



## **Mental Health Services Act Prevention and Early Intervention**

### **Sutter-Yuba Mental Health Services Proposed Three Year Program and Expenditure Plan Guidelines**

**Fiscal Year 2008-09**

Enclosure 3

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

**Form No. 1**

***Sutter-Yuba  
Prevention Early Intervention Plan***

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

**Form No. 1**

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

County Name: Sutter-Yuba

Date: 10/08/08

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

<b>County Mental Health Director</b>	<b>Project Lead</b>
Name: Tom Sherry MFT	Name: Douglas Bond MFT
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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

## PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

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

**County:** Sutter-Yuba

**Date:** 10/08/08

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

a. The overall Community Program Planning Process

The overall community planning process was managed by Douglