy Ideas, Pearl or similar model</i></p>	Individuals: Families:	Individuals:24 Families:	10 months
<p>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</p>	Individuals: 3,160 Families:	Individuals: 64 Families:	

PEI PROJECT SUMMARY

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

Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.

The Older Adult PEI Project links unserved or underserved at-risk older adults and older adults with early onset of mental illness to need assessments and/or extended treatment for mental illness or emotional disturbance to primary care providers, other appropriate mental health service providers, and County Mental Health as necessary. This will be accomplished through: a) training gatekeepers to do screenings; b) training physicians, health care providers and social service providers to do screenings and assessments; and c) providing a multi-disciplinary team to review referrals and recommend appropriate interventions as needed.

Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment; community, domestic or sexual violence prevention and intervention; and basic needs.

Gatekeepers and other service providers will be trained to identify needs and make appropriate referrals to more in-depth assessments as needed. A multidisciplinary team will provide referrals and recommendations based on the identified needs of the older adult. Additionally, linkage to other community service providers including substance abuse, adult protective services, etc., will be done through referral to the County's System Navigators and Comprehensive Services for Older Adults Division.

Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.

The Older Adult PEI Project includes multiple levels of activities for prevention of mental illness or to identify signs of mental illness or early onset of mental illness in older adults:

- The outreach and education component leverages social networks to educate older adults, their caregivers, and the community about mental health needs and potential resources.
- The gatekeeper and provider trainings leverage the relationships providers already have with older adults and help providers identify signs of mental illness/early onset, etc., and make appropriate referrals.
- The multi-disciplinary team leverages the knowledge of the team's participants to place older adults into the most appropriate services quickly, resulting in a more efficient use of existing program resources.

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All PEI projects will participate in the *PEI Summit* and *PEI Collaborative* to create a mental health prevention and early intervention system and achieve the system-level outcomes.

6. Collaboration and System Enhancements

Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc., the partnerships that will be established in this PEI project and the roles and activities of other organizations that will be collaborating on this project.

The gatekeeper and provider training will create and enhance relationships with service providers in Napa County who are already working with older adults. By giving these providers additional skills to identify signs of mental illness/early onset, etc., older adults will be referred more quickly for appropriate services.

The use of a multi-disciplinary team in this project enhances the collaborative relationships among providers who serve older adults. Additionally, all PEI projects will participate in the *PEI Summit* and the *PEI Collaborative* and other county efforts to enhance relationships and collaborations in an effort to create a system of mental health prevention and early intervention in Napa County.

Describe how the PEI component will strengthen and build upon the local community-based mental health and primary care system including community clinics and health centers.

This project involves health care providers and service providers (including community mental health providers) in the provider training and in the multidisciplinary team that is reviewing referrals and making service recommendations.

Describe how resources will be leveraged.

This project leverages the relationships that providers have with older adults. The provider training component is focused on bringing the skills for assessment and screening to providers who are serving this population.

Describe how the programs in this PEI project will be sustained.

All providers will be involved in the *PEI Summit* and the *PEI Collaborative*. Through these activities, Napa County is working to create and sustain a system of prevention and early intervention that can withstand the changes in program funding over time. By involving each of the funded PEI projects in the capacity building planning and implementation, the projects have access to the technical assistance, collaborative relationships and resources to adapt and change over time and are more likely to be sustained. Agencies will be

PEI PROJECT SUMMARY

encouraged to seek out other opportunities to expand and leverage this project with support from the grant writing and fund development efforts of County Staff.

7. Intended Outcomes

Describe intended individual outcomes

- Successful referral to and linkage with mental health services and supports for at-risk individuals/caregivers at risk for developing mental health problems.
- Changes for individuals identified as being at risk for or in the early stages of a mental health disorder such as:
 - Reduction of or recovery from symptoms.
 - Reduction of or recovery from feelings of isolation and loneliness.
 - Increase in feelings of support and wellness.
- Satisfaction with mental health prevention information, brief intervention, or mental health services referral by individuals/caregivers, including whether information and/or services were provided with ethnic/cultural sensitivity and competency.

Describe intended system and program outcomes.

- More community organizations providing identification and early intervention (brief mental health services)
- Enhanced quantity and quality of cooperative relationships with other organizations and systems
- More prevention services provided in non-traditional settings
- Gatekeepers and health care providers identified in work plan will be trained on how to recognize signs of depression and other mental illness and ways to help seniors connect to geriatric-centered services.
- Gatekeepers and health care providers will feel prepared to provide early identification services and referrals.

Describe other proposed methods to measure success.

The evaluation of this program will be achieved through the use of surveys and interviews with participants and their families and/or caregivers. The subcontractor and the Multidisciplinary Team will also work the PEI Collaborative to measure system-level goals. See Older Adult PEI Project Evaluation Plan for more details.

What will be different as a result of the PEI project and how will you know?

- Improved and increased early identification of emerging and serious mental health, substance abuse and cognitive impairment issues among older adults and their caregivers

PEI PROJECT SUMMARY

- Improved coordination among providers – building a system of care (referral, shared tools, coordinated case management, identification of greater # of older adults in need; leveraging resources, system of care; seamlessness, etc.)
- Improved quality of life for older adults and caregivers with depression and other mental health concerns
- Improved access to and utilization of services for mental health concerns among older adults and caregivers.

8. Coordination with Other MHSA Components

Describe coordination with CSS, if applicable.

Individuals who need services beyond prevention and early intervention will be referred to the appropriate CSS programs as indicated: System Navigators, Mobile Outreach, Response and Engagement (MORE), Children’s Full Service Partnership (FSP), Transition Age Youth (TAY) FSP, Adult FSP, or Older Adult FSP.

Describe intended use of Workforce Education and Training funds for PEI projects, if applicable.

The Workforce Education and Training Plans are still in development. As training programs are implemented, program staff from the PEI programs will be included as appropriate.

Describe intended use of Capital Facilities and Technology funds for PEI projects, if applicable.

