

Mental Health Services Act

Placer County

Prevention & Early Intervention Plan

Updated February 17, 2009



“An ounce of prevention is worth a pound of cure.”

Ben Franklin

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Introduction/Background

Welcome! Attached please find the updated Placer County Prevention and Early Intervention Plan, which outlines strategies for increasing and supporting mental health prevention and early intervention programs and initiatives in Placer County. As you will see, this plan is a result of continuous collaboration over the past 11 months amongst numerous individuals and groups.

Background

The Mental Health Services Act/Proposition 63 (MHSA) is the funding behind this program. Voters approved this bond in November 2004 to bring additional resources to transform mental health service delivery in California. For more information about MHSA, please go to: www.dmh.ca.gov/prop_63/MHSA/default.asp

Placer County, in an effort to embrace the spirit of MHSA's transformational criteria, launched the Campaign for Community Wellness in the fall of 2006. The goal of the Campaign is to transform mental health services in Placer County through collaborative, community-based, consumer/family driven, innovative and recovery focused strategies. Refer to page 7 and 10 of the Community Planning Process for more information. For more information about the Campaign, please go to www.campaignforcommunitywellness.org.

The Placer Prevention and Early Intervention Plan is an initiative under the umbrella of the Campaign for Community Wellness.

Thank you for taking the time to review this plan.

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

Form No. 1

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

County Name: Placer

Date: February 9, 2009

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

County Mental Health Director	Project Lead
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AUTHORIZING SIGNATURE

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

Signature _____

County Mental Health Director

Date

Executed at _____, California



III. Executive Summary

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- A. Background
- B. Community Planning Process
- C. Program Summary

A. Background

The purpose of the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) component is to serve people before the onset of serious mental illness or serious emotional disturbances. Per the early intervention piece, the goal is to reduce the need for additional and/or long-term mental health treatments.

The vision created by the Mental Health Service Oversight Advisory Committee for PEI is as follows:

All Californians share responsibility for promoting strong mental health and resiliency among individual in their many diverse communities and for supporting individual in accessing mental health services without fear of disapproval or discrimination. Prevention and early intervention approaches are tools for empowerment and social justice that emphasize holistic and integrated approaches to mental health.”

The funding parameters, laid out by the State Department of Mental Health (DMH), for the PEI program are as follows:

- All ages must be served
- At least 51% of the over-all PEI budget must serve the 0-25 age group
- All regions of the County must have access to services
- Disparities in access to services for underserved ethnic communities must be addressed

The Placer PEI Plan, outlined in detail in the following report, is built upon community input, local, state and national statistics and best practice in the field of mental health prevention and early intervention. But most importantly, we worked to identify programs and strategies that responded to the unique needs of our unique community.



Priority populations targeted for the Placer PEI program are as follows:

- 0-18 year olds at risk for school failure, living in stressed families and at risk of involvement in the juvenile justice system
- Families with at-risk children
- Mothers with children 0-5 at risk of depression
- Older adults at risk of depression and suicide

Through a combination of strategies including family strengthening, youth development, depression screening, short-term therapy and an overall awareness campaign to decrease stigma and discrimination around mental health issues, we hope to infuse hundreds of lives with protective factors that put them on the path to recovery.

In summary, Placer County has approximately \$1.1 million per year, to spend on the implementation of PEI programs. Seventeen percent, or \$280,000 will go to Placer County Health and Human Services System of Care to handle administrative and evaluation tasks associated and required with managing the programs. Approximately \$898,250 will go to programs.

B. Community Planning Process

In late 2006, Placer County System of Care (Adult and Children) joined forces to launch a campaign to transform mental health services. Believing that the key to transforming mental health care in Placer County was to involve the community in owning mental wellness, the Campaign for Community Wellness was born. Phase one of the Campaign for Community Wellness has been to coordinate key mental health initiatives in the county -- MHSA and SAMHSA. There is great leverage and synergy between the two initiatives. With tighter coordination resources can be more fully leveraged and expanded to serve children, youth, adults and families in better ways.

The Campaign for Community Wellness core values align with transformational concepts inherent in the MHSA and PEI policies adopted by the Mental Health Services Oversight and Accountability Commission (OAC). These core values include:

- Community collaboration
- Cultural competence
- Consumer/family driven planning and programs
- Wellness focus including concepts of resiliency and recovery
- Integrated services



- Outcome-based program design

The Placer PEI Community planning process was conducted under the umbrella of the Campaign for Community Wellness. Through community meetings, surveys, research, focus groups, and hours of conversation, the Placer PEI Plan was created to meet the needs of people at risk of developing mental illness with a specific focus on the underserved and unserved populations in Placer County.



C. Program Summary

Table 1. Proposed Prevention & Early Intervention Programs

Program	Program Description	Community Mental Health Needs addressed	Approximate annual unduplicated clients served	Annual PEI Budget (on-going only)
Ready for Success	Youth Development and Family Support through culturally and age competent counseling and trainings for parents, youth, and at-risk youth	<ol style="list-style-type: none"> 1. Disparities in Access 2. At-risk populations 3. Stigma 4. Suicide risk 5. School failure 	845	\$471,250
Bye Bye Blues	Reducing Depression and Suicide Prevention through culturally and age competent counseling, screening and evaluation, therapy, and Native American cultural healing programs	<ol style="list-style-type: none"> 1. Disparities in Access 2. At-risk populations 3. Stigma 4. Suicide risk 5. School failure 6. Family function 	700	\$322,000
Bridges to Wellness	Awareness, Stigma Reduction and Linking to Resources through education, outreach, website resources, and social marketing	<ol style="list-style-type: none"> 1. Disparities in Access 2. At-risk populations 3. Stigma 4. Suicide risk 5. School failure 6. Family function 	Estimated 12,000	\$105,000
TOTALS			13,545	\$898,250



IV. PEI Community Program Planning Process [Form #2]

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

- a. The overall Community Program Planning Process

In late 1996, Placer County System of Care (Adult and Children) joined forces to launch a campaign to transform mental health services. Believing that the key to transforming mental health care in Placer County was to involve the community, the Campaign for Community Wellness was born. Phase one of the Campaign for Community Wellness has been to coordinate key mental health initiatives in the county -- MHSA and SAMHSA. It was thought that there is great leverage and synergy between the two initiatives and that tighter coordination will expand the resources available to better serve a wide range of people. The Campaign for Community Wellness core values align with transformational concepts inherent in the MHSA and PEI policies adopted by the Mental Health Services Oversight and Accountability Commission (OAC). These core values include:

- Community collaboration
- Cultural competence
- Consumer/Family driven planning and programs
- Wellness focus including concepts of resiliency and recovery
- Integrated services
- Outcome-based program design

The Placer PEI Community Planning Process was conducted under the umbrella of the Campaign for Community Wellness.

Several Placer County Health and Human Services (HHS) personnel supported the planning process. The main role of HHS staff was to provide the content information, including data statistics and MHSA background, to the process.

HHS staff involved with the PEI planning process included:

- Maureen Bauman, Director, Adult System of Care
- Lynn Tarrant, Assistant Director, Adult System of Care
- Richard Knecht, Director, Children System of Care
- Mike Lombardo, Assistant Director, Children System of Care
- Cindy Brundage, Program Director, SAMHSA Director



Additionally, five work group chairs supported the planning process. The work group chairs included a wide range of perspectives including: Latino, Native American, Asian-American, Faith, gay and lesbian. Additionally, the backgrounds of the chairs varied across socio-economic, cultural and educational spectrums. The role of the work group chairs was to link the voice of their constituency to the process and vice versa. Work group chair representation included:

- Sonia Samaniego & Elisa Herrera, Latino Leadership Council
- Anno Nakai, Native Network
- Stephanie Rogerson & Emilio Vaca, Lake Tahoe
- Lynn Tarrant, Suicide & Depression Work Group
- Tad Kitada & Richard Knecht, Children & Youth Work Group

To support all of the above, Placer County retained professional planners and facilitators from Streamline Consulting Group to provide the neutral facilitation required to gain trust with the planning process and create a true community-based plan. (www.streamlineconsultingoup.com)

For content expertise in the area of mental health prevention and early intervention, Lynne Marsenich from the California Institute of Mental Health provided a one-day training for the Steering Committee that guided the group to a greater understanding of prevention and early intervention, support factors and risk factors. This one day training really helped the diverse Steering Committee and participants create a set of common vocabulary around prevention and early intervention that served them well over the 9 month planning period. Lynn also provided on-going feedback and suggestions during the planning process and identified evidenced based and cultural relevant programs that mapped to group desired outcomes. Lynne provided support, as needed, to each of the work group as they developed their recommendations.

b. Coordination and management of the Community Program Planning Process

Coordination and management of the Community Program Planning process was provided by HHS staff and work group chairs noted above, as well as Streamline Consulting Group.

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



The Campaign for Community Wellness was, and still is guided by a steering committee of 35 voting stakeholders including approximately 20 community-based members from numerous constituencies as listed below. Regular attendees to the monthly Campaign Steering meetings include people from all walks of life making for lively and authentic conversations and plans. A variety of perspectives come from the fact that our meeting attendees include a wide range of people with different means, educational backgrounds, religious beliefs and experiences. We have mothers who have lost adult children to suicide, homeless adults, youth, city employees, etc. Gay, straight, Native American, Latino, Asian-American, African American also define our group---which, at the end of the day---is a true reflection of the Placer community.

This group meets monthly and provided key recommendations into the PEI planning process and plan.

Below is a list of the Steering Committee members as listed by the constituency they primarily represent.

FAMILY, CONSUMER, OR YOUTH VOICE

Family Voice

Manager, United Advocates for Children and Families of California

Client/Family Voice (5)

NAMI of Placer County

Consumer Voice

Family Advocate – United Advocates for Children and Families of California

Placer County Adult System of Care

Youth Voice

United Advocates for Children and Families of California

LATINO VOICE

North Tahoe Family Resource Center

Peace for Families

Latino Leadership Council

NATIVE AMERICAN VOICE

Native Network

COMMUNITY PARTNERS

Transitional Age Youth – Whole Person Learning

Placer County – Prevention and Early Intervention Plan



MH-residential services – American River Behavioral Health
Older adults – Health for All, Inc
Tahoe communities – Community Collaborative of Tahoe Truckee
Disabled community – Placer Independent Resource Services
Tahoe – North Tahoe Family Resource Center
Substance Abuse – Sierra Council on Alcoholism and Drug Dependence
Developmental disability – Alta Regional
Out-client & after hours services – Sierra Family Services
Tahoe communities – Sierra Family Services
Faith-based/homeless community
Front-line county staff

EDUCATION

Placer County Office of Education
Rocklin School District

HEALTH

Hospitals/Physical Health

CHILDREN

Child Abuse Prevention Council
Children 0-5

HOUSING

Advocates for Mentally Ill Housing
Roseville Housing Authority

BUSINESS/WORKFORCE

Business
Vocational rehab services – Department of Rehabilitation

LAW ENFORCEMENT

County Law Enforcement – Juvenile Probation
City Law Enforcement – Roseville Police Department

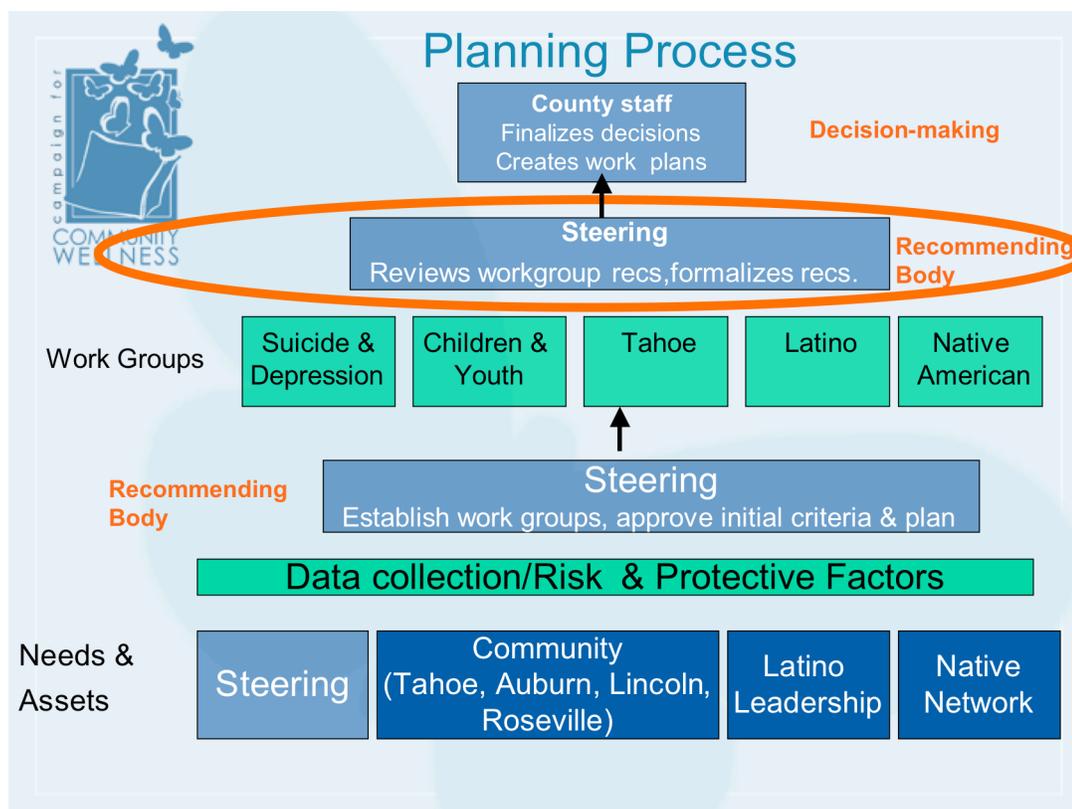
NON-VOTING MEMBERS

Adult System of Care
Children System of Care
Tahoe Health & Human Services



For the PEI planning process, the Steering Committee identified the risk and supportive factors in the community as well as the assets and gaps in services. The Steering reviewed the key demographics of Placer, noting the unserved/underserved population groups such as: Latino, Native American, Asian American, African American and homeless.

Additionally, they reviewed key statistics related to risk and protective factors in Placer as well as feedback from the several community meetings that were conducted in Lincoln, Roseville and Tahoe. Below is a visual of the Placer PEI Planning process.



Based on this information, the Steering Committee recommended that five work groups be formed to focus on key populations, mental health needs and disparities in access as follows:

1. Children/Youth (at risk children, youth and young adults) in stressed families, at risk of school failure and at risk of involvement in juvenile justice



2. Suicide prevention and depression
3. Lake Tahoe region
4. Native American population
5. Latino population

Tahoe, Native American and Latino work groups were overlays to the Children and Youth and Suicide work groups and also represented one of the PEI mental health identified needs of disparities in access. After four to five working sessions where needs were evaluated, data and research studied and programs considered, the work groups presented initial PEI plans and funding allocation recommendations to the Steering Committee. The Steering Committee reviewed work group recommendations and made final recommendations that County staff used to create this report.

2. **Explain how the county ensured that the stakeholder participation process accomplished the following objectives (please provide examples):**
 - a. **Included representatives of unserved and/or underserved populations and family members of unserved/underserved populations**

The work groups that were formed, Children/Youth, Suicide and Depression, Latino, Native American, and Tahoe, consisted of individuals representing a wide set of voices including: community-based organizations, schools, and community groups that specifically serve or represent the unserved and/or underserved populations, consumers, youth and family members. Along with partnering organizations, individuals participating in the work group planning process included the following representation: Asian-American, gay/lesbian, youth, homeless, Veterans, faith-based, Native and Latino.

These work groups assessed the needs of their at-risk, under or unserved populations and derived PEI recommendations that best matched the needs of that unique segment of the community. In addition to national, state, and local data and input from the community meetings, the Latino and Native work groups used a community assessment tool for their needs identification work to assess the readiness of their particular community to address mental health issues.

Consumer Survey

Additionally, a short, prevention-focused consumer survey was conducted by consumers and the data was considered as part of the materials reviewed by the Steering Committee. Of 27 total responses, 17 were male and 10 were female.



Of the participants, 40% were between the ages of 40 and 49, and 25% between the ages of 50 and 59. Of the 27, 1 identified themselves as a Pacific Islander, 1 as Latino, 3 as African American and 2 as Native Americans. Participants were asked to choose three methods that they felt were most effective toward addressing mental illness. Twenty people (65%) thought that the best approach was to provide early and periodic screening, diagnosis, and treatment. Sixteen people (51%) thought the best approach was to train educators, law enforcement, emergency medicine professionals, nurses, and doctors on early recognition and response. Participants were then asked their opinion on the best place to identify residents with a need for mental health services. Fifteen people (48%) thought community organizations, for example, Family Resource Centers, are the best place, while 14 people (45%) responded doctor's offices or clinics, and 13 people (42%) thought that Social Services, for example CalWorks, Women Infant and Children program, is the best place to reach people with mental health prevention services.

Community Input Survey

A community input survey was taken at the community meetings held in three locations (Auburn, Lincoln, and Kings Beach) in November 2007. All community meetings offered Spanish translation services, and the above outlined survey was offered in English and Spanish. Of the 31 participants who filled out the survey, 21 were female and 10 were male. Thirteen of the responders were aged 50 years or older. Over 50% of respondents thought that the best approach for addressing mental illness prevention and early intervention in Placer County would be to provide early and periodic screening, diagnosis, and treatment for mental illness. Over 50% also responded that the best approach would be to provide education and support services for parents and caregivers in community settings such as community centers and churches. When asked to choose the settings that would be the most effective for identifying Placer County residents with a need for mental illness prevention and early intervention services, almost 65% of respondents named schools, and 40% named community organizations such as Family Resource Centers as the most effective settings. Of the responders, 25 chose their ethnicity as white/Caucasian, five as Latino/Hispanic, and three as Native American.

Additional Latino Input

The Latino Leadership Council (LLC) was formed to better identify Latino health needs and concerns. Since its inception, LLC members have both participated in and conducted a number of surveys to ensure their needs were heard and could be adequately addressed.



In collecting mental health needs for the PEI process, the survey data revealed a great lack of information – in Spanish – for the Placer County Latino populations. While all Latino populations in Placer County are in need of greater and more culturally relevant services, the LLC found the greatest need in the city of Lincoln due in part to a population that has grown exponentially while the rate of services has not.

At an event for Spanish-speaking community members in Lincoln in March 2008, the LLC surveyed 225 adults in attendance and discovered their top two desires for health services: (1) general education programs (specifically, acculturation, drug and substance abuse prevention, domestic violence, immigration and legal issues and language) and (2) assistance in keeping youth away from gangs and risky behaviors. All of this information greatly informed the PEI planning process and outcomes.

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.

Placer County covers 2,000 square miles with extremes in topography and diverse demographics. As such, special emphasis on reaching populations in outlying or unincorporated areas was crucial to successful participation and stakeholder input.

Throughout the process, input was sought from a diverse constituency by working with the work groups representing geographic, cultural and other differences. Additionally, all community meetings included Spanish translation services.

Input throughout the process was obtained by linking with the following groups:

- Tahoe group – includes North Tahoe Family Resource Center, Tahoe Women Services, Community Collaborative of Truckee Tahoe (includes 40 social service organizations in the Tahoe area), Sierra Family Services, and Truckee Tahoe Unified School District. Community meetings (2) were held in English with real-time Spanish translation services offered on-site. Participants included: consumers, providers, gay/lesbian, older adults, youth, mothers, school counselors and more.
- Latino Leadership Council – includes over 25 Latino leaders who reside in western Placer County. Representation includes health professionals, business owners, counselors and community members. Most members



are bilingual/bicultural. Members represent a wide range of ages, socio-economic, educational and cultural backgrounds.

- Native Network –about 12-15 members from various tribes including natural healers, older adults, youth advocates, women and men.
- Consumer Council: monthly meetings of 20-40 adult consumers held at the Auburn Welcome Center. Group brainstormed key needs around PEI programs. The Consumer Council is comprised of a very wide range of individuals including: Asian-Americans, African Americans, currently homeless, recently homeless, recently incarcerated, disabled, gay/lesbian, employed, unemployed, older adults, young adults, married couples and Vets.

Additionally, as part of the planning process, the Campaign for Community Wellness partnered with the two community collaboratives in the county, Placer Collaborative Network and Community Collaborative of Tahoe Truckee, in order to better reach a wide range of stakeholders. Both collaborative organizations include approximately 40 members each in County. The members of both the Placer Collaborative Network and Community Collaborative of Tahoe Truckee include a wide range of community-based organizations serving a myriad of populations: disabled, older adults, youth, children, mentally ill, homeless, community, foster youth, gay and lesbian, as well as diverse cultures. It was through the partnership with these collaboratives that the PEI planning process was able to extend its reach further into the Placer communities.

Four community forums were held, in Roseville, Lincoln, Auburn and Tahoe, and the public was noticed about these community meetings in the following ways:

- Flyers in English and Spanish distributed to Family Resource Centers, Latino Leadership Council, Parent/Teacher organizations, community-based organizations working with families
- Newspapers: press announcement sent to media list with 10 local outlets
- E-mail distributions: flyer sent to list of over 2,000, including mental health providers, other service providers, families, faith-based, Latino and Native American advocate groups, educational leaders, municipalities, health care providers, law enforcement and general community members.

Following is an example of the English version of the flyer distributed for the public meetings:



Placer Collaborative Network and Community Collaborative of Tahoe Truckee Invite You To:

A Community Meeting To Share Ideas on How to Improve Mental Health Care in Placer County

* * *

Your Ideas Count!

Parents, educators, childcare and mental health providers, doctors, faith-based organizations and all interested community members----

Please come to a community meeting to learn about the Campaign for Community Wellness efforts to improve mental health care in Placer County and share your ideas on how to better serve our residents, especially in the area of prevention and early intervention.

When: Tuesday, November 27th, 6-8pm

Where: Kings Beach Elementary, Reading Room

For more information, please contact Michele at 889-7244.

*Spanish translation services will be offered at the meeting

Participants in these meetings included a wide range of community members and consumers of mental health services. Additionally, we held forums and solicited feedback from the Latino Leadership Council, the Native American Network and the Campaign for Community Wellness Steering Committee. In all of these outreach efforts we gave a brief overview of prevention and intervention in a power point format, and then asked the following questions in a brainstorming format:

- Who is most at risk?
- What are they at risk for?
- What are the current protective factors/assets these groups currently have?
- What new ideas or programs are suggested?



Below is a summary of input gathered from the various input forums that informed the work group and Steering Committee determination of priority populations:

Forum	Input: Who are at risk?	Input: What are they at risk for?
Campaign for Community Wellness Steering Committee	<ul style="list-style-type: none"> ○ Children & Youth ○ Adults ○ Seniors 	<ul style="list-style-type: none"> ○ Children & Youth: Poverty, uninsured, abuse, depression, disability, poor school performance, substance abuse, incarceration ○ Adults: Trauma, depression ○ Seniors: Depression, substance abuse
Community Input – Kings Beach, Auburn, and Lincoln	<ul style="list-style-type: none"> ○ Children ○ Youth ○ Adults ○ Families ○ Seniors 	<ul style="list-style-type: none"> ○ Children: Neglect, lack of care and security, substance abuse ○ Youth: Isolation, inverted family structure, substance abuse, gang involvement, aggression, lack of job skills, incarceration ○ Adults: <ul style="list-style-type: none"> Women: Depression, poverty, transportation Men: Poverty, unemployment, discrimination ○ Families: Substance abuse, early sex, bullying, domestic violence, divorce ○ Seniors: Isolation, depression, elder abuse, substance abuse, poor health
Latino Leadership Council	<ul style="list-style-type: none"> ○ Children ○ Women, men and family 	<ul style="list-style-type: none"> ○ Children: School failure, domestic violence ○ Women, men and family: Substance abuse, isolation, depression, fear of immigration, lack of medical care, incarceration, unemployment
Native Network	<ul style="list-style-type: none"> ○ All ages and gender who are at-risk 	<ul style="list-style-type: none"> ○ Historical trauma, discrimination, poverty, homelessness, low educational attainment, lack of access to care

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

Consumer Input

Garnering input from consumers and family members is a vital component of the overall, on-going Campaign efforts. Ten members on the Steering Committee representing this demographic participated in the planning process in an on-going manner. Additionally, outreach to consumers has been simplified by the



fact that Placer County, through the Community Supports and Services component of MHSA, has established a gathering and community center type place for consumers called the Welcome Center. Several consumers who attend programs at the Welcome Center have become involved in the Campaign planning process and their voices and contributions are valued tremendously. We have worked hard over the past three years to ensure that consumers feel heard, comfortable and welcome at all planning meetings. Additionally, the Welcome Center has established a Consumer Council consisting of over 20 members that meets monthly to give input on a variety of mental health service improvements. The Consumer Council was a helpful part of the outreach and information gathering process for PEI planning as mentioned earlier.

Family Input

Representatives from Placer NAMI (National Advocates for the Mentally Ill) are on the Steering Committee and regularly participate in various outreach efforts of the Campaign such as community events and the quarterly newsletter distribution. Family members of those with mental illness are key to Campaign and PEI efforts to transform the way mental health services are traditionally offered. "Parents are partners" is the way the Campaign views the role of family members in the recovery process.

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

All of the above groups are represented and listed on the Campaign for Community Wellness Steering Committee roster along with designation as outlined in our answer to question #1c on pages 10-12 of this report.



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

Training for the Steering Committee on prevention and early intervention was provided during a 3-hour Steering Committee meeting in September of 2008. The training was provided by a California Institute for Mental Health (CIMH) expert. The training included an overview of PEI guidelines, definitions for prevention and early intervention, PEI strategies (universal, selective, indicative), and examples of highly effective programs for various populations. With this greater understanding of Prevention and Early intervention, key strategies and risk factors, the Steering helped work with the facilitation team to define a planning process that would yield exception community based outcomes.

The CIMH expert was also available during several of the work group sessions to provide ongoing support as the teams developed PEI strategies, objectives and plans per the logic model.

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

Addressing disparities in mental health services to ethnic and consumer communities

During the CSS process, efforts were made to include Latino and Native American voice into the planning efforts. Unfortunately, traditional avenues of public outreach for these two populations were unsuccessful and it became very apparent that a new way to reach them was needed. Linking to existing groups such as the Native Network and the newly formed Latino Leadership Council during the PEI process significantly improved the populations' involvement and thus increased the development of culturally relevant services. Additionally, training for the Steering Committee by these two groups helped members better understand what culturally relevant programming actually means.

Additionally, linking with the Consumer Council at the Welcome Center in Auburn was a new strategy used in the PEI process that was not available during CSS planning phase as it was not up and running yet.



Provided Additional Time and Technical Support

During the CSS process we learned that the planning work groups needed to have more time, greater collaboration and expert assistance in defining the overall recommendations for their plan. We therefore did the following as part of the PEI work group sessions:

- Extended our timeline for the PEI work groups, permitting 2-3 months for the working sessions (most groups met 4-5 times over this time).
- Encouraged broad participation of the work groups to include all key constituents. The work groups often consisted of both Steering members and community stakeholders per the population and mental health topic areas.
- Empowered each work group to designate their own facilitator/chair of the work group. Professional facilitators worked with these team leaders for consistency in collaborative planning and recording.
- Provided a CIMH expert to work with each work group to ensure proper adherence to PEI guidelines and foster greater understanding of defining programs, strategies and plans.

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.

Engagement of Diverse Stakeholders

The diversity of the work groups, coupled with the diversity of the Steering Committee, ensured that all facets and populations of prevention and early intervention were explored. As a result, there is a greater acceptance of the overall plan and the recommended funding allocations by all constituencies. People have indicated their voices have been heard and they are pleased with the plan's overall recommendations. Transition Age Youth representation was a key part of the Children/Youth work group and result-specific programs focused at this population were recommended, as you will see in this plan.