Does not apply

9. Additional Comments (optional)

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: Napa Date: 4/30/10
 PEI Project Name: Older Adult PEI Project
 Provider Name (if known): Contractor(s) - To be determined
 Intended Provider Category: Contractor(s) - To be determined
 Proposed Total Number of Individuals to be served: FY 10-11 3,224
 Total Number of Individuals currently being served: FY 10-11 0
 Total Number of Individuals to be served through PEI Expansion: FY 10-11 3,224
 Months of Operation: FY 10-11 10

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 10-11		Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Staff Services Specialist (.10 FTE)	\$7,720		\$7,720
			\$0
			\$0
b. Benefits and Taxes @ %	\$2,642		\$2,642
c. Total Personnel Expenditures	\$10,362		\$10,362
2. Operating Expenditures			
a. Facility Cost			
	\$0		\$0
b. Other Operating Expenses	\$1,000		\$1,000
c. Total Operating Expenses	\$1,000		\$1,000
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Contractor(s) - To be determined	\$91,350		\$91,350
Evaluation Consultant	\$9,471		\$9,471
	\$0		\$0
a. Total Subcontracts	\$100,821		\$100,821
4. Total Proposed PEI Project Budget	\$112,183		\$112,183
B. Revenues (list/itemize by fund source)			
	\$0		\$0
	\$0		\$0
	\$0		\$0
1. Total Revenue	\$0		\$0
5. Total Funding Requested for PEI Project	\$112,183		\$112,183
6. Total In-Kind Contributions	\$0		\$0

**Project #5: Older Adult PEI Project
Budget Narrative**

This project will be implemented through a combination of County staff and a contracted community-based organization. Upon approval of Napa County’s PEI Component Plan for FY 10-11, County staff will determine if this contract will be sole-sourced or whether to develop and distribute a Request for Qualification/Proposal (RFQ/RFP). Staff will coordinate the project with the prospective PEI contractor(s) to develop resources, leverage additional funding, coordinate PEI services and participate in the newly formed PEI Collaborative.

If this PEI project is determined to be appropriate for an RFQ/RFP process, it will be included in the Bidders Conference, which will be convened to share information about the RFQ/RFP process. After a thorough review of all received qualifications and proposals, the strongest applicant(s) will be selected to implement this PEI project. Negotiations with prospective contractors will begin and budgets, contract amounts will be determined, and contracts developed with the goal of implementing the project as soon as possible.

A. 1. Personnel Expenditures

- a. Staff Services Specialist (.10 FTE) – This is an existing position within the Mental Health Division and the incumbent will be allocating 10% of their time to assist with the implementation of the PEI Project including attending meetings, preparing and monitoring contracts, compiling outcome data, and working with the PEI contractor(s) . The cost is based on the Mental Health Division’s salary/benefit schedule for FY 10-11.
- b. Employee Benefits – The cost is based on actual employee benefit projections from the FY 10-11 Salary Schedule for the position at the appropriate FTE percentage.
- c. Total Personnel Expenditures – This line item is the total amount of all personnel salary and benefit expenditures.

2. Operating Expenditures

- a. Other Operating Expenditures – These costs are based on estimated program operating costs, supplies, communications, information technology, travel, training, and any costs associated with PEI Project related meetings.
- b. Total Operating Expenditures – This line item is the total amount of all projected operating expenses of the total budget.

3. Subcontracts/Professional Services

- a. Project Contractor (to be determined). The budget amount was developed from PEI Concept Papers and estimates of costs provided by county staff, community non-profit providers, and other stakeholders/organizations. It is anticipated that contractor budgets will include costs for salaries/benefits, program supplies, direct operating expenses, services, indirect, and administrative costs.

Project #5: Older Adult PEI Project - Budget Narrative continued

- 1) It is envisioned that staffing for the project may include the following potential positions, although Napa County has purposefully not proscribed any required positions in order to allow potential contractors flexibility in staffing these programs based on their own knowledge and expertise.

Older Adult Project

- Community Outreach Worker
- Provider/Gatekeeper Trainer
- Brief Intervention Specialist/Case Manager
- Multi-Disciplinary Team

- b. Evaluation Consultant – This line item will be a county contracted position that will be put out to an RFQ. The Evaluator will be responsible for working with the staff and contractor to implement an evaluation that will help determine the efficacy of the PEI Project. The estimated cost is based on the anticipated level of service and average rate of consultants/evaluators currently utilized by the Napa County Health & Human Services Agency.

4. Total Proposed PEI Project Budget - This line item is the total amount budgeted for the Older Adult PEI Project.

B. Revenues (list/itemize by fund source) – No amount is listed in this section as there are currently no other revenue sources confirmed for this new PEI Project. (Potential funding sources may include Auction Napa Valley, California Wellness Foundation, California Endowment Foundation, Community Foundation of Napa Valley, SAMHSA, Robert Woods Johnson Foundation, Queen of the Valley Hospital Community Outreach, etc.)

1. Total Revenue - No amount is listed in this line item as there are currently no other revenue sources confirmed for this PEI Project.

5. Total Funding Requested for PEI Project – This line item is the total amount requested for the Older Adult PEI Project.

6. Total In-Kind Contributions - No amount is listed in this line item as there are currently no confirmed in-kind contributions for this PEI Project. Included in the job duties for staff in this PEI Project will be resource development.

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County: Napa **PEI Project Name:** St. Helena and Calistoga PEI Project **Date:** April 30, 2010

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

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

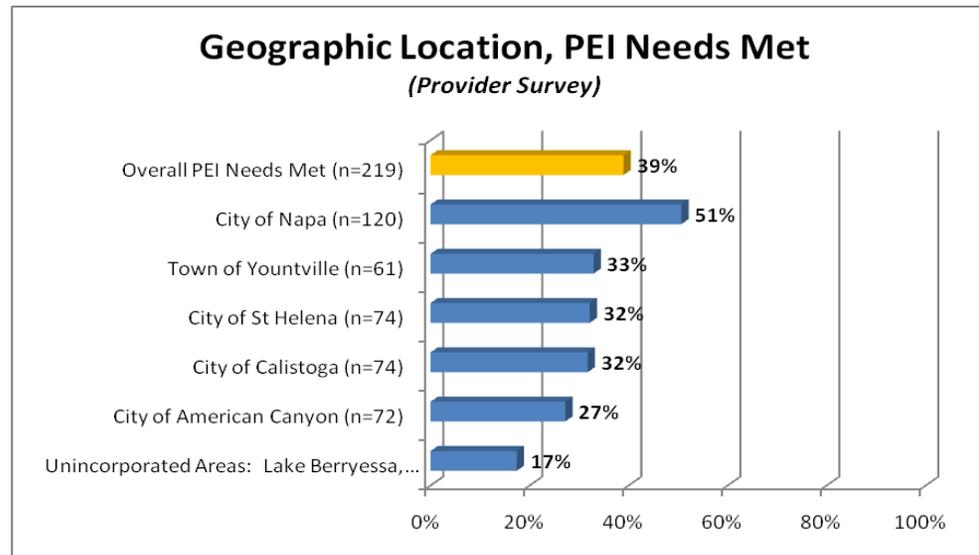
2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
• Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input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

PEI PROJECT SUMMARY

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

Needs Identified by Providers

The cities of St. Helena and Calistoga are two of the underserved geographic areas identified in the PEI provider survey. Both communities are geographically removed from the City of Napa where most of the existing prevention and early intervention services and resources are located.



Alignment with St. Helena and Calistoga Community Input: Feedback from the St. Helena and Calistoga communities⁴⁶ focused on accessible services in St. Helena and Calistoga that are linguistically and culturally-competent. When residents were asked what types of programs they would like the PEI workgroup to consider, there was a particular request for youth-focused programs:

- *Education and support groups that promote prevention. Target programs that work on prevention by designing community programs, housing, and resources to help people stay involved in their communities in a meaningful way. (i.e. avoid isolation, stressful environments, neighborhood stressors, work, commuting, and childcare/preschool.)*

⁴⁶ This feedback is from the PEI Community Survey, there were 18 responses from St. Helena residents and nine from Calistoga residents out of the overall 260 respondents to the PEI Survey.

PEI PROJECT SUMMARY

- *Thoughtful planning of community resources for recreation, live/work/school, quality programs for all, especially teens in all socio-economic groups*
- *Accessible mental health services in the upvalley*
- *Focus on teen mental health services*
- *A specialized program for high school students, addressing the unique pressures they experience*

Community Connections

Responses to the community survey by St. Helena and Calistoga residents and attendance at the community meetings held in St. Helena and Calistoga were not as robust as anticipated by the PEI workgroup and planning group. This project and the connection to the *PEI Collaborative* were developed in part to address the need for more input and participation in service planning.

Provider Ideas

The PEI workgroup submitted an idea to strengthen school-linked prevention services in Northern Napa Valley communities. This PEI project is designed to strengthen the school-linked programs for the St. Helena and Calistoga Elementary, Junior/Senior High School. St. Helena and Calistoga were identified by providers and the community as having significant unmet PEI needs and also has a large population of low-income Latinos who have been identified as the most underserved cultural and ethnic population in the County.

Data Analysis

This program is designed to prevent these patterns observed at St. Helena and Calistoga Elementary and Junior/Senior High Schools:

St. Helena Elementary School:

- Free/reduced lunch program -- 2007-2008: 47% of students participated in Free/Reduced Lunch Program.

Calistoga Elementary School:

- 22.22% of students were truant in 2007-2008.
- Free/reduced lunch program -- 2007-2008: 62% of students participated in Free/Reduced Lunch Program.
- Parents graduating from high school -- 2007-2008: (90% of parents responded); Of those who responded, 26% were high school graduates, 13% had some college, 15% were college graduates, and 4% went to graduate school.

PEI PROJECT SUMMARY

St. Helena Robert Louis Stevenson Middle School:

- From the California Healthy Kids Survey:
 - 73% of 7th graders do not feel very safe at school.
 - Only 35% of 7th graders report having a caring relationship with a teacher or other adult at school.

St. Helena High School:

- Students at risk of school failure:
 - 15% of St. Helena High School students are earning less than a 2.0 GPA or two “Fs” which greatly lowers their likelihood of graduating.
- From the California Healthy Kids Survey:
 - 27% of 11th graders binge drank in the past 30 days.
 - 34% of 11th graders have been drunk or high on school property. Special attention should be paid to alcohol and other drug use at school, as this is a key indicator of serious involvement, as well as a lack of attachment or sense of belonging to the school.
 - 76% of 9th graders do not feel very safe at school.
 - Only 42% of 9th graders report having a caring relationship with a teacher or other adult at school.

Calistoga Junior/Senior High School:

- Students at risk of school failure:
 - 25% of Calistoga Junior/Senior High School students are earning less than a 2.0 GPA or two “Fs” which greatly lowers their likelihood of graduating.
 - 10% of students missed more than 15 days of school and 16% of students suspended each year.
- From the California Healthy Kids Survey:
 - 38% of 11th graders binge drank in the past 30 days.
 - 25% of 11th graders have been drunk or high on school property. Special attention should be paid to alcohol and other drug use at school, as this is a key indicator of serious involvement, as well as a lack of attachment or sense of belonging to the school.
 - 50% of 9th graders do not feel very safe at school.
 - Only 35% of 9th graders report having a caring relationship with a teacher or other adult at school.

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

PEI PROJECT SUMMARY

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

Based on the community input, the St. Helena and Calistoga PEI Project focuses on youth and families in St. Helena and Calistoga. Specifically, the project is designed to address the needs of youth aged 5-18 and their parents in an effort to prevent the mental health concerns that can emerge in elementary, middle and high school aged youth.

The project has three components, a curriculum-driven, culturally-based group mentoring model to encourage positive youth development, strengthen cultural identity, offer opportunities for pro-social youth activities, and present youth with positive role models; a Promotor/a component to support parents by linking them to their child's school and other needed services; and a collaborative component that encourages community-building in St. Helena and Calistoga and participation in the *PEI Collaborative*.

This project addresses the following criteria that emerged from the community planning process:

- Youth leadership and development
- Services in natural settings
- Community information about PEI, signs of mental illness and available services
- Advocates for unserved and underserved

Implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services site, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.

The project will be contracted out to one or more community agencies that can provide services in St. Helena and Calistoga. The services will be provided at St. Helena and Calistoga Elementary and Junior/Senior High Schools and at other community locations.

Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and/or cultural populations to be served.

Families will be recruited from St. Helena and Calistoga Elementary and Junior/Senior High Schools and screened using the following general criteria. It is anticipated that the programs will primarily serve Latino youth and families in St. Helena and Calistoga. Families of students who are part of the identified priority populations outlined below will be invited to participate:

PEI PROJECT SUMMARY

Students **living in stressed families** as evidenced by:

- Extreme economic deprivation
- Parental incarceration
- Parental substance abuse or mental illness
- Parental domestic violence
- Youth in foster care/out of home placement
- Family homelessness/at risk of homelessness

Students **at-risk of school failure** as evidenced by:

- Disciplinary referrals
- Poor attendance including being on time for school
- History of Pre K behavioral problems
- Retention in early grades

Students **at-risk of juvenile justice involvement** as evidenced by:

- Older sibling in juvenile justice system
- Parent involved in legal system
- Youth in Youth Diversion Program

Highlights of new or expanded programs.