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

a. November 24, 2008

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.



Once the Steering Committee reviewed the PEI plan and gave input (via e-mail, mail or fax), an updated version of the plan was posted on the Campaign for Community Wellness (www.campaignforcommunitywellness.org) site for 30 days. The PEI Report was also sent to an e-mail list of over 2,000 recipients, including contacts from the Placer Collaborative Network, private mental health and other service providers, faith-based organizations.

Additionally, a hard copy of the report was sent to: Placer County libraries and Family Resource Centers, Placer County Board of Supervisors, Placer County City Councils, Placer County Schools Superintendent, and the National Alliance for Mentally Ill (NAMI) Placer County.

A press announcement was sent, notifying the public of various web-based and physical locations available for reviewing the plan. The Executive Summary portion of the PEI Report was translated into Spanish and was included with the draft report at all times.

A public hearing was held on November 25, 2008 to answer any questions about the PEI Plan and to gather additional community input. Twenty-seven people attended this public hearing.

The agenda for the public hearings was as follows:

- Brief overview of Placer PEI Plan
- Question and answer period
- Public comment period

Real-time Spanish translation services were offered to those who requested it at the Public Hearing. Information regarding the public hearing was noticed to all local media outlets.

The date and location of the public hearing was as follows:

November 25, 2008
 Placer County Mental Health, Drug and Alcohol Advisory Board
 Time: 6:00 pm
 Placer County Government Center (DeWitt Center)
 11533 C Ave.
 Auburn, CA 95603



Individuals submitted written responses via e-mail or regular mail to:

Michele Zavoras
mzavoras@placer.ca.gov

By mail:
 Michele Zavoras
 Adult System of Care
 101 Cirby Hills Drive
 Roseville, CA 95678

A summary of comments and responses:

Comments Summarized	
Public Comment	Response by County Staff
<i>'I have reviewed the PEI Plan and it is something I can live with as it is presented.'</i> – Jerry Nevins	Thank you for the support!
<i>'Depression screening at the med clinic (as we discussed this with them) can be done for all ages. Dr. Klistoff was open to just incorporating the screening in their work. He also mentioned that they do not have a large number of older adults as folks with Medicare can see physicians in the community.'</i> – Maureen Bauman, Adult System of Care	Thank you for this input. It will be incorporated into the roll out plan for the depression-screening program.
<i>'The Bye Bye Blues project needs a manager/supervisor to implement. I know we identified an overall manager but I think it would best to get clarity NOW on how much of that management time would be dedicated to this project. We can't really move forward easily without someone responsible to do the work.'</i> – Maureen Bauman, Adult System of Care	There will be a PEI Coordinator hired to manage the PEI Programs.
<i>'Lighthouse Counseling & Family Resource Center commends the efforts of the Campaign for Community Wellness and the Steering Committee to craft a well thought out plan for PEI resources. In the PEI</i>	A sub-group of the Steering Committee is currently working to design a process for the PEI implementation phase. Included in this process design will be how to



<p><i>'Lighthouse Counseling & Family Resource Center commends the efforts of the Campaign for Community Wellness and the Steering Committee to craft a well thought out plan for PEI resources. In the PEI several programs are mentioned that will look to community partners for program implementation. For example, page 26 of the PEI plan states the Incredible Years will be delivered through local Family Resource Centers. The plan does not articulate how these sites will be selected. Will a bidding process be established? If the plan is to sole source pre-selected agencies, how was this process delineated? What will next steps be after state approval?' – Angela Ficarra, Executive Director, Lighthouse Counseling & FRC</i></p>	<p>A sub-group of the Steering Committee is currently working to design a process for the PEI implementation phase. Included in this process design will be how to distribute PEI funds. This process will be shared with the Steering Committee at the January '09 meeting.</p>
<p>Regarding Post Partum Depression and Psychosis: <i>1) Need for obstetricians and pediatricians to inform all patients verbally and visually, i.e., pamphlets and bulletin boards in doctors' offices. 2) Seek community help for finances and information throughout the neighborhoods. 3) Communicate with county and state post partum depression programs.'</i> – Curt and Dottie Blackford</p>	<p>Thank you for your comments. County Staff will assure a thoughtful integration of these concepts and ideas into the implementation of the Post Partum services.</p>
<p><i>'On page 26, the Incredible Years Program Roll Out grid includes Tahoe families. Please take this out, as Tahoe families will not be participating in program at this point. On page 30, change language to "In Tahoe (50 % of Program) the program will be offered through a partnership between</i></p>	<p>Thank you for your input. These items were fixed.</p>



V. Placer Prevention and Early Intervention Projects

1. Ready for Success: Youth and Family Support Program
2. Bye Bye Blues: Reducing Depression and Suicide Prevention Project
3. Bridges to Wellness: Awareness, Stigma Reduction and Linking to Resources Project



PEI PROJECT DESCRIPTION: READY FOR SUCCESS: YOUTH AND FAMILY SUPPORT PROJECT Form No. 3

County: Placer County
PEI Project Name: Ready for Success: Youth and Family Support Program
Date: 9/10/08

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	
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		

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	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	X	X	<input type="checkbox"/>	<input type="checkbox"/>
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	X	X	<input type="checkbox"/>	<input type="checkbox"/>

Ready for Success: Youth and Family Support Program Summary [Form #3]

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

Placer County's community and stakeholder input process to determine the PEI priority unserved and underserved populations was the first part of the overall 9-month process which led to the recommended plan contained herein. The priority populations were determined by January 2009, five months after the process began. As described in Section 2 of this plan, Placer County worked with the Campaign Steering Committee consisting of a wide cross-section of over 35 constituencies (as noted earlier) to select the priority populations. The Steering Committee was trained by a California Institute of Mental Health expert in Prevention/Early Intervention risk and protective factors as well as prevention programs and strategies that work well for particular cultural populations. Additionally, the trainings incorporated relevant Placer County statistics, input from the four community forums as well as PEI plans from the five PEI work groups (Children/Youth, Depression & Suicide, Tahoe, Latino Leadership Council, and Native Network). Additionally, consumer council input and prevention survey results were reviewed in the planning process. Statements of need identified in the 2005 MHSA/Community Services and Supports Community Process were also revisited and made relevant to the discussion.

Specifically, the programs developed under the Strengthening Families Project were derived from the Children/Youth work group with active participation from the Tahoe, Latino and Native Network groups. Two members, representing education and Placer Children System of Care, chaired the Children/Youth work group. Diversity in the Children/Youth work group included: Asian-American (work group chair), youth, Latino, Native American. Educational and socio-economic backgrounds were also diverse.

The Children/Youth work group roster included representation from the following community partner organizations:

- Child Abuse Prevention Council
- Children's System of Care (3)
- Adult consumer
- Placer First 5 Commission
- Latino Leadership Council
- Native Network
- North Roseville Recreation Center
- PEACE for Families (domestic violence)
- Placer County Office of Education K-12 (3)
- Placer Union High School District
- Rocklin Unified School District (2)
- Roseville Police Department
- Sierra Council on Alcoholism and Drug Dependence
- Sutter Health
- Tahoe Truckee Unified School District

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Tahoe Women's Services
Family member/United Advocates for Children and Families of California
Whole Person Learning

Data used to determine priority populations and needs included: surveys taken at Placer Juvenile Justice Center, statistics for children and youth from the National Center for Children in Poverty, local data from Placer County Children System of Care, Department of Education as well as input from the Native, Youth, Consumer and Latino focus groups to name a few.

The Children and Youth work group used community input, relevant local, state, cultural, geographic and national research to find programs with the best outcomes for children and youth at risk of school failure, in stressed families and at risk for involvement in the juvenile justice system. The group recommended a selective strategy for strengthening families through parenting education programs and youth development.

3. PEI Project Description

Programs Map to Needs Identified in Planning Process

During the PEI process many needs arose for the children, youth and transition age youth population in Placer County via community input, surveys, research, data analysis and work group input. The outlined parent education/family strengthening and youth development programs map to the needs identified which were to choose programs that were culturally competent, geographically relevant, family-focused and, community-based. The team also desired to select programs based upon the best practice model in prevention and early intervention science of building protective factors in children, youth and young adults in at-risk places in their lives to stave off mental and emotional health issues down the line. One key focus across all of the identified programs was to address the disparities in access issue. As you will see further on in this plan, outreach strategies are a key component that supplement the programmatic efforts. This is done to ensure greater access for the unserved and underserved populations.

The Ready for Success: Youth and Family Development Program is designed to address the needs and priorities that were identified in the community planning process by providing family/parenting education programs (bolstering protective factors) to those children/youth most at risk of school failure, juvenile justice involvement and stressed family situations. Specific age groups were identified to prioritize the population where these programs would focus. It was envisioned that all ethnicities, particularly those underrepresented, would be targeted with culturally relevant programs.

- 0 -3 years of age
- Preschool age
- 7th and 8th grade
- Middle to High school (Latino)
- Transition Age Youth

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In identifying these age groups above, it was determined that these age groups were “developmental” break points for children and if addressed with the appropriate preventative strategies, these children/families could be strengthened and become more resilient to mental illness.

Programs fit into two categories: Strengthening Families or Youth Development. The following type of programs will be utilized to meet the needs of these targeted populations:

STRENGTHENING FAMILIES APPROACH

As the research points to, you cannot serve at-risk youth without also serving the family unit. The first place any child or youth naturally goes to for support is the family. If the family is not able to provide this in a positive way, the risk factors for that individual start to climb. In recognition of these inseparable set of issues, the PEI Plan for addressing the needs of children and youth partners outstanding parenting programs with outstanding youth development programs using an authentic community-based approach.

FAMILY SUPPORT

Incredible Years (Expansion)

Across the board, the Incredible Years training program has the best outcomes for improving family functioning across a variety of ethnic demographics. To reach the priority population of at-risk young children, this program was selected as the most desirable because it meets the desired outcomes of improving family function and reducing: school failure, involvement with juvenile justice, substance abuse, and disparities in access. This program can be delivered in a culturally competent manner so that our under/unserved populations can be best served.

The Incredible Years parent training intervention is a 12-week program focused on strengthening parenting competencies (monitoring, positive discipline, confidence) and fostering parents' involvement in children's school experiences in order to promote children's academic, social and emotional competencies, and reduce conduct problems. The parent programs are grouped according to age. The programs in Placer will be delivered in a culturally competent, safe, nurturing setting such as a Family Resource Center or similar family service organizations. It is expected that 40% of the families served through this program will be Latino due to the demographics of the community-based partner organizations that may conduct the program such as Family Resource Centers.

We are currently leveraging the state funding for Incredible Years Training by offering it to our local family service organizations. This could reduce the up-front training costs associated with the program and allow for greater participation of many of the local family service organizations.

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Supports for this program include: coordination, training for facilitators, materials, evaluation specific to Incredible Years, childcare, outreach, food and room rental. All of these pieces are considered key to the program success.

Incredible Years Program Roll-out

Target Pop Age	Location	Frequency/duration	# served	Timeline
Basic Early Childhood <i>Parents with 3-6 yr olds</i>	Year 1: Family Resource Centers or similar organization	12 week session 12 parents per session 5 session per year 2 hours per session	Year 1: 60 families per year	4/09: Training 5/09: Outreach 8/09: Program starts 2010: Serve 108 families per year, expand location
Basic School Age <i>Parents with 6-12 yr olds</i>	After year 1: Additional locations (new CBO partners)		After year 1: 75 families per year	
Advanced <i>Parents with 4-12 yr olds</i>				

Functional Family Therapy (Expansion)

To reach the targeted youth population at risk of involvement with Juvenile Justice, we identified a program called Functional Family Therapy that is currently working very well in Placer County for a diverse set of youth. Functional Family Therapy is yielding positive outcomes such as: reduced school failure, improved relationships with school community and family, and prevention of relapses. Functional Family Therapy, targets youth from 10-18 at high risk of involvement with the Juvenile Justice System. It is conducted in partnership with Placer System of Care, Placer Juvenile Detention and various community partners. Recently, additional community agencies, such as the Sierra Council on Alcoholism and Drug Dependence approached the County to expand the program through collaboration. It was thought that providing funds to expand this program would enable more youth to be served with leveraged funds.

Recently, Placer Juvenile Detention Facility collected responses to a survey on mental health in 2008 from 49, 12-18 year olds. Survey respondents stated that individual and family counseling was what they most needed to get themselves on the right track. They also mentioned needs for life skill training and help with dealing with depression and anxiety issues. Family Functional Therapy addresses both these concerns in a culturally competent manner. Sexual orientation, race, gender, religious background and other needs are part of the over-all awareness and understandings that make this program work well across diverse populations of youth in Placer County.

Functional Family Therapy is an empirically grounded, well-documented and highly successful family intervention for at-risk and juvenile justice involved youth. The target population is youth ages 10-18 and their families, whose problems range from acting out, conduct disorder, and alcohol/substance abuse. The focus of the program is to work to resolve the underlying family dysfunction that leads to these issues. By doing such, the outcome is a more resilient, healthier youth who chooses better pathways to adulthood.

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The program will focus on a two-pronged approach of preventing youth with the first onset of mental health and family issues from progressing to out of home placement situations as well as focusing on preventing youth from entering into deeper end services through Probation, Mental Health and Child Welfare due to their mental health and family dysfunction.

Evaluation for this program will be conducted by the Placer PEI Coordinator in partnership with the program partners and in accordance with the methodology laid out in this report. This program was chosen as the best fit for the needs of local youth and their parents by community partners who work directly with this population.

Functional Family Therapy Roll-out Plan

Target Pop	Location	Frequency/duration	# served	Timeline
Parents of 10-18 yr olds with: Conduct/anxiety disorder, substance abuse, dysfunctional family relations, depression, other MH issues	Home-based, Juvenile Detention, Schools, CBO partners	Range: 12-30 sessions per family per year depending on need	Additional 15 families per year	6.08: Secure CBO partner & staff 8.08: Training/orientation w/current team 9:08: Expand services to new families

Positive Indian Parenting: NEW, ALTERNATE PROGRAM

Representing 1.4% of the Placer County population, the Native American community is overrepresented in the Children System of Care and school failure rates are significantly higher than their Anglo peers (37%).