Note: The program highlights are organized using the levels of the Spectrum of Prevention.

Strengthening Individual Knowledge and Skills

Mentoring

The mentoring component will use a curriculum-driven culturally-based group mentoring model to encourage positive youth development, strengthen cultural identity, offer opportunities for pro-social youth activities, and present youth with positive role models, particularly for Latino/a youth in Calistoga. The project will use the Challenging Latinos to Access Resources and Opportunities (CLARO for boys) and Challenging Latinas through Awareness, Resources, and Action (CLARA for girls) model or similar models. In addition, the curriculum will also include:

PEI PROJECT SUMMARY

- **Skill Development:** Addressing decision making, conflict resolution and avoiding high-risk behaviors including gang involvement, substance abuse, STDs, etc.
- **Advocacy and Leadership:** Improving the quality of life for Latino youth, building resiliency, reducing isolation and promoting positive youth development

Promoting Community Education

Promotores/as

Napa County has a successful Promotor/a model at the local community health clinic. This workplan would expand the model to include PEI Promotores/as in the St. Helena and Calistoga community, which could serve as a model that other Napa County communities might adopt. Natural leaders in the community will be trained to deliver health education focused on increasing awareness of mental health problems; strategies to promote individual and community resiliency/wellness; and information about available resources. Through the implementation of a Promotor/a approach, we will be able to:

- Address emotional and behavioral learning barriers of children/youth by engaging parents in their children's education;
- Provide linkages to other community PEI services as well as referrals to community mental health providers including County Mental Health as necessary;
- Improve relationships between parents and St. Helena and Calistoga public schools to close the achievement gap, particularly among Latino youth.
- Screen individuals, parents and family members to determine if any of them might be eligible for Veterans' Services including LGBTQ and Women's Veterans services.

Promotores/as will be recruited from the St. Helena and Calistoga communities and will work with the families of children and youth involved in the mentoring program. They will also conduct outreach at local events to share PEI, resiliency/wellness, health (including mental health) educational materials and connect parents to services.

Fostering Coalitions and Networks

St. Helena and Calistoga Parent Collaboratives

Promotores/as, parents of elementary and junior/senior high students participating in the mentoring program, and other parents from the St. Helena and Calistoga communities and other parent groups will be encouraged to join the St. Helena and Calistoga Parent Collaboratives to discuss and address the needs of youth and parents in St. Helena and Calistoga. Parents will also be recruited from recently formed Calistoga Latino Leadership Council. The St. Helena and Calistoga Parent

PEI PROJECT SUMMARY

Collaboratives will also work with the *PEI Collaborative* to advocate for the needs of St. Helena and Calistoga students, parents and families.

Changing Organizational Practice

The contractor(s) will be required to conduct a brief needs assessment to determine the organizational practices that need to be modified in order to improve mental health outcomes for At Risk Children and Youth in St. Helena and Calistoga and/or to address norms that impact mental health outcomes. Organizational practices that could be addressed for At Risk Children and Youth in St. Helena and Calistoga may include:

- Implementing protocols to identify At Risk Children at the beginning of the school year in order to proactively engage youth and families in services;
- Requiring teachers and school staff to be trained in practices that promote school connectedness;
- Requiring teachers and school staff to be trained to intervene with bullies

Providers will be expected to prioritize organizational practices needing attention and implement strategies to modify organizational practices as part of their project.

Influencing Policy and Legislation

Contractor(s) will be asked to conduct a policy scan to determine local laws that impact positive mental health outcomes for the priority population. Policy issues that could be addressed for At Risk Children and Youth in St. Helena and Calistoga include:

- Harassment on school property
- Anti-Bullying
- Livable wage
- Immigration
- Access to health care

Providers will be required to prioritize policy issues and implement strategies to educate policy makers about the need for policy change to improve mental health outcomes in this population.

Actions to be performed to carry out the PEI project, including frequency or duration of key activities

The St. Helena and Calistoga PEI Project will be carried out by one or more community agencies. Napa County Mental Health Services Act staff will convene the *PEI Summit* and the *PEI Collaborative* to involve all funded programs in planning and evaluating

PEI PROJECT SUMMARY

prevention and early intervention services in Napa County. Staff will also conduct the RFP process and recruit potential applicants. The contractor(s) will be responsible for implementing the program and participating in the *PEI Summit* and the *PEI Collaborative* planning and evaluation activities.

Key milestones and anticipated timeline for each milestone.

Phase One, Planning and Start-up (6 months):

- Develop and release RFP
- Review proposals, select contractor(s)
- Develop contracts with partner organizations
- Convene *PEI Summit* with providers receiving PEI funds
- Begin implementation
- Establish data collection/evaluation protocols

Phase Two, Program Implementation and Evaluation (next 6 months)

- Convene *PEI Collaborative*
- Work with contractor(s) to determine role in *PEI Collaborative*, develop evaluation plans and establish data collection and reporting expectations.
- Work with contractor(s) to ensure cultural-competency for unserved and underserved populations in all services and programs.
- Continue data collection and evaluation
- Share learning about serving unserved and underserved populations with other community providers.
- Invite interested community providers to join the *PEI Collaborative*

PEI PROJECT SUMMARY

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type		Number of months in operation through June 2011
	Prevention	Early Intervention	
Mentoring <i>CLARO/A or similar youth mentoring model</i>	Individuals: 50 Families:	Individuals: Families:	10 months
Promotores/as <i>In the first six months, 15 Promotores/as will be trained. Individuals, parents and family members will be screened by Promotores/as to determine if any of them might be eligible for Veterans' Services including LGBTQ and Women's Veterans services.</i>	Individuals: 15 Families:	Individuals: Families:	10 months
St. Helena and Calistoga Parent Collaboratives	Individuals: 15 Families:	Individuals: Families:	10 months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 80 Families:	Individuals: Families:	

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

Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.

PEI PROJECT SUMMARY

The mentoring staff and the Promotores/as will be trained to perform brief screenings and refer youth and/or parents to agencies providing other PEI-related services in St. Helena and Calistoga as necessary.