According to the California Health Information Survey of 2005, Native American residents in Placer County reported the highest level of mental health distress and the lowest level of access to health services, with 67% of Native American respondents reporting that they do not have health insurance and 57% reporting that they had no usual point of access to health care.

It has been noted that one of the impacts historical trauma has had on Native American communities is the loss of a positive cultural identity, which places Native American youth at risk for substance use, depression, suicide, and school failure. Another impact is the erosion of family structures and lack of transmission of cultural knowledge that promotes protective factors for Native American youth.

In order to provide greater access to cultural knowledge and increase mental wellbeing for youth, the Native American work group proposed the prevention strategy based on the PEI logic model, of strengthening the family unit through a program called Positive Indian Parenting.

Placer’s Native Network Liaison or similar entity will deliver this program. The program will be co-facilitated by the Native TANF Program or similar program that will also provide the room for the family meetings. Partnering with an established Native-serving

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organization will improve access for this underserved population. Outreach for this program will be conducted by the Native Network and Native TANF or similar organizations that have natural links and established trust in the local Native communities, as well as referrals from Children’s System of Care.

Evaluation for this program will be conducted by the Placer PEI Coordinator in partnership with the Native American Liaison (or similar point) and in accordance with the methodology laid out in this report. This program was chosen as the best fit for the needs of local Native American parents with adaptations to include local tribal language and customs, and will provide data into promising practices for Native populations.

Program Description: This eight-week parenting curriculum is designed to provide a brief, practical culture-specific training program for Native American parents. Native American values, attitudes and customs oral tradition, storytelling, the spiritual nature of child rearing and the role of extended family are presented as tools to promote protective factors for Native American youth and families.

Positive American Indian Parenting Roll-out Plan

Target Pop	Location	Frequency/duration	# served	Timeline
Parents: Native youth 0-18 yrs old	TANF office, led by Native Network Advocate or similar entity	8 week program/yr	30 families per year	2008: training 2008: outreach by Native Network/TANF or similar entity 6/09: Program starts

Parent Project (NEW)

Traditionally, the Latino population has been one of the underserved populations in Placer County. In recognition of this fact, the Latino Leadership Council (LLC) was formed to better identify Latino health needs and concerns. Since its inception, LLC members have both participated in and conducted a number of surveys to ensure their needs were heard and could be adequately addressed. Currently, the LLC is moving towards the formation of their own, independent advocacy organization with the ability to manage financial and organization needs association with serving the needs of their community.

After several meetings with community members in Lincoln, Roseville and Auburn, LLC members have recommended that a pilot program of the Parent Project be initiated in Lincoln to divert youth from at-risk behaviors and to give parents the skills they need to raise their children in a new culture.

Based on the logic model, this alternative program is being proposed as the best model to serve the unique needs of the unique Latino families in the unique city of Lincoln. This program will be evaluated as part of the over-all PEI evaluation process and will lend important data to the field of promising practices for the Latino community.

The program consists of adult education, social and cultural groups, and classes for the children and youth. The program may include a partnership from a new non-profit organization called ReDirect, whose goals are to keep youth active and away from at-

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risk behaviors. The collaboration team for this program could also include partners such as the Lincoln Police Department and Police Activities League (PAL), Lincoln Parks and Recreation Department, Harvest Time Church and schools in the Western Placer Unified School District.

To support the success of this program, coordination, outreach, materials and childcare costs will be included.

Additionally, a part-time bi-lingual/bi-cultural therapist will be serving children, youth and parents enrolled in the Parent Project program as deeper-end needs arise. This therapist will be available for session 1-2 days per week at a location naturally frequented by the Latino population in Lincoln such a church, school or other partner agency.

Parent Project Program Roll-out

Program	Target Pop	Location	Frequency/duration	# served	Timeline
Parent Project	Parents: Latino youth 0-18 yrs old	Local school or similar setting	3 sessions per year 10 weeks per session 3-hour sessions once per week	50 families per session or 150/yr.	3/09: training 6/09: outreach 8/09: Program starts
Bi-lingual/cultural Short-term therapy	Parents, children, youth enrolled in program	Partner in Lincoln— location TBD	8-12 weeks, indiv. session (Cognitive Behavioral Therapy, Dialectical Behavioral Therapy or similar modality)	25 -30 families per year	4/09: training 9/09: services start

YOUTH DEVELOPMENT

The PEI process brought to the surface the need to provide positive social skill training for a diverse set of youth at risk of school failure, living in stressed families and at risk of involvement in the juvenile justice system so that they would learn how to make positive decisions for themselves. In a national teen survey conducted by the Boys and Girls Club of America in 2002, of 46,000 youth, 40% stated that problems with drugs and alcohol were their number one issues. In the same survey, 45% stated that parents have the biggest influence on their decision-making and 37% stated that their relationship with their parents is the most important to them. Based on this data, as well as numerous other sources, the Children and Youth work group wanted to choose programs that had both pro-social and parenting components. Listed below are the youth development programs chosen that best fit the local needs of strengthening the whole family unit while building protective factors for youth at risk for multiple issues.

Life Skills Training: NEW, Alternate

Life Skills Training (LST) is a program based on more than 20 years of rigorous scientific research and is one of the most effective evidence-based programs used in schools today. LST is proven to reduce the risks of alcohol, tobacco, drug

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abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive and exciting program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. Partnered with this program is a parent education component that takes place simultaneously to the youth's involvement in school. The parent sessions take place in the evening and work to support the efforts of the students in the program.

Life Skills training has been tested over the years to a diverse set of youth, including Anglo, African-American and Latino youth. Life Skills Training will help to:

- Teach a diverse set of students the necessary skills to resist social (peer) pressures to smoke, drink, and use drugs
- Help students to develop greater self-esteem and self-confidence recognizing their uniqueness,
- Enable students to effectively cope with anxiety
- Increase their knowledge of the immediate consequences of substance abuse
- Enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors

In Placer, Life Skills Training will be offered in middle and high school to youth identified as being at risk of school drop-out due to a variety of issues.

In Tahoe the program could be offered through a partnership between Tahoe Women's Services and Tahoe Truckee Unified School District that already exists. These partners are currently operating other youth programs in the local middle and high schools. It is expected that 50% of the participants in this program will be Latino. Programs will be offered with-in the school day, for 8 weeks, 45 minutes per session

In Western Placer County, 3 schools have been identified for the Life Skills training. The Placer Unified School District will partner with these schools to implement the program with-in the context of services already supporting the at risk youth in middle and high school. It is expected that approximately 30% of the students in this program will be Latino based on local demographics of the 4 schools.

The Life Skills program will be delivered by trained counselors who can support and identify mental health needs as they surface. Additional supports for this program include: coordinating, materials, supplies, room rental and program evaluation.

Evaluation, coordination for these programs will be handled through a partnership between the Placer PEI Coordinator and a Tahoe-based community educator.

Though this is not an evidence-based program as outlined in the PEI State Resources, there is copious research that points to the significant growth trajectory outcomes for youth, particularly Latino at-risk youth. (Source: Independent multi-year evaluation studies posted on www.lifeskillstraining.com) Additionally, it was felt that this type of program best responds to the needs of this specific population---something that no other program is doing at this time.

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Roll-out of Life Skills Training

Target Pop	Location	Frequency/duration	# served	Timeline
6 th & 7 th grade at risk of school failure & parents (30-50% Latino) (In Tahoe 50% of Program)	Tahoe: North Tahoe Middle School Western Placer: 3 schools, TBD Parent sessions: evening sessions at school or partner agencies	45 minute sessions 4 sessions per year (2 Tahoe, 2 Western Placer) 20 week sessions for youth from 6 th through 7th 7 week eve/sessions for family	25 kids per session 15 parents per session Total per yr: 200 youth 50 families	5/09: training 5/09: outreach 9/09: Program starts

Tahoe Enhancement Programs – NEW, EXPANDED, AND ALTERNATE

In order to meet the unique needs of the rural Kings Beach community, the Steering Committee recommended that additional funds be made available to add supplemental training to the Life Skills program. The supplemental training will focus on delivering successful violence prevention and acculturation programs. A small portion of funding was also recommended for local oversight of PEI programs, due to the remote location from the rest of the County.

Adventure Risk Challenge (ARC) – NEW, EXPANDED, ALTERNATE

Additionally, it was recommended that a local program, Adventure Risk Challenge (ARC) be supported. ARC teaches at-risk students literacy and leadership skills through a rigorous academic and outdoor education curriculum with a six-week intensive summer immersion program and subsequent follow-up support. The program focuses on highly motivated English Language Learners in the eight, ninth and tenth grade.

The six-week summer immersion program is a combination of intensive academic curriculum and a series of backcountry expeditions focused on leadership and self-sufficiency skills. The stress is on the *adventure, risks and challenges* faced in the outdoors, in personal growth, in social interactions, and in academic learning.

Local research has found that this program raises student performance by two grade levels over a six-week session. Three subjects are intertwined throughout the summer program:

- 1) Language Arts curriculum
- 2) Science -- Environmental and Wilderness Medicine, and
- 3) Leadership and Physical Fitness.

Each course focuses on improving English language reading, writing, and public speaking. The curriculum is aligned with California State Standards, service-learning guidelines, and meets requirements for high school credits. Ongoing additional support includes year-round mentoring, tutoring, college counseling and community service participation.

Of the last 32 students who participated in the ARC program, 28 or 88% passed the California High School Proficiency test. The statewide average for English Language learners is 36% and 40% in Placer County. ARC students generally pass at a rate of more than 2 times the State and County average.

This program has several funding and collaborative partners including: Sagehen Creek Field Station, UC Berkeley, Tahoe Truckee Unified School District, local high school ESL programs, the Tahoe National Forest Service, Summer Search, King's Beach Boys & Girls Club, Sierra Watershed Education Partners (SWEP), Truckee River Watershed Council (TRWC), Teichert mines, California State Parks, Creciendo Unidos, Project Discovery, Kayak Tahoe, Placer County's Health and Human Services, Project MANA, Tahoe Women's Services, The Truckee Family Resource Center and Summer Search.

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A small portion of the enhancement funds will go towards expanding this successful program.

Evaluation of ARC will be handled through a partnership between the Placer PEI Coordinator, a Tahoe community educator and the ARC director.

Target Pop	Location	Frequency/duration	# served	Timeline
ELL students (8 th – 10 th grade)	UC Berkeley Sagehen Field Station, Truckee	6-week intensive 1yr. follow up	15	Program is running. Funds will support and expand reach.

Native American Youth Development Programs

In order to provide greater access to cultural knowledge and increase mental well-being for youth, the Native American work group proposed the prevention strategy, based on the PEI logic model, of strengthening the family unit through two programs: Project Eagle and Across the Ages.

Project Eagle (Leadership Development): NEW, Alternate Program

Culturally relevant group psycho-education for Native American youth and their families that promotes positive cultural identity, self-esteem, self-disclosure, positive parent/youth interactions and leadership skills. Targeted risk factors include teen suicide, depression, anxiety, alcohol and substance abuse, low self-esteem, alienation, running away and dropping out from school.

Across Ages Program: New

Native American adaptation of an intergenerational mentorship program that pairs elders (55+) with youth ages 9 to 13 years and supports the formation of positive cultural identity through the transmission of traditional skills and knowledge. The program employs mentoring, community service, social competence training, and family activities to build personal responsibility for self and community. The goal is to increase the resiliency of youth and therefore reduce their risks of substance abuse, early sexual activity, violence, or school failure.

Placer’s Native Network Liaison and a hired coordinator/community organizer will deliver these two programs. The program will be supported by TANF or comparable organization that will also provide the room for the trainings and help with outreach. The County anticipates that by 2011, a Native Family Resource Center could exist to host these and similar trainings. Partnering with an established Native-serving organization will improve access for this underserved population. Outreach for this program will be conducted by the Native Network and Native TANF (or similar organizations) who both have natural links and established trust in the local Native communities. Additional supports for these two programs include childcare, supplies, materials and staff coordination.

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Evaluation for this program will be conducted by the Placer PEI Coordinator in partnership with the Native American Liaison (or similar type person) and in accordance with the methodology laid out in this report. This program was chosen as the best fit for the needs of local Native American youth and parents and will provide important data into mental health prevention and early intervention promising practices research for Native populations.

Roll-out of Project Eagle & Across the Ages

Program	Target Pop	Location	Frequency/duration	# served	Timeline
Project Eagle	Native American High School Students and their families	TANF office, Auburn, move to new Native Resource Center or similar organization in 2011	3 session per year 10 week session 10 families per session 1 hr sessions	20 families per year	8/2009: training 8/2009: outreach 10/2010: Program starts
Across the Ages	Native American Middle School aged youth	TANF office Move to new Native Resource Center in 2011 (or similar organization)	1 program per year—matching 20 youth to 20 mentors	20 youth 20 mentors	8/2009: training 8/2009: outreach 10/2010: Program starts

Transition to Independence Program: Expansion, Alternate

The Transition to Independence Process (TIP) model was developed to engage a wide range of youth and young adults in the process of their own future planning, provide them with developmentally-appropriate services and supports, and involve them and their families and other informal key players in a process that prepares and facilitates them in their movement toward greater self-sufficiency and successful achievement of their goals related to each of the transition domains -- employment, career-building education, living situation, personal-effectiveness and quality of life, and community-life functioning.

Currently, the Transition to Independence Program is being used by local service provider, Whole Person Learning, Inc. Whole Person Learning currently does not have the capacity or resources to serve youth and transition-aged youth who have additional needs in the mental health arena. The Transition to Independence Program is designed to add in the mental health service element that some of these transitioning youth need to take the next step into adulthood.

This program will be managed and evaluated by the Placer PEI coordinator who will ensure that desired PEI outcomes are monitored.