Individual participants who are perceived to need more intensive services for mental illness or emotional disturbance will be referred for a more in-depth assessment by the Mental Health Division's System Navigators who will then guide them to appropriate services with a primary care provider, mental health service providers, or to County Mental Health as needed.

Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment; community, domestic or sexual violence prevention and intervention; and basic needs.

Initial identification of needs and referrals to services is the role of the mentoring staff and the Promotores/as with referral to the Mental Health Division's System Navigators for a more in-depth assessment as needed. The System Navigators will then guide individuals to appropriate services with a primary care provider, mental health service providers, or to County Mental Health as needed. As the cities of St. Helena and Calistoga are geographically removed from the center of services in Napa County (the City of Napa), the System Navigators are co-located at the St. Helena and Calistoga Family Resource Centers and make themselves available to address whatever barriers individuals might have to access appropriate services.

Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.

The St. Helena and Calistoga PEI project identifies children at risk of mental illness due to a number of risk factors. Identified youth are offered participation in a group mentoring program, and their families are supported by Promotores/as. In addition to supporting individual families, the Promotores/as also provide broad community outreach at local events.

The St. Helena and Calistoga Parent Collaboratives will convene to advocate for the prevention and early intervention needs of St. Helena and Calistoga residents. St. Helena and Calistoga Parent Collaborative members will participate in the *PEI Summit* and *PEI Collaborative* to help create a more comprehensive mental health prevention and early intervention system in Napa County.

6. Collaboration and System Enhancements

Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc., the partnerships that will be established in this PEI project and the roles and activities of other organizations that will be collaborating on this project.

PEI PROJECT SUMMARY

The St. Helena and Calistoga PEI project enhances relationships between the local service providers and St. Helena and Calistoga Public Schools by providing mentors and Promotores/as who will link individuals and families to the CSS System Navigators who will provide information, identify appropriate referrals, and help families' access services including mental health service providers and County Mental Health. The school will be asked to identify families who are at-risk, and service providers will work to address the identified needs. The St. Helena and Calistoga Parent Collaboratives will be new partnership with parents in these communities to help identify gaps and plan needed services.

Describe how the PEI component will strengthen and build upon the local community-based mental health and primary care system including community clinics and health centers.

The local community health and dental clinic has a satellite office in St. Helena and Calistoga and provides health services directly to community members at that site. The Calistoga Family Resource Center, which facilitate services from Calistoga mental health providers to community members, is located on the campus of the Calistoga Elementary School and only a few blocks from the Junior/Senior High School. Similarly, the St. Helena Family Resource Center is centrally located in the city of St. Helena and is readily accessible to the community. This project will enhance these systems by identifying, supporting and referring families into the existing systems of mental health and primary care in St. Helena and Calistoga through the mentors and Promotores/as.

Describe how resources will be leveraged.

This project leverages the parents participating in the Student Assistance Programs at the junior/senior high to recruit promotoras for the elementary school. The project also leverages existing relationships with community service providers and the County's CSS System Navigators.

Describe how the programs in this PEI project will be sustained.

All providers will be involved in the *PEI Summit* and the *PEI Collaborative*. Through these activities, Napa County is working to create and sustain a system of prevention and early intervention that can withstand the changes in program funding over time. By involving each of the funded PEI projects in the capacity building planning and implementation, the projects have access to the technical assistance, collaborative relationships and resources to adapt and change over time and are more likely to be sustained. Agencies will be encouraged to seek out other opportunities to expand and leverage this project with support from the grant writing and fund development efforts of County Staff.

PEI PROJECT SUMMARY

7. Intended Outcomes

Describe intended individual outcomes

- Improved knowledge of impact of social and emotional factors
- Improved resilience and protective factors as demonstrated by a connection with at least one caring adult and opportunities for meaningful involvement at school, home or in the community
- At-risk, underserved students at participating St. Helena and Calistoga schools who are enrolled in the mentoring program will be at reduced risk for school failure and will show improvement in academic proficiency and attendance.

Describe intended system and program outcomes.

- Enhanced quantity and quality of cooperative relationships with other organization and systems
- More prevention services provided in non-traditional settings
- Enhanced use of ethnic/cultural community partners

Describe other proposed methods to measure success.

The evaluation of this program will be achieved through the use of surveys and interviews with participants and their families. The contractor(s) and the St. Helena and Calistoga PEI Collaboratives will also work the *PEI Collaborative* to measure system-level goals.

What will be different as a result of the PEI project and how will you know?

Mentoring

- Youth participating in mentoring will report experiencing:
 - Safe environment
 - Strengthened cultural and individual identity
 - Opportunities for community engagement
 - Opportunities for leadership, advocacy and skill development
 - Opportunities to build caring and meaningful relationship with peers, adults, and other positive role models
 - Opportunities to engage in interesting and relevant pro-social activities

Promotores/as

- **Participant Outcomes**
 - Opportunities for community engagement

PEI PROJECT SUMMARY

- Opportunities to build caring and meaningful relationships with other community members
- Opportunities to engage in interesting and relevant skill development activities
- Reduced isolation

- **Mental Health Outcomes**
 - Increase in access to services for underserved individuals/families (hard to reach individuals)
 - Increase utilization of services
 - Increase in utilization of prevention services
 - Increase retention in services/programs

- **Organizational Outcomes**
 - Increase in cultural competency
 - Increase in organizational capacity to respond to community needs with limited resources.

8. Coordination with Other MHSA Components

Describe coordination with CSS, if applicable.

Children/youth, parents and Individuals who need services beyond early intervention will be referred to the appropriate CSS programs as indicated: System Navigators, Mobile Outreach, Response and Engagement (MORE), Children’s Full Service Partnership (FSP), Transition Age Youth (TAY) FSP, Adult FSP, or Older Adult FSP.

Describe intended use of Workforce Education and Training funds for PEI projects, if applicable.

The Workforce Education and Training Plans are still in development. As training programs are implemented, program staff from the PEI programs will be included as appropriate.

Describe intended use of Capital Facilities and Technology funds for PEI projects, if applicable.

Does not apply

9. Additional Comments (optional)

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: Napa Date: 4/30/10
 PEI Project Name: St. Helena and Calistoga PEI Project
 Provider Name (if known): *Contractor(s) - To be determined*
 Intended Provider Category: *Contractor(s) - To be determined*
 Proposed Total Number of Individuals to be served: FY 10-11 80
 Total Number of Individuals currently being served: FY 10-11 0
 Total Number of Individuals to be served through PEI Expansion: FY 10-11 0
 Months of Operation: FY 10-11 10

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 10-11		Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
<u>Staff Services Specialist (.10 FTE)</u>	\$7,720		\$7,720
			\$0
			\$0
b. Benefits and Taxes @ %	\$2,642		\$2,642
c. Total Personnel Expenditures	\$10,362		\$10,362
2. Operating Expenditures			
a. Facility Cost	\$0		\$0
b. Other Operating Expenses	\$1,000		\$1,000
c. Total Operating Expenses	\$1,000		\$1,000
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
<u>Contractor(s) - To be determined</u>	\$104,400		\$104,400
<u>Evaluation Consultant</u>	\$10,824		\$10,824
	\$0		\$0
a. Total Subcontracts	\$115,224		\$115,224
4. Total Proposed PEI Project Budget	\$126,586		\$126,586
B. Revenues (list/itemize by fund source)			
	\$0		\$0
	\$0		\$0
	\$0		\$0
1. Total Revenue	\$0		\$0
5. Total Funding Requested for PEI Project	\$126,586		\$126,586
6. Total In-Kind Contributions	\$0		\$0

**Project #6: St. Helena and Calistoga PEI Project
Budget Narrative**

This project will be implemented through a combination of County staff and a contracted community-based organization. Upon approval of Napa County's PEI Component Plan for FY 10-11, County staff will determine if this contract will be sole-sourced or whether to develop and distribute a Request for Qualification/Proposal (RFQ/RFP). Staff will coordinate the project with the prospective PEI contractor(s) to develop resources, leverage additional funding, coordinate PEI services and participate in the newly formed PEI Collaborative.

If this PEI project is determined to be appropriate for an RFQ/RFP process, it will be included in the Bidders Conference, which will be convened to share information about the RFQ/RFP process. After a thorough review of all received qualifications and proposals, the strongest applicant(s) will be selected to implement this PEI project. Negotiations with prospective contractors will begin and budgets, contract amounts will be determined, and contracts developed with the goal of implementing the project as soon as possible.

A. 1. Personnel Expenditures

- a. Staff Services Specialist (.10 FTE) – This is an existing position within the Mental Health Division and the incumbent will be allocating 10% of their time to assist with the implementation of the PEI Project including attending meetings, preparing and monitoring contracts, compiling outcome data, and working with the PEI contractor(s). The cost is based on the Mental Health Division's salary/benefit schedule for FY 10-11.
- b. Employee Benefits – The cost is based on actual employee benefit projections from the FY 10-11 Salary Schedule for the position at the appropriate FTE percentage.
- c. Total Personnel Expenditures – This line item is the total amount of all personnel salary and benefit expenditures.

2. Operating Expenditures

- a. Other Operating Expenditures – These costs are based on estimated program operating costs, supplies, communications, information technology, travel, training, and any costs associated with PEI Project related meetings.
- b. Total Operating Expenditures – This line item is the total amount of all projected operating expenses of the total budget.

3. Subcontracts/Professional Services

- a. Project Contractor (to be determined). The budget amount was developed from PEI Concept Papers and estimates of costs provided by county staff, community non-profit providers, and other stakeholders/organizations. It is anticipated that contractor budgets will include costs for salaries/benefits, program supplies, direct operating expenses, services, indirect, and administrative costs.

Project #6: St. Helena and Calistoga PEI Project - Budget Narrative continued

- 1) It is envisioned that staffing for the project may include the following potential positions, although Napa County has purposefully not proscribed any required positions in order to allow potential contractors flexibility in staffing these programs based on their own knowledge, expertise and organizational practice.

St. Helena and Calistoga Project

- Program Consultant
- Clinical Supervisor
- Support Group Facilitator
- Promotor/a Program Coordinator

- b. Evaluation Consultant – This line item will be a county contracted position that will be put out to an RFQ. The Evaluator will be responsible for working with the staff and contractor to implement an evaluation that will help determine the efficacy of the PEI Project. The estimated cost is based on the anticipated level of service and average rate of consultants/evaluators currently utilized by the Napa County Health & Human Services Agency.

- 4. Total Proposed PEI Project Budget - This line item is the total amount budgeted for the St. Helena and Calistoga PEI Project.

B. Revenues (list/itemize by fund source) – No amount is listed in this section as there are currently no other revenue sources confirmed for this new PEI Project. (Potential funding sources may include Auction Napa Valley, General School District Funds, Safe and Drug Free Schools, No Child Left Behind; Title I, IV, and V; SB1113—Safe Schools and Violence Prevention Act, Foster Youth Funding, Federal Prevention Grants, California Wellness Foundation, California Attorney General Violence Prevention Funding, School Community Violence Prevention Grants, etc.)

- 1. Total Revenue - No amount is listed in this line item as there are currently no other revenue sources confirmed for this PEI Project.

- 5. Total Funding Requested for PEI Project – This line item is the total amount requested for the St. Helena and Calistoga PEI Project.

- 6. Total In-Kind Contributions - No amount is listed in this line item as there are currently no confirmed in-kind contributions for this PEI Project. Included in the job duties for staff in this PEI Project will be resource development.

PEI Administration Budget Worksheet

Form
No.5

County: Napa

Date: 4/30/10

	Client and Family Member FTEs	Total FTEs	Budgeted Expenditure FY 2010-11		Total
A. Expenditures					
1. Personnel Expenditures					
a. Salaries, Wages					
PEI Coordinator (.2 FTE)		.20	17,197		17,197
Senior Office Assistant (.2 FTE)		.20	8,835		8,835
b. Other Personnel (list all classifications)					
b. Employee Benefits			10,869		10,869
Total Personnel Expenditures		.40	36,901		36,901
2. Operating Expenditures					
Facility Costs			1,000		1,000
Other Operating Expenditures			7,000		7,000
Total Operating Expenditures			8,000		8,000
3. County Allocated Administration					
a. Total County Administration Cost			\$20,722		\$20,722
4. Total PEI Funding Request for County Administration Budget			\$65,623		\$65,623
B. Revenue					
1. Total Revenue			0	0	\$0
C. Total Funding Requirements			\$65,623		\$65,623
D. Total In-Kind Contributions			\$0		\$0

PEI Administration Budget Narrative

The budget on page XXX represents expenditures based on projections for FY 10-11 using the Mental Health Division's salary/benefit schedule for FY 10-11. The cost for the consultant is based on average rates that the Mental Health Division pays to consultants/evaluators.