PEI PROJECT DESCRIPTION: READY FOR SUCCESS: YOUTH AND FAMILY SUPPORT PROJECT **Form No. 3**

Transition to Independence Roll-out

Target Pop	Location	Frequency/duration	# served	Timeline
TAY: aging out of Children Services (age 19 -24)	Whole Person Learning or similar TAY service provider	3 programs per year 8 weeks each 10 per class 4 home visits 90 minute sessions	15 transition age youth per year	5/09: training summer/fall 2009: outreach Fall 2009: Program starts

Form No. 3

PEI PROJECT DESCRIPTION: READY FOR SUCCESS: YOUTH AND FAMILY SUPPORT PROJECT

4. Programs---Summarized

Program Title: Ready for Success: Parent and Youth Support Program	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Incredible Years (expansion)	Individuals: Families: 10	Individuals:0 Families: 0	3
Functional Family Therapy (expansion)	Individuals: Families: 5	Individuals: Families: 0	3
Positive Indian Parenting (New, alternate)	Individuals: Families: 0	Individuals:0 Families: 0	3
Parent/Family Counseling: NEW	Individuals: Families: 10	Individuals:0 Families: 0	3
Parent Project (New)	Individuals: Families: 20	Individuals: Families: 0	3
Life Skills Training (New, Alternate)	Individuals: 25 Families:	Individuals: 0 Families: 0	3
Eagle Project (New, alternate)	Individuals:0 Families:	Individuals:0 Families: 0	3
Across Ages (New)	Individuals: 0 Families:	Individuals: 0 Families:0	3
Transition to Independence (Expanded, Alternate)	Individuals: Families: 5	Individuals: 0 Families: 0	3
Tahoe Enhancement to Life Skills, ARC and local Oversight (Expanded, Alternate)	Individuals: 25 Families:	Individuals:0 Families: 0	3
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 25 Families: 50	Individuals:0 Families: 0	

5. Alternate Programs

X Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3). Included per each alternative program outlined earlier.

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

The Ready for Success programs are designed to decrease disparities in access, promote family function and reduce the risk of school failure, juvenile justice involvement and stressed family situations by building on protective factors for youth and families. The parenting programs will be delivered in a family resource center type of environment where linkages can be made to additional services and providers on an as-needed basis, including County Mental Health professionals. Additionally, the parenting/family education programs will reduce disparities in access to mental health services due to stigma and discrimination by offering programs in a culturally and linguistically relevant manner. In addition, per the Suicide and Depression Project, a part-time bi-lingual/bi-cultural therapist will support the mental health needs of youth and families enrolled in these programs by provided individual counseling in local, welcoming settings.

7. Collaboration and System Enhancements

Collaboration

The Ready for Success program will be conducted in partnership with county staff, schools, cultural organizations and family and youth resource organizations. Below is a sample of how each program promotes collaboration. All the of the various PEI programs outlined in the section as well as the other will be woven together by the PEI Coordinator whose job will be to support all the projects including linking them to other resources such as the 2-1-1/Network of Care site. We expect that through coordination and growing support from the community, these programs will stand the test of time.

Incredible Years – will be delivered in partnership with county and community based organizations. Partners will include Latino Leadership Council, education, Placer based family resource centers and other family service type organizations.

Parent Project – will be delivered in partnership with Lincoln Police Department, local Park and Recreation department, Lincoln Lighthouse (a family resource center) and Lincoln High School.

Positive Indian Parenting - will be delivered in partnership with the local Native TANF Program and the Native Network Liaison. The meeting space will be provided by TANF, as will the co-facilitation of the programs.

Life Skills Training-will be delivered in the schools across the County with support from at least 5 community organizations who will be working to link in various health educators into the programs.

System Enhancements

All provider partners and county staff will be encouraged to participate in cultural competency and program/system improvement and training to promote continuous system enhancements.

Form No. 3

PEI PROJECT DESCRIPTION: READY FOR SUCCESS: YOUTH AND FAMILY SUPPORT PROJECT

8. Intended Outcomes: Among a host of expected outcomes, these programs will result in:

-Increased access to services by traditionally unserved or underserved populations

- Fewer youth involved in Juvenile Probation systems
- Fewer youth in remedial education programs
- Fewer Placer youth in foster care/group homes

Programs	Individual Outcomes	System and program outcomes	Methods to measure success	What will be different?
Parenting programs	Increased parenting skills and approaches Positive family communication and problem solving Reduced conduct problems in children	Increased access to services by un/underserved populations Reduction in: School failure, kids in gangs, kids in juvenile justice system.	School failure rates Program evaluations #'s in juvenile system, gangs	Families will be strengthened More culturally competent services will be available and used
Youth development programs	Increased cultural awareness of Native and Latino youth Increased social skills and protective factors	Increased access to services by un/underserved populations Reduction in: School failure, kids in gangs, kids in juvenile justice system.	School failure rates Program evaluations #'s in juvenile system, gangs	Families will be strengthened. More culturally competent services will be available and used
Short-term Therapy	Increased tools for coping, out of crisis	Increased access to services by un/underserved populations Fewer acute cases. Reduction in: School failure, kids in gangs, kids in juvenile justice system.	# of children entering deep end services	Families will be strengthened. More culturally competent services will be available and used

9. Coordination with Other MHSA Components:

The Ready for Success program will serve as the first point of entry to wellness and recovery programs for youth, families and underserved Latino, Native American, homeless, gay/lesbian youth, Asian-Americans, African-Americans and other populations. Potentially, this PEI component could serve as a gateway into any of the other MHSA elements including the Community Supports and Services, housing and workforce and education programs. The MHSA Workforce, Education and Training component is positioned to work with family members and consumers referred from both Community Supports and Services as well as prevention programs.

System Transformation: The Ready for Success program will benefit from the transformation work happening through existing Community Supports and Services programs. Current efforts to make the system more culturally, linguistically and co-occurring competent will increase the link to PEI programs serving populations with unique needs.

Social Marketing: The Ready for Success program will rely on social marketing efforts, currently being driven by the Campaign for Community Wellness, to increase awareness of programs, increase access for under/un served population groups and reduce stigma around mental health. Specific social marketing focus populations include the Latino, Native American, youth, transition-aged youth, gay/lesbian youth, families, veterans, single mothers with children 0-5yrs. and older adults. Additionally, per the general population efforts we will look at reaching additional constituencies including African American, Asian American and homeless. Social marketing efforts also include communicating to community based organizations, government, law enforcement and education. These efforts will increase participation and awareness of all MHSA programs.

PEI Revenue and Expenditure Budget Worksheet – READY FOR SUCCESS PROJECT

**Form
No. 4**

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

County Name: Placer Date: 10/22/08
 PEI Project Name: Ready for Success
 Provider Name (if known): Placer County
 Intended Provider Category: County Agency
 Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 25
 Total Number of Individuals currently being served: FY 07-08 0 FY 08-09 0
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 25
 Months of Operation: FY 07-08 0 FY 08-09 3

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	One Time	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Parent/Family Counselor (Lincoln only-part-time bilingual/bicultural)		37,000	\$37,000
			\$0
			\$0
b. Benefits and Taxes @ %			\$0
c. Total Personnel Expenditures	\$0	\$37,000	\$37,000
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
c. Total Operating Expenses	\$0	\$37,000	\$37,000
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Incredible Years	\$13,300	\$63,880	\$77,180
Functional Family Therapy	\$12,000	\$65,000	\$77,000
Positive Indian Parenting	\$8,000	\$22,700	\$30,700
Parent Project	\$17,000	\$45,590	\$62,590
Life Skills Training	\$8,250	\$83,130	\$91,380
Eagle Project	\$4,500	\$32,150	\$36,650

PEI Revenue and Expenditure Budget Worksheet – READY FOR SUCCESS PROJECT

Across Ages	\$8,000	\$44,300	\$52,300
Transition to Independence	\$9,000	\$50,000	\$59,000
Tahoe Enhancement	0	\$27,500	\$27,500
a. Total Subcontracts	\$80,050	\$434,250	\$514,300
4. Total Proposed PEI Project Budget	\$80,050	\$471,250	\$551,300
B. Revenues (list/itemize by fund source)			
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project (on-going and one time)	\$80,050	\$471,250	\$551,300
6. Total In-Kind Contributions	\$0	\$0	\$TBD

Budget Narrative:

A.1c. Parent Family Counselor in Lincoln (37K on-going support)

This will be a half-time bilingual, bicultural counselor who will serve the families enrolled in the Parent Project program. This person will work out of the one of the partner organizations offices in Lincoln one or two days per week.

A.3. Subcontractors/Professional Services

Incredible Years: (\$63,880 for on-going program support, \$13,300 for one-time program) support. On-going funds will be used to support 75 families per year in the program. Included in this fee are the following: staff, materials. One-time support funds in the amount of \$13,300 will cover childcare costs, room rental and outreach.

Functional Family Therapy: (\$65,000 for on-going support, \$12,000 for one time support)

Funds will be used to support staff time, materials and training for this on-going program that supports 40 families. One-time funds will be used for childcare and addition training, materials or outreach as needed in year one.

Positive Indian Parenting: (\$22,700 for on-going support, \$8,000 for one time support)

30 families will be served annual in this program and funds will be used to support staff, materials, training and program planning. One-time funds will cover childcare, food, outreach and some transportation as needed.

Parent Project: (\$45,590 on-going support, \$17,000 for one-time support)

The Parent Project will serve 200 families per year. In order to outreach and enroll Latino families in this program, significant upfront planning and marketing will need to be done to engage parents. On-going funds will cover staff time, materials and program supports. One-time funds will cover staff training and outreach needed to enroll Latino families.

**Instructions for Preparing the PEI Revenue and Expenditure
Budget Worksheet and Budget Narrative (Form No. 4)**

Life Skills Training: (\$83, 130 on-going, \$8,250 one-time)

On-going funds will support staff time and program supports. 50% of on-going funds will be designated to programs in the Tahoe region. One-time funds will support training and childcare, room rental and food costs.

Native American Eagle: (\$32,150 for on-going and \$4,500 for one-time)

On-going funds will be used to cover staff, childcare and program support costs. One-time funds will cover the cost of buying program materials, outreach and others supports needed for year 1.

Across the Ages: (\$44,300 on-going, \$8,000 one-time)

On-going funds will be used to cover staff, childcare and program support costs. One-time funds will cover the cost of buying program materials, outreach and others supports needed for year 1.

Transition to Independence: (\$50,000 for on-going support, \$9,000 for one-time support)

On-going funds will support transition age youth for a variety of needs as they transition to adulthood with specific focus on mental health supports. 25 youth will receive a full set of services with some of the on-going funds being used for staff coordination. One-time funds will cover costs of getting the program up and running in year 1.

Tahoe Enhancement: (\$27, 500 on-going support)

On-going funds will support a variety of supports associated with providing a full package of services for youth enrolled in the Life Skills Training program. Such program options may include outdoor education program, job skill training, and bringing in outside trainers to the program.

**PEI PROJECT DESCRIPTION: BYE BYE BLUES: REDUCING
DEPRESSION AND SUICIDE PREVENTION PROJECT**

County: Placer County
PEI Project Name: Bye Bye Blues Project: Reducing Depression & Suicide Prevention
Date: October 22, 2008

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	Transiti on-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
2. Psycho-Social Impact of Trauma		X	X	X
3. At-Risk Children, Youth and Young Adult Populations		X	X	X
4. Stigma and Discrimination		X	X	X
5. Suicide Risk		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	Transiti on-Age Youth	Adult	Older Adult
B. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals		X	X	X
2. Individuals Experiencing Onset of Serious Psychiatric Illness		X	X	X
3. Children and Youth in Stressed Families		X	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"/>	<input type="checkbox"/>

**PEI PROJECT DESCRIPTION: BYE BYE BLUES: REDUCING
DEPRESSION AND SUICIDE PREVENTION PROJECT**

Bye-Bye Blues Project: Reducing Depression & Suicide Prevention

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

Multi-stakeholder Input Process to Determine Priority Populations

Placer County's community and stakeholder input process to determine PEI priority populations was conducted as part of an overall PEI planning process that spanned a 9-month period beginning in September 2007 and ending June 2008. As described in Section 2 of this plan, Placer County engaged the existing Campaign for Community Wellness Steering Committee consisting of over 50 stakeholders (35 voting, 20 community) to select the priority populations most in need of prevention and early intervention services. The Steering Committee was guided by research presented by a California Institute of Mental Health expert, relevant Placer County, state and national statistics. Additionally, input from four regional community forums and plans from five work groups (Children/Youth, Depression & Suicide, Tahoe, Latino Leadership Council, and Native Network) informed the decision making process. Likewise, a consumer council and local survey were employed in the planning process. Statements of need identified in the 2005 MHS/CSS Community Process were also revisited and integrated to the planning.

Key Data Points for Priority Populations (source: DMH, OAC)

- Mothers: Parents with depression is the most consistent and well-replicated risk factor for children; those with a depressed parent have a 2-3 times increased risk of having a major depressive disorder and are 4-6 times overall more likely to receive a psychiatric diagnosis. Typically, a third of children with depressed mothers have a current psychiatric disorder. An estimated 1 in 4 mothers suffer from depression at some point during their lifetime. Sixty-eight percent of women who experience a mental disorder are parents.
- Older adults: Older adults have the highest rate of suicide in Placer County. Of older adults who committed suicide, 75% saw their primary care doctors the week prior to their death.
- Native American: Nationally, suicide is the number one cause of death in males aged 15-24.

Work Group Process

Specifically, the programs and further definition of the target populations developed under the *Bye Bye Blues: Reducing Depression & Suicide Prevention Project* were derived from the Suicide and Depression work group with active participation from the Tahoe, Latino and Native Network advisory work groups. The Depression and Suicide prevention work group met four times, to determine priority populations, gaps in services, needs and strategies. The diversity of the Suicide and Depression work group included representation from the following perspectives: youth, gay/lesbian/family/homeless/Veterans/Latino/Native American/older adult.