A. 1. Personnel Expenditures

- a. PEI Coordinator (.20 FTE) – This is an existing position in the Alcohol and Drug Services Division and the incumbent will be allocating 20% of their time to facilitate PEI stakeholder meetings, supervise the Staff Services Specialist and the Senior Office Assistant, and provide oversight of the RFP process and implementation of the seven PEI Projects.
- b. Senior Office Assistant (.20 FTE) – This is an existing position in the Mental Health Division that is currently vacant. The PEI responsibilities for this position will include coordinating meetings, answering phones, make copies, maintain files, prepare correspondence, etc.
- c. Employee Benefits – The costs are based on actual employee benefit projections from the FY 10-11 Salary Schedule for each position at the appropriate FTE percentage.
- d. Total Personnel Expenditures – This line item is the total amount of all personnel salary and benefit expenditures.

2. Operating Expenditures

- a. Facility Costs – This line item will cover any estimated costs associated with rental of facilities for stakeholder, community, or other PEI Project related meetings.
- b. Other Operating Expenditures – These costs are based on estimated typical programmatic costs for communications, information technology, travel, training, equipment, supplies, etc.
- c. Total Operating Expenditures – This line item is the total amount of all projected operating expenses of the total budget.

3. County Allocated Administration

- a. This line item will cover any estimated costs associated with rental of facilities for stakeholder, community, or other PEI Project related meetings.

4. Total PEI Funding Request for County Administration Budget - This line item is the total amount budgeted for the PEI Administration Costs described herein.

B. 1. Revenues (list/itemize by fund source)

No amount is listed in this line item as there are currently no other revenue sources confirmed for this PEI Project. Potential revenues will continue to be explored during the implementation of the PEI Projects.

PEI Administration Budget Narrative

- C. Total Funding Requirements – This line item is the total amount requested for the PEI Administration Budget line items described herein.

- D. Total In-Kind Contributions - No amount is listed in this line item as there are currently no confirmed in-kind contributions for this PEI Project. Included in the job duties for staff in the PEI Project will be resource development.

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

**Form
No. 6**

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

County:	Napa
Date:	4/30/10

#	List each PEI Project	Fiscal Year		Funds Requested by Age Group			
		FY 10/11	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	American Canyon	\$126,586	\$126,586	\$126,586	\$0	\$0	\$0
2	Domestic Violence	\$132,104	\$132,104	\$132,104	\$0	\$0	\$0
3	LGBTQ	\$53,692	\$53,692	\$13,423	\$13,423	\$13,423	\$13,423
4	Native American	\$53,692	\$53,692	\$13,423	\$13,423	\$13,423	\$13,423
5	Older Adult	\$112,183	\$112,183	\$0	\$0	\$0	\$112,183
6	St. Helena and Calistoga	\$126,586	\$126,586	\$126,586	\$0	\$0	\$0
	Administration	\$65,623	\$65,623	\$44,714	\$2,913	\$2,913	\$15,083
	Total PEI Funds Requested:	\$670,466	\$670,466	\$456,836	\$29,759	\$29,759	\$154,112

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

PEI BUDGET SUMMARY

County: Napa

Date: 6/17/2010

PEI Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Type of			Estimated MHSA Funds by Age Group			
No.	Name	Universal Prevention		Selected/ Indicated Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs										
1.			\$0							
2.			\$0							
3.			\$0							
4.			\$0							
5.			\$0							
6.			\$0							
7.			\$0							
8.			\$0							
9.			\$0							
10.			\$0							
11.			\$0							
12.			\$0							
13.			\$0							
14.			\$0							
15.			\$0							
16.	Subtotal: Programs		\$0	\$0	\$0	\$0	\$0	\$0	\$0	
17.	Plus up to 15% County Administration									
18.	Plus up to 10% Operating Reserve									
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$0							
New Programs										
1.	American Canyon PEI Project		\$126,586	\$63,293	\$63,293	\$126,586				
2.	Domestic Violence Project		\$132,104		\$132,104	\$132,104				
3.	LGBTQ PEI Project		\$53,692	\$53,692		\$13,423	\$13,423	\$13,423	\$13,423	
4.	Native American PEI Project		\$53,692	\$26,846	\$26,846	\$13,423	\$13,423	\$13,423	\$13,423	
5.	Older Adult PEI Project		\$112,183			\$112,183			\$112,183	
6.	St. Helena and Calistoga PEI Project		\$126,586	\$63,293	\$63,293	\$126,586				
7.										
8.			\$0							
9.	Subtotal: Programs		\$604,843	\$207,124	\$285,536	\$412,122	\$26,846	\$26,846	\$139,029	
10.	Plus up to 15% County Administration		\$65,623							
11.	Plus up to 10% Operating Reserve		\$0							
12.	Subtotal: New Programs/County Admin./Operating Reserve		\$670,466							
13.	Total MHSA Funds Requested for PEI		\$670,466							

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County: Napa

Date: 4/30/10

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: Older Adult PEI Project

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

Napa County will evaluate the Older Adult PEI Project.

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

- Local, state and national data (referenced in the work plan) indicate a growing number of seniors who are living below poverty, alone and in need of mental health services.
- Traditional methods of service delivery are not reaching these seniors. This project uses non-traditional methods of identifying, referring and connecting (e.g., social marketing, home visitors, brief intervention) at-risk seniors to geriatric-centered mental health resources.
- This project aligns with the overall priorities identified in the Community Planning Process:
 - Training for all service providers to understand mental health needs.
 - Community information about PEI, signs of mental illness and available services.
 - Services and supports available for individuals and families/caregivers.
- All project activities (e.g., outreach and education, provider training, assessment and referral, brief intervention) lend themselves to both quantitative and qualitative methods of evaluation.
- The presence of an existing senior services database that can be adapted for the program evaluation activities identified in this project.
- Similar projects are being implemented in other counties which will facilitate comparisons for the purpose of determining what works best.