PEI PROJECT DESCRIPTION: BYE BYE BLUES: REDUCING DEPRESSION AND SUICIDE PREVENTION PROJECT

Representation in the group included the following community-based partners:

- Older adults - Health for All Inc.
- Family Advocate/Voice - United Advocates for Children and Families of California, Children's System of Care;
- Youth Advocate/Voice – United Advocates for Children and Families of California, Tahoe-Sierra Family Services
- Consumer Voice - MHS Team, Adult System of Care, Child Abuse Prevention Council, Native Network and the Latino Leadership Council

The group reviewed community input, local and national data on depression and suicide for a wide range of populations including Asian-Americans, Native Americans, Latino's, gay and lesbian youth, homeless, older adults, Veterans, and others. Additionally, the group studied current programs/gaps in services and county service utilization data as part of its process.

This group is recommending a selective strategy for reducing depression and suicide through screening, therapeutic intervention, cultural events and social marketing. The priority populations are older adults and low income and/or Latino mothers with children less than 5 years old. Secondary population of focus includes primary care providers, Native peoples, families, and the general public. This group also gave input into the social marketing program (next section---Bridges to Wellness) around key populations at risk for suicide and depression.

3. PEI Project Description

The Bye Bye Blues Project: Reducing Depression and Suicide Prevention includes the following components:

- 1) Screening
- 2) Short-term Cognitive Behavioral Therapy (or similar modality)
- 3) Native American Cultural Healing programs (Camp and Community Concert)
- 4) Social Marketing to primary care and service providers and other high risk or underserved populations
- 5) Childcare to support parents using services

The priority age groups to be served by the screening and therapy components identified were:

- Low income mothers with children under 5 (high percentage of Latinos)
- Older Adults

Populations to be served by the healing and social marketing include:

- Native American
- Primary Care and other service providers and other high risk or underserved populations

The following type of programs will be utilized to meet the needs of these targeted populations:

PEI PROJECT DESCRIPTION: BYE BYE BLUES: REDUCING DEPRESSION AND SUICIDE PREVENTION PROJECT

Depression Screening and Resources: NEW

Working in partnership with the Women, Infants and Children (WIC) offices and the five Family Resource Centers in the county, as well as other organizations serving mothers with young children, referrals will be made from the depression screening tool. The depression screening for the referred mothers will be conducted by county public health nurses in the community clinics and by Family Resource Center staff (or similar place). Referrals will be made for group or short-term individual therapy as needed. A full-time bilingual therapist (funded by PEI funds) will be available to provide therapy for mothers screened and needing immediate short-term intervention support for depression in the Auburn/Roseville/Lincoln area, and a half-time health educator will be hired to serve the Tahoe region.

Resources will be given to each depression-screening participant including information about a web-based resource. All resources and materials will be available in English and Spanish and delivered in a culturally and linguistically relevant manner.

Older adults will be referred for depression screening by primary care doctors and social workers. Screening and treatment will take place with-in primary care settings at Placer County Community Clinic. Those deemed in need of immediate short-term group or individual therapy will be referred to the new full-time therapist (funded by PEI funds) who will conduct 12-week individual sessions at the community clinic or other location naturally used by the older adults.

The depression-screening tool for the Project would be the Edinburgh or Beck Depression inventory tools. Training on how to use the screening tool will be conducted annually for 30 community service providers.

- *The Edinburgh Postnatal Depression Scale (EPDS)* was developed in Scotland to determine whether mothers are suffering from postnatal depression. Studies have shown that postpartum depression affects at least 10-20% of women and that many depressed mothers remain untreated. EPDS is a ten-item scale that is typically self-administered and can be completed in five minutes. The recipient chooses from four descriptions on how she has been feeling in the past seven days. EPDS is being used in 23 countries and has cross-cultural validity and is available in many languages (Cox, J.L., Holden, J.M., Sagovsky, R., *British Journal of Psychiatry*, June, 1987, vol. 150, bjp.rcpsych.org).
- *The Beck Depression Inventory* was developed in 1961 and is currently the most widely used depression screening tool. The inventory was designed to assess the intensity of symptoms associated with psychoanalytic aspects of depression, such as sadness, feelings of failure, guilt, suicidal ideas, and social withdrawal. However, the tool has a few limitations such as the environment in which it is administered (alone or in a group setting), the exaggeration of feelings of the person, cross-cultural interpretations that could be linked to racism or interpretation of translation, and score inflation due to physical symptoms (Kerr, Laura and Len, *Journal of Western Medicine*) <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1071624#ref5>.

PEI PROJECT DESCRIPTION: BYE BYE BLUES: REDUCING DEPRESSION AND SUICIDE PREVENTION PROJECT

12-Week Short-term Intervention Therapy for Depression: NEW

Two therapy modalities will be used for the short-term individual and or group therapy offering to consumers screened and deemed in need of an intervention: 1) Cognitive Behavioral Therapy, and 2) Interpersonal Talk Therapy. Both modalities were chosen for their successful outcomes for depression for a short-term intervention period and because it was felt that these approaches work best for the specific needs of our community. Both the Native and Latino communities felt that the IPT therapy approach was a better fit for their cultural needs.

- *Cognitive Behavioral Therapy (CBT)* is a brief form of psychotherapy used in the treatment of adults and children with depression. Its focus is on cognitive restructuring and behavioral activation, and methods involving current issues and symptoms versus more traditional forms of therapy, which tend to focus on a person's past history. The usual format is weekly therapy sessions coupled with daily practice exercises designed to help the patient apply CBT skills in their home environment. CBT is a scientifically well-established and effective treatment for depression; with over 75% of patients showing significant improvements (National Association of Cognitive-Behavioral Therapists, nacbt.org).
- *Interpersonal "talk" Therapy (IPT)* is a short-term form of psychotherapy that focuses on interpersonal interactions and the development of interpersonal skills. Research by Joiner, Brown and Kistler through Lawrence Erlbaum Associates have shown that IPT is effective in treating depression. IPT utilizes structured interviews, known as "talk therapy," and home assignments relating to interpersonal interaction (International Society for Interpersonal Therapy, interpersonalpsychotherapy.org).

Two full-time therapists and one part-time health educator will be hired to support the mothers and older adults screened for depression.

1. The full-time bilingual therapist will serve mothers in the Auburn, Roseville, and Lincoln region at locations frequented by this population such as the Family Resource Centers and Women, Infant and Children (WIC) offices.
2. One part-time Tahoe health educator will work to serve mothers in partnership with Sierra Family Services and North Tahoe Family Resource Center in a bi-lingual capacity.
3. One full-time therapist will serve the older adult population in the Auburn, Roseville, and Lincoln region at locations frequented by this population such as community clinics for primary care and senior centers.

The hired therapists will be trained in Cognitive Behavioral Therapy (CBT) at the onset of their start date.

Native American Healing: NEW, Alternate

The Native American population uses a cultural healing approach to build protective factors in their community for mental health needs. To this end, their approach to reducing depression and suicide involves celebrating their cultural heritage through events and gatherings. Annually, the Native Network plans to host a community concert and cultural camp to build cultural pride that produces outcomes of improved mental health.

PEI PROJECT DESCRIPTION: BYE BYE BLUES: REDUCING DEPRESSION AND SUICIDE PREVENTION PROJECT

Social Marketing/Anti-stigma: NEW

Most children and adults with mental health problems seek help from their primary care physicians rather than a mental health specialist. Primary care providers are a natural and non-stigmatized point of contact for families, with the capacity to identify mental health problems and intervene early (source: OAC, 1.8.08).

The strategy planned to reach primary care providers about mental health issues with the Bye Bye Blues program is threefold:

- 1) Conference: One-day conference on topics of suicide, depression, and other common mental health topics, including panels by consumers, family members.
- 2) Depression screening training: Primary care staff will be solicited to take part in the annual depression screening training.
- 3) Awareness campaign and link to a 211 or Network of Care type of resource: All Placer-based primary care providers will be sent information about available mental health services and programs including key messages that reflect the importance of their role in early intervention.

All of the above methods will tie into the state initiatives for social marketing.

Bye-Bye Blues Draft Roll-out Plan

Target Pop	Location	Frequency/duration	# served	Timeline
Low income mothers with children 0-5 (high pop of Latino) Low income seniors Native American	<u>Community partners/gate ways like:</u> <u>WIC</u> <u>Senior Center</u> <u>Community Clinic</u> <u>Family Resource Centers</u>	<u>Screening: On-going</u> <u>Therapy: 12 week session as needed</u> <u>Cultural Camp: 1x per year</u> <u>Conference: 1x</u>	<u>86+ for screening/therapy</u> <u>Social marketing efforts: TBD</u> <u>Native Cultural Camp: 20 kids per year (TBD)</u>	<u>Jan 2009: Begin planning</u> <u>Feb 2009: Form Committee</u> <u>May 2009: Finalize Plan and org structure</u> <u>June: roll-out Phase 1 of Plan</u> <u>June 2010: Roll-out Phase II</u>

PEI PROJECT DESCRIPTION: BYE BYE BLUES: REDUCING DEPRESSION AND SUICIDE PREVENTION PROJECT

4. Programs

Program Title: Bye Bye Blues Project	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Cognitive Behavioral Therapy (or similar modality) -Individual Sessions -Childcare	Individuals: Families:	Individuals: 30 Families:	3
Tahoe Therapist/Community Educator	Individuals: Families:	Individuals: 6 Families:	3
Depression Screening Mothers of children 0-5	Individuals: Families:	Individuals: 25 Families:	3
Depression Screening of Older Adults	Individuals: Families:	Individuals: 25 Families:	3
Native Culture Camp/Community Concert	Individuals: Families:	Individuals: Families:	3
Social Marketing -Conference -Training -Outreach	Individuals: TBD Families:	Individuals: TBD Families:	3
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families:	Individuals: 86+	

5. Alternate Programs

X Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs Outlined previously, per each question.

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

The depression screening and short-term therapy will take place at natural gateway locations that target low income mothers with children ages 0-5 years as well as older adults. Because the screening and the supportive therapy programs will take place in locations that already serve as resource centers, consumers will naturally be linked to other services. The screening tool will be used at Women, Infant and Children (WIC) offices, county community

PEI PROJECT DESCRIPTION: BYE BYE BLUES: REDUCING DEPRESSION AND SUICIDE PREVENTION PROJECT

clinics, Family Resource Centers and Senior Centers. An initial screening tool will be used at WIC offices and by County Public Health field nurses to identify depression. Screening staff will have resource materials about various services available for those being screened including referral to therapy. A web-based resource (similar to 2-1-1/Network of Care) is currently being developed in Placer County and will serve as an excellent link to services for a variety of people with a range of needs and ways of accessing services. In addition, the hope is that in the next year, all staff serving these populations with these new services will have gone through a cultural competency training.

7. Collaboration and System Enhancements

Guiding Principle of Collaboration: The Campaign for Community Wellness, the umbrella strategy for all aspects of Placer's MHSA efforts, is grounded in principles of collaboration. The vision of the Campaign is to create a community that embraces the mental well-being of all of its residents.

Family Resource Centers, Women Infants and Children, Community Health Clinic, Sierra Family Services: Partnerships have been secured with service providers who will offer the depression screening and link consumers to resources for depression and suicide issues. Additionally, the bilingual therapist for mothers and the therapist for older adults will be serving consumers at locations provided by collaborative partners.

Placer Collaborative Network (PCN): A Placer-based organization of over 50 non-profits, faith, education, government, municipalities, foundations and hospitals are partnering with the Campaign for Community Wellness and all of its elements to increase awareness and support for a community-based model for creating mental well-being throughout the region.

Systems enhancements: The Bye Bye Blues Project will enhance the system in several positive ways. 1) Increase capacity to serve high risk, underserved, unserved populations in a cultural competent manner for depression and suicide issues, 2) Increase education and access to services and reduce stigma around topics of depression and suicide, and, 3) Provide a cost-effective way to identify the early onset of depression through development of a network of partners, tools and supports.

Resource Website: (similar to Network of Care/Reach Out/Beyond Blue website) and will serve to link consumers with critical resources in the community. The web-based resource will be updated and maintained in collaboration with community partners and service organizations. Per the Australian web-based, youth-driven depression and suicide support models, Beyond Blue and Reach Out!, Bridges to Wellness will be developing a similar component that appeals to the youth and transition-aged youth seeking more mental health related materials. Consumer, families and youth will be working to help design this highly interactive site.

Campaign for Community Wellness Social Marketing: The Campaign social marketing committee will work in concert with service partners to market the screening tool, therapy

PEI PROJECT DESCRIPTION: BYE BYE BLUES: REDUCING DEPRESSION AND SUICIDE PREVENTION PROJECT

and Placer 2-1-1/Network of Care resources. Additionally, the Campaign will continually educate the community about depression and suicide through various media and web-based strategies with the goal of reducing stigma around mental illness. (See more details in the Awareness Project element on these efforts).

8. Intended Outcomes:

For the Bye Bye Blues Project: Reducing Depression and Suicide Prevention Project

Programs	Individual Outcomes	System and program outcomes	Methods to measure success	What will be different?
Screening & Resources, Short-Term Therapy	Decrease in depression/suicide rates for mothers and older adults Increase in resiliency tools for mothers and older adults Increased access to culturally, linguistically, recovery focused services	<ul style="list-style-type: none"> • Fewer # seeking deeper-end services • Culturally competent service delivery • Increase access to services by underserved populations • Increased availability of prevention services • Increased service provider competency, and increased links between Placers PEI programs and other services 	Pre/post surveys w/ therapy	<ul style="list-style-type: none"> • Fewer suicides • Increased number of people identified earlier before serious onset
Native Cultural Camps	Increase in cultural, protective factors	<ul style="list-style-type: none"> • Culturally competent delivery of services • Access to services for traditionally unserved population 	Surveys	Fewer cases of depression in Native youth population

9. Coordination with Other MHSA Components

The *Bye-Bye Blues Project: Reducing Depression and Suicide* will serve as a first point of entry to wellness and recovery programs for mothers with children 0-5, and for older adults. Many of the mothers in the target population, served by partnering organizations, are low-income and are members of Latina minority communities. Clearly this PEI component will serve as a gateway into existing CSS, housing and workforce and education services.

System Transformation: The Bye-Bye Blues Project will benefit from the transformation work happening through the Community Supports and Services portions of MHSA. Current efforts

**PEI PROJECT DESCRIPTION: BYE BYE BLUES: REDUCING
DEPRESSION AND SUICIDE PREVENTION PROJECT**

to make the system more culturally, linguistically and co-occurring competent will increase the success of the screening, resource linking and therapy programs.

Social Marketing: The Bye Bye Blues Project will rely on social marketing efforts, currently being driven by the Community Supports and Services and Prevention and Early Intervention as well as a local SAMHSA agreement, to increase awareness of and reduce stigma around mental health issues. Specific social marketing focus populations include Latino, youth, transition-aged youth, gay/lesbian youth, Veterans and Native American populations. Additional outreach will occur to other underserved populations such as African and Asian Americans.

PEI Revenue and Expenditure Budget Worksheet – BYE BYE BLUES PROJECT

**Form
No. 4**

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

County Name: Placer	Date: <u>10/22/08</u>
PEI Project Name: Bye Bye Blues	
Provider Name (if known): County of Placer	
Intended Provider Category: County Agency	
Proposed Total Number of Individuals to be served: FY 07-08 <u>0</u> FY 08-09 <u>86</u>	
Total Number of Individuals currently being served: FY 07-08 <u>0</u> FY 08-09 <u>0</u>	
Total Number of Individuals to be served through PEI Expansion: FY 07-08 <u>0</u> FY 08-09 <u>0</u>	
Months of Operation: FY 07-08 <u>0</u> FY 08-09 <u>3</u>	

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	One Time	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Tahoe Community Educator (Tahoe)		\$45,000	\$45,000
2 Therapists and screening		\$250,000	\$250,000
			\$0
b. Benefits and Taxes @ %			
			\$0
c. Total Personnel Expenditures			
	\$0	\$295,000	\$295,000
2. Operating Expenditures			
a. Facility Cost			
	\$0		\$0
b. Other Operating Expenses			
	\$0		\$0
c. Total Operating Expenses			
	\$0	\$295,000	\$295,000
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Native Cultural Camp/Community Concert	\$0	\$15,000	\$15,000
Conference	\$15,000		\$15,000
Screening Costs	\$12,000		\$12,000
CBT training for therapists	\$15,000		\$15,000
Childcare		\$12,000	\$12,000

PEI Revenue and Expenditure Budget Worksheet – BYE BYE BLUES PROJECT

a. Total Subcontracts	\$42,000	\$27,000	\$69,000
4. Total Proposed PEI Project Budget	\$42,000	\$322,000	\$364,000
B. Revenues (list/itemize by fund source)			
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$42,000	\$322,000	\$364,000
6. Total In-Kind Contributions (Federal - SAMHSA)	\$0	\$0	\$20,000

Budget Narrative

A.1a: Salaries

Part-time Community Educator in Tahoe (\$45,000 of on-going support)
 On-going funds will go towards supporting a staff position that will provide mental health support to parents and youth enrolled in the Tahoe Family Support and Youth Development programs. Nevada County PEI is considering partnering with Placer County to fund this position.

Therapist and depression screening program (\$250,000 for on-going support, \$12,000 for one-time support) On-going funds will support a full-time bilingual/bicultural therapist who will work with mother of young children who are in need of short-term intervention therapy per the outcome of the depression screening tool. The depression screening as well as the therapy will take place in natural locations frequented by low-income mothers with children 0-5. On-going funds will also support a part-time therapist to work with the adult and older adult population at their natural locations. On-going funds will also be used to support the depression-screening program. One-time funds will be used to train the therapist in the screening tool, cognitive behavioral therapy (or similar modality) and cover other costs associated with the screening program.

3. Subcontractor/Professional Fees

Native Cultural Camps/Community Concert (\$15,000 of on-going support)
 These funds will support mental health efforts in the Native community that involve a cultural healing approach. Through an annual camp and concert, Native youth will increase their protective factors by learning to connect to their heritage.

Conference (\$15,000 for one time fees)
 In an effort to create greater awareness in the primary care field, this conference will focus on depression and suicide. Funds will be used to produce this conference.

Training for therapists (\$15,000 of one-time support)

PEI Revenue and Expenditure Budget Worksheet – BYE BYE BLUES PROJECT

One-time funds will be used to support training the above therapists in cognitive behavior therapy or similar modalities.

Childcare (\$12,000 on-going support)

Childcare costs will be covered for parents in the short-term therapy as described above. We expect to pay approx. \$20 per hour for group of children while parents are in an individual or group session.

**PEI PROJECT DESCRIPTION: BRIDGES TO WELLNESS:
AWARENESS, STIGMA REDUCTION AND LINKING TO RESOURCES PROJECT**

County: Placer County
PEI Project Name: Bridges to Wellness: Awareness, Stigma Reduction & Linking to Resources Project
Date: 10.22.08

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	X	X
4. Stigma and Discrimination	X	X	X	X
5. Suicide Risk				

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

**PEI PROJECT DESCRIPTION: BRIDGES TO WELLNESS:
AWARENESS, STIGMA REDUCTION AND LINKING TO RESOURCES PROJECT**

Bridges to Wellness Project: Awareness, Stigma Reduction, Linking to Resources Project Summary

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

Placer County conducted a community and stakeholder input process to determine the PEI priority populations over an 11-month period beginning in September 2007 and ending in June 2008. As described in Section 2 of this plan, Placer County worked with the Campaign Steering Committee consisting of over 50 stakeholders to select the priority populations. The Steering Committee was guided by research presented by a California Institute of Mental Health expert, relevant Placer County statistics, input from four community forums, and PEI plans from five PEI work groups (Children/Youth, Depression & Suicide, Tahoe, Latino Leadership Council, and Native Network). Statements of needs identified in the 2005 MHSA CSS Community Process were also revisited and made relevant to the discussion.

The reduction in disparities to access, anti-stigma and discrimination efforts developed under the *Bridges to Wellness Project: Awareness, Stigma Reduction and Linking to Resources* came out of recommendations of several of the work groups as well as the Steering Committee who wanted to support efforts to increase awareness, decrease stigma and link unserved and underserved populations to relevant supports and services.

The Campaign for Community Wellness has a social marketing team that supports the goals of decreasing stigma and discrimination and increasing access across age groups and ethnicities. Research shows better outcomes prevail when appropriate interventions are targeted to specific groups (Corrigan, 1995). Per this research, the Campaign social marketing team has developed a plan that will adapt messages and strategies to underserved ethnic, racial and cultural populations. The key message of the Campaign for Community Wellness social marketing effort is that mental health is a community responsibility.

The Bridges to Wellness Project will work in concert with the Campaign for Community Wellness social marketing efforts to change public perceptions about mental illness in Placer County.

3. PEI Project Description:

The Bridges to Wellness Project will work to educate the general public about mental health realities and to target key populations with specific messages that resonate, with the overall goal being to reduce mental illness stigma, increase access to services among under and unserved populations and end discrimination for those with mental illness. A variety of strategies will be used to implement this plan including the formation of a diverse advisory committee that will help to ensure our messages will

**PEI PROJECT DESCRIPTION: BRIDGES TO WELLNESS:
AWARENESS, STIGMA REDUCTION AND LINKING TO RESOURCES PROJECT**

truly reach the target populations. We hope to get participations on the Advisory Committee from the following groups/perspectives: homeless, Veterans, gay/lesbian youth, Native American, Latino, older adults, Asian-American, African American, as well as a range of community groups including education, law enforcement, and others.

As this is a community-based process we have yet to determine the final set of strategies for this effort. A sample of current ideas on the table include:

- Anti-Stigma Youth assemblies
- Depression info website for youth/gay/lesbian youth/etc
- DVD’s made for and by youth with voice from different ethnicities/gay/lesbian perspective/family perspective/etc
- Poster campaign in high schools
- Youth speakers panel
- Billboard campaign
- Health Fairs
- Native cultural events
- Latino cultural/arts events/shows
- Suicide Awareness Walk
- Homeless Health Fair Day (like Stand Down in Sac)
- Radio and TV spots
- Collateral development that targets specific groups with specific information in specific ways that is culturally appropriate

The populations of focus are indicated in the following table, along with strategies and expected outcomes for this anti-stigma social marketing effort.

TARGET POPULATION / EXAMPLES of STRATEGIES	OUTCOMES														
	Reduce stigma / isolation	Reduce School Failure	Reduce prolonged suffering	Reduce removal from homes	Increase timeliness of successful placement	Reduce depression/suicide	Reduce homelessness	Reduce unemployment	Reduce substance abuse	Reduce violence	Reduce Disparities in Access	Increase awareness	Increase self sufficiency / advocacy skills	Improve family function	Increase cultural awareness
<i>General Public</i>															
Bye Bye Blues type site website that is culturally appropriate for a wide range of populations	x	x	x		x	x	x	x	x	x	x	x	x	x	x
Out of the Darkness Suicide walk	x		x			x			x	x		x	x	x	x
Network of Care type site	xx	x	x	x	x	x	x	x	x	x	x	x	x	x	x
<i>Latino</i>															

**PEI PROJECT DESCRIPTION: BRIDGES TO WELLNESS:
AWARENESS, STIGMA REDUCTION AND LINKING TO RESOURCES PROJECT**

Create culturally relevant resource materials	x	x	x	x	x	x			x		x	x	x	x	x
Educate Latinos on when and where to receive services through Spanish forums/panels and Spanish language public relations	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
<i>Native American</i>															
Support Cultural Events	x	x	x			x			x	x		x	x	x	x
<i>Youth</i>															
Youth Empowerment Conference	x	x	x			x		x	x	x		x	x	x	x
Depression and suicide youth-driven DVD	x	x	x			x		x	x	x		x	x	x	x
What a Difference Adcouncil/SAMHSA ad campaign	x	x				x				x		x	x	x	x
Nostigma.org school assembly	x	x				x			x	x		x	x	x	x
Youth-friendly/gay/lesbian /homeless, multi-cultural resource materials	x	x	x		x	x	x	x	x	x	x	x	x	x	x
<i>Consumers</i>															
Listening Well (similar to In Our Own Voice program)	x		x			x	x	x	x	x	x	x	x	x	x
<i>Transition Age Youth</i>															
Web Resources for homeless and at risk of homelessness through Welcome Center kiosk	x		x	x	x	x	x	x	x	x	x	x	x	x	x
<i>Adults</i>															
Brochure/resource materials	x		x	x	x	x	x	x	x	x	x	x	x	x	x
<i>Families</i>															
Out of the Darkness walk	x		x									x	x	x	x
"The Shaken Tree" film showing	x		x				x	x	x	x		x	x	x	x
NAMI/Parent speakers panel	x		x						x			x	x	x	x
<i>Workforce</i>															
SAMHSA --> mental health workplace	x		x	x	x							x	x		x
Workforce conference	x		x	x	x							x	x		x
<i>Primary Care</i>															
Newsletter	x											x	x	x	x
Conference and depression screening training	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
<i>Law Enforcement</i>															
Education workshop on stigma	x								x	x		x	x	x	x
<i>Faith-based Organizations</i>															
Speaker on mental health	x								x	x		x	x	x	x

4. Programs

Intended sample programs and strategies are listed above. As you will see, the social marketing plan is primarily divided into 3 categories: 1) Web-based resource,

**PEI PROJECT DESCRIPTION: BRIDGES TO WELLNESS:
AWARENESS, STIGMA REDUCTION AND LINKING TO RESOURCES PROJECT**

2) Education and 3) Outreach. The web-based resource will include links to mental health information as well as specific resources about depression and suicide. Australia has a very robust national depression education website called Beyond Blue that we are basing our website on. This site is very youth friendly and includes such attributes as blogging, video clips and tools for family members and others. Education has to do with increasing awareness of mental health services, needs and realities among targeted segments of the population who may be discriminatory or unaware of how their actions are impacting those with mental illness. This may include creating educational materials and/or ad's that target employers, decision-makers, landlords, schools, law enforcement, family members and others. The outreach component has to do with targeting key population segments who are not accessing services. These strategies will be tailored to specific populations, delivered in a very specific way that is best suited for that population. For example, the Latino community may host a cultural event and weave in information about well-being but do so in a way that is more relevant for that population.

Bridges to Wellness Roll-out and Draft Timeline:

Target Pop	Location	Frequency/duration	# served	Timeline
General population Parents Youth Transition-Age Youth Gay/Lesbian Youth Homeless Veterans Older Adults Families Consumers Law Enforcement Employers Primary Care Latino Native American African American Asian American Education Other service providers	TBD Examples: Schools Web-based Family & Cultural Resource Centers Libraries Public transportation PTO newsletters Placer Collaborative Network Community partners	<u>On-going</u>	<u>TBD</u>	<u>March 2009: Begin planning</u> <u>April 2009: Form Advisory Committee</u> <u>May 2009: Finalize Plan and org structure</u> <u>June: roll-out Phase 1 of Plan</u> <u>June 2010: Roll—out Phase II</u>

**PEI PROJECT DESCRIPTION: BRIDGES TO WELLNESS:
AWARENESS, STIGMA REDUCTION AND LINKING TO RESOURCES PROJECT**

Program Title: Bridges to Wellness	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Bye Bye Blues website (or similar web-based tool)	Individuals: Families: TBD	Individuals: Families: TBD	12
Outreach	Individuals: Families: tbd	Individuals: Families: TBD	12
Education	Individuals: Families: TBD	Individuals: Families: TBD	12
Social Marketing - Consultant	Individuals: Families:	Individuals: Families:	12
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families: TBD	Individuals: Families: TBD	

5. Alternate Programs

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

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

All Campaign for Community Wellness and Bridge program efforts will work to increase awareness of all services available to help support those in need of mental health supports. As outlined above, one of the main focus areas of the project is to launch a public information campaign that links people to a web-based resource (similar to a 2-1-1/Network of Care resource)—a web-based community resource tool. Over 300 services including faith-based, food, housing, education and dozens of other recovery supporting services will be listed on the website and available to callers via a call center function. Also linked to the web-based tool will be the Campaign for Community Wellness website and the youth/consumer/family driven depression resource site—Bye Bye Blues.