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

Intended individual outcomes

- 2.1 Successful referral to and linkage with mental health services and supports for at-risk individuals/caregivers at risk for developing mental health problems.
- 2.2 Changes for individuals identified as being at risk for or in the early stages of a mental health disorder such as:

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- Reduction of or recovery from symptoms.
 - Reduction of or recovery from feelings of isolation and loneliness.
 - Increase in feelings of support and wellness.
- 2.3 Satisfaction with mental health prevention information, brief intervention, or mental health services referral by individuals/caregivers, including whether information and/or services were provided with ethnic/cultural sensitivity and competency.

Intended system and program outcomes

- 2.4 Gatekeepers and health care providers identified in work plan will be trained on how to recognize signs of depression and other mental illness and ways to help seniors connect to geriatric-centered services.
- 2.5 Gatekeepers and health care providers will feel prepared to provide early identification services and referrals.
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., Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ); 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.
- Both the Napa County work plan and the following table are based on 12 months of operation.
 - The estimated total unduplicated count of individuals to be served is based on multi-disciplinary assessment, and brief intervention services for at-risk seniors and caregivers identified by gatekeepers, and health care providers.
 - The estimate is based on the following assumptions for the first year:
 - 40 individuals will be identified by gatekeepers and health care providers as at risk of or in the early stages of a mental health disorder;
 - Of those 40 persons screened, it is thought that 40% will be offered brief intervention services and referral information and 60% will be referred to a mental health provider for a complete assessment and possible mental health services and supports.
 - Ethnicity/culture estimates are based on prevalence data for older adults in Napa County.

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PERSONS TO RECEIVE INTERVENTION

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/DISCRIMINATION
<u>ETHNICITY/ CULTURE</u>							
African American	3	1				3	3
Asian Pacific Islander	3	1				3	3
Latino	11	3				11	11
Native American	1	1				1	1
Caucasian	20	9				20	20
Other (Indicate if possible)	2	1				2	2
<u>AGE GROUPS</u>							
Children & Youth (0-17)							
Transition Age Youth (16-25)							
Adult (18-59)							
Older Adult (>60)	40	16				40	40
TOTAL	40	16				40	40
Total PEI project estimated <i>unduplicated</i> count of individuals to be served <u>40</u>							

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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?

Intended individual outcomes

- 4.1 Successful referral to and linkage with mental health services and supports for older adults identified as being at risk for or in the early onset stage of a mental health disorder.
- a. **How measured:** Number of referrals made for assessment and services compared to number of referrals received by mental health professionals.
 - b. **What:** Tracking log of referrals made by screeners and follow-up with individuals and caregivers regarding referral outcome.
 - c. **When:** Semi-annual report on tracking log
- 4.2 Changes for individuals identified as being at risk for or in the early onset stage of a mental health disorder such as:
- 4.2.1. Reduction of or recovery from symptoms.
 - a. **How measured:** Mental health screening tool
 - b. **What:** Objective measure of screening tool and assessment by project screeners
 - c. **When:** Baseline and post intervention screening
 - 4.2.2. Reduction of or recovery from feelings of isolation and loneliness.
 - a. **How measured:** Depression and mental health screening tool
 - b. **What:** Response to questions about isolation and loneliness
 - c. **When:** Baseline and post intervention screening
 - 4.2.3. Increase in feelings of support and wellness.
 - a. **How measured:** Depression and mental health screening tool
 - b. **What:** Response to questions about support
 - c. **When:** Baseline and post intervention screening
- 4.3 Satisfaction with mental health prevention information, brief intervention, or mental health services referral by individuals/caregivers, including whether information and/or services were provided with ethnic/cultural sensitivity and competency.
- a. **How measured:** Survey of Individuals and Caregivers
 - b. **What:** Survey response
 - c. **When:** Semi-annual assessment

Intended system and program outcomes

- 4.4 Gatekeepers and health care professionals identified in work plan will be trained on how to recognize signs of depression, other mental illness, early onset of mental illness and ways to help seniors connect to geriatric-centered services.

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- a. **How measured:** Documentation of training attendance; increase in self-knowledge
- b. **What:** Number and who attended; pre- and post-knowledge survey
- c. **When:** Information collected at time of training

4.5 Gatekeepers and health care professionals will feel prepared to provide early identification services and referrals.

- a. **How measured:** Gatekeeper questionnaire
- b. **What:** Results of questionnaire
- c. **When:** Evaluation of training

5. How will data be collected and analyzed?

- An existing senior services database will be adapted for the program evaluation activities identified in this project
- All data elements listed in item #4 above will be entered into the senior services database.
- All data elements listed in item #4 above will be collected by the subcontractor with assistance from the PEI Collaborative Coordinator and evaluation consultant as needed.
- The Napa County PEI Collaborative Coordinator will work with the contractor(s) and the evaluation consultant to collect, analyze, and report workplan data.

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

- Racial, ethnic and cultural issues relevant to the seniors in Napa County will be a component of the training of gatekeepers and health care providers.
- Individual/caregiver survey questions will ask if mental health information and services were provided with cultural sensitivity and cultural competence. Results of the surveys will be used to provide formative feedback to modify services as needed.
- The PEI Collaborative Coordinator and County Mental Health Ethnic Services Manager will provide additional oversight regarding the quality of service delivery to ethnically/culturally diverse individuals/caregivers served by this program.
- The PEI component will be a part of the Mental Health Division Quality Management Plan.
- Culturally competent evaluation tools (e.g., surveys) will be developed.
- Data will be analyzed (e.g., crosstabs) using cultural domains in order to determine if there are any differences in satisfaction, support, etc. based on ethnicity, culture, etc.

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

- a. The PEI Collaborative Coordinator, contractor(s), and evaluation consultant will work together to identify measures of fidelity with the following models as adapted for this project. In addition, the Coordinator, contractor(s), and evaluation consultant will work collaboratively to apply the measures of fidelity to the project and include a summary of that effort in the annual report. The contractor(s) will be required to document any changes to the components listed below.

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i. Gatekeepers Model

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ii. Depression and Mental Health Screening Tool

Geriatric Depression Scale, Trauma Scales, Caregiver Strain Index, Burden scale, Mini-cognition scale, Short Michigan Alcoholism Screening Instrument – Geriatric Version (SMAST)

iii. Brief Intervention Model

Healthy IDEAS. Baylor College of Medicine Model Programs Project funded by NCOA.

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

The PEI Prevention Collaborative and MHSA staff will have primary responsibility for disseminating the results of this evaluation report to local stakeholders and constituencies of senior citizens and older adults, including the MHSA Stakeholder Advisory Committee and the County Mental Health Board.