**PEI PROJECT DESCRIPTION: BRIDGES TO WELLNESS:
AWARENESS, STIGMA REDUCTION AND LINKING TO RESOURCES PROJECT**

7. Collaboration and System Enhancements

The Bridges program will be conducted with-in the current framework of the Campaign for Community Wellness social marketing efforts. Below is a description of how each program promotes collaboration and system enhancements.

8. Intended Outcomes

Programs	Individual Outcomes	System and program outcomes	Methods to measure success	What will be different?
Website Outreach Education	Increased understanding of mental health issues Decrease in stigma and discrimination for those with mental health issues Increased access to recovery/prevention focused, cultural/linguistically/co-occurring competent services Sense of community support of mental well-being	Increase coordination Better services Increased collaboration Fewer people entering the system by accessing prevention/education/outreach services Improved services for underserved populations	-# of hits on website -lower # of calls to County Crisis # -Increase calls to Family Resource Centers	-Policies will be in place that support community responsibility for mental wellness -Increased consumer & family involvement & Empowerment -Increased community responsibility for mental health -Increase in access to services by under or unserved populations

**PEI PROJECT DESCRIPTION: BRIDGES TO WELLNESS:
AWARENESS, STIGMA REDUCTION AND LINKING TO RESOURCES PROJECT**

9. Coordination with other MHSA components

The *Bridges to Wellness: Awareness, Stigma Reduction and Linking to Resources Project* will serve as the first point of entry to wellness and recovery programs and information for a wide range of people. Clearly this PEI component will serve as a gateway into all MHSA and other services offered through-out the County.

Social Marketing: The Bridges to Wellness Project will rely on social marketing efforts, currently being driven by the Community Supports and Services and Prevention and Early Intervention as well as SAMHSA, to increase awareness of and reduce stigma around mental health issues. Specific social marketing targets include Latino, youth, transition-aged youth and Native American populations.

B. Revenues

**Form
No. 4**

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

County

Name: Placer

Date: 10.22.08

PEI Project Name: Bridges to Wellness

Provider Name (if known): Placer County

Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served: FY 07-08 TBD FY 08-09 TBD

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

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

Months of Operation: FY 07-08 0 FY 08-09 3

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	One-time	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Project Manager (part-time)		\$25,000	\$25,000
			\$0
			\$0
b. Benefits and Taxes @ %			\$0
c. Total Personnel Expenditures	\$0	\$25,000	\$25,000
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
c. Total Operating Expenses	\$0	\$25,000	\$25,000
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Website	\$30,000	\$20,000	\$50,000
Outreach	\$15,000	\$50,000	\$65,000
Education (DVD)	\$7,500	\$10,000	\$17,500
a. Total Subcontracts	\$52,500	\$80,000	\$132,500
4. Total Proposed PEI Project Budget	\$52,500	\$105,000	\$157,500

		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
	1. Total Revenue	\$0	\$0	\$0
	5. Total Funding Requested for PEI Project	\$0	\$0	\$157,500
	6. Total In-Kind Contributions	\$0	\$0	\$0

Budget Narrative

A.1a: Project Manager (\$25,000)

Contracted staff will support the social marketing efforts outlined in the program. It is expected that consultants will be hired to do this work at a rate ranging from \$100 to \$145 per hour.

3. Subcontractors

Website and Coordination (\$20,000 of on-going funds, \$30,000 of one-time funds). Funds will support the planning and implementation of a web-based resource that links people to services and mental health information. An outside firm will be hired to plan and implement phase 1 of this project as well as maintain the site.

Outreach: (\$50, 000 of on-going funds and \$15,000 of one-time funds)

Due to the need to reach a variety of populations as outlined in the plan, various strategies will be used to outreach to these groups. Price per strategy is still to be determined

Education/DVD: (\$10,000 of on-going support and \$7,500 for the DVD)

Similar to outreach, various strategies will be used to reach youth and others with information about mental illness and resources. Exact prices are not known at this time.

Appendix 2: Budget

1. PEI Administration Budget Worksheet and narrative (Form # 5)
2. Prevention and Early Intervention Budget Summary (Form # 6)
3. Local Evaluation of a PEI Project (Form # 7)

PEI Administration Budget Worksheet (Form No. 5)

Form No.5

County: Placer

Date: 10.22.08

	Client and Family Member, FTEs	Total FTEs	One-time 08/09	Budgeted Expenditure FY 2008-09	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator					\$122,900
b. PEI Support Staff					\$81,674
c. Other Personnel (list all classifications)					\$0
Evaluator					\$76,000
Planning				\$80,000	\$0
					\$0
					\$0
d. Employee Benefits					\$0
e. Total Personnel Expenditures			\$0	\$80,000	\$280,574
2. Operating Expenditures					
a. Facility Costs			\$0	\$0	\$0
b. Other Operating Expenditures			\$0	\$0	\$0
c. Total Operating Expenditures			\$0	\$0	\$0
3. County Allocated Administration					
a. Total County Administration Cost			\$0	\$0	\$0
4. Total PEI Funding Request for County Administration Budget			\$0	\$80,000	\$280,574
B. Revenue					
1. Total Revenue					\$0
C. Total Funding Requirements			\$0	\$80,000	\$280,574
D. Total In-Kind Contributions			\$0	\$0	\$0

Budget Narrative:

Administration (\$204,574): These funds are reserved for a PEI Coordinator (\$122,900) and staff position (\$81,674) that will be created to oversee, provide guidance, support and

PEI Administration Budget Worksheet (Form No. 5)

evaluate the PEI Projects. This cost includes external costs of hiring and managing this employee.

Evaluation (\$76,000): As required by the State, this cost is associated with evaluating the programs associated with the PEI plan on an on-going, regular basis.

PEI and Campaign for Community Wellness Planning and Coordination (\$80,000): \$80,000 is reserved for a contractor position to help plan the successful rollout of each PEI element. Upon completion of establishing each Project, this position will be closed, which is why it is only a one-time cost.

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:	Placer
Date:	2/11/09

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		One-time	FY 08/09	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
	Ready for Success	\$80,050	\$471,250	\$551,300	\$274,770	\$254,330	\$18,500	\$3,700
	Bye Bye Blues	\$42,000	\$322,000	\$364,000	\$28,500	\$24,000	\$222,100	\$89,400
	Bridges to Wellness	\$52,500	\$105,000	\$157,500	\$39,375	\$39,375	\$44,625	\$34,125
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
	PEI/Campaign Planning/Coordination	\$80,000		\$80,000	\$20,000	\$20,000	\$20,000	\$20,000
	Administration (17%)		\$ 204,574	\$204,574	\$51,143	\$51,143	\$51,143	\$51,143
	Evaluation		\$ 76,000	\$76,000	\$19,000	\$19,000	\$19,000	\$19,000
	Total PEI Funds Requested:	\$254,550	\$1,178,824	\$1,433,374	\$432,789	\$407,849	\$375,369	\$217,369

*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).

LOCAL EVALUATION OF A PEI PROJECT

Form No. 7

County: **Placer**

Date: **2/10/09**

- 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:
Ready for Success: Youth & Family Support Program

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

Placer County will evaluate and report on outcomes of all services in the **Ready for Success: Youth and Family Support Program** component of this PEI plan.

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

The **Ready for Success: Youth and Family Support Program** was chosen for local evaluation because of the interest of the community in knowing empirically that their youth services were effective, and in the Children’s System of Care’s existing capability to evaluate these services. Many of the Youth and Family support programs have an existing sample of empirical data to which Placer can compare its outcomes.

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

Program	Individual Outcomes	Family Outcomes	System Outcomes	Population Served	# Served	Age Group	Measures
Incredible Years	Academic, social and emotional competencies Reduced school failure Reduced rates of juvenile justice involvement	Improving family function	Increase access to services for under/unserved	Families in Western Placer of diverse ethnic backgrounds Expect 40% of families to be Latino	Year 1: 60 families per yr. After year 1: 75 families per yr 2010: 108 families per yr.	75, 3-12 yr olds	SMART Outcomes Screening Tool
Functional Family Therapy	Reduced school failure Improved relationships Prevention of relapses Reduced rates of juvenile justice involvement	Improving family function	Increase access to services for under/unserved	Families and youth 10-18 yrs olds with High risk of juvenile justice involvement, conduct/anxiety disorder, substance abuse, depression, other MH issues	Additional 15 families per yr	10-18 yr olds 7 youth 8 TAY	SMART Outcomes Screening Tool

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Positive American Indian Parenting	Increased mental wellbeing Positive cultural identity Reduced school failure	Improving family function	Increase access to services for under/unserved	Local Native American parents and 0-18 yr olds	30 Native American families per yr	30, 0-18 yr olds	SMART Outcomes Screening Tool
Parent Project	Divert at-risk behaviors Increased mental wellbeing Positive cultural identity Reduced school failure	Parenting skills for a new culture of Latino youth	Increase access to services for under/unserved	Latino parents and their children 0-18 yrs old	150 families per yr	150, 0-18 yr olds	SMART Outcomes Screening Tool Pre and Post
Bi-lingual / cultural Short term therapy	Divert at risk behaviors Reduced school failure	Parenting skills parents	Increase access to services for under/unserved	Parents, children, youth enrolled in Parent Project Program	25-30 families per yr	30, 0-18 yr olds	SMART Outcomes Screening Tool Pre and Post
Life Skills Training	Identification of mental health issues as they surface Reduced school failure	Improving family function	Increase access to services for under/unserved	6 th & 7 th grade at risk of school failure & parents (30-50% Latino) (In Tahoe 50% of the Program)	50 families per yr 200 youth	200 6 th & 7 th grader	SMART Outcomes Screening Tool Pre and Post
Adventure Risk Challenge	Literacy and leadership skills Reduced school failure	Improving family function	Increase access to services for under/unserved	8 th -10 th grades	15	8 th -10 th grade	SMART Outcomes Screening Tool Pre and Post
Project Eagle	Positive cultural Reduced school failure	Improving family function	Increase access to services for under/unserved	Native American high school students and their families	20 families per yr	20, 13-18 yr olds	SMART Outcomes Screening Tool Pre and Post
Across the Ages	Mental health prevention and early intervention	Improving family function	Increase access to services for under/unserved	Native American middle school youth	20 youth per yr	20, 9-13 yr olds w/55+ yr olds	SMART Outcomes Screening Tool Pre and Post
Transition to Independence	Mental health element for transitioning to adulthood Reduce homelessness	Improving family function	Increase access to services for under/unserved	Transition age youth with additional mental health needs and their families/support system	15 TAY per yr	19-24 yr olds	SMART Outcomes Screening Tool Pre and Post

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3. Describe the numbers and demographics of individuals participating in this intervention.

PERSONS TO RECEIVE INTERVENTION—Please fill this in based on above

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/ DISCRIMINATION
African American	0	1	1	1	1	0	1
Asian Pacific Islander	1	1	3	3	2	1	1
Latino	25	74	67	67	54	16	41
Native American	35	6	16	2	1	1	15
Caucasian	0	17	16	31	35	6	6
Other (Indicate if possible)							
AGE GROUPS							
Children & Youth (0-17)	60	85	118	220	103	24	64
Transition Age Youth (16-25)	0	15	1	1	15	0	0
Adult (18-59)	0	0	0	0	0	0	0
Older Adult (>60)	0	0	0	0	0	0	0
TOTAL	60	100	119	221	118	24	64
Total PEI project estimated <i>unduplicated</i> count of individuals to be served 646 <u>(385 families)</u>							

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

Child and Family Outcomes—In 1997 Placer County began a new, and unique evaluation process that views family needs in a holistic fashion and measures success in achievement of family self-sufficiency in five (5) major life skill areas: keeping the family safe, healthy, together (at-home), in school or at work and out-of-trouble. Working with the Placer Collaborative Network, the county designed an outcome instrument that would use indicators of successful achievement of self-sufficiency. The present format that has been in use for the past six (6) years, and found to be a valid measure of family based outcomes. Beginning in FY2003-04, the Children's System of Care has included the Placer County Outcome Screen as the performance or evaluation measure for all county and county contract programs and performance outcomes have been adopted as part of the county annual budget process by the Board of Supervisors.

The Placer County Outcome Screen will be used as the indicator of achievement of child and family goals for this project. Outcome screens will be collected on all children at time of entry into the program, every six (6) months of participation in the program and then at discharge from the program. A report will be generated that will show the improvement in each of the five (5) life skill areas. A T-test will be used to measure significance between the entry outcome measures and the most recent outcome measures available at the time of the report. Outcome reports will be generated at the end of the fiscal year, and be included in the MHSA reporting to the state.

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

Placer County approaches cultural competency as a multicultural framework. Similar to cultural competency, a multicultural framework is one that promotes the acknowledgement, appreciation, and use of cultural differences as a critical factor in the development and implementation of any program or curriculum that effects youth and their families. The purpose of cultural competency and Placer's framework is to make services accessible, improve family outcomes, improve partnership between systems of care and the communities they serve, provide concrete manifestation of system of care values, reduce disproportionality, and comply with legal and funding mandates.

Placer County takes the view that all family service needs must be based on mutual decisions made by the youth, their family and providers. Inclusion of the family in all service decisions ensures consideration of multicultural factors and youth and family values. The county service continuum includes one of the state's largest Family Advocacy services.

Appropriate training and supervision will be provided to assure capacity and integrity of service to culturally diverse consumer groups. In a 2002, 2004 and 2008 audit for compliance with civil rights and cultural competency conducted by the California Department of Social Services, Placer County Children's System of Care received exemplary marks for cultural competency.

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

Annual outcome summaries will be presented to the county's Campaign for Community Wellness steering committee, identified above in this plan. The PEI coordinator or designee will present these outcomes and analysis to the steering committee, and request feedback from the committee. This accountability will help ensure that the intervention is meeting the community's expectations as outlined in this plan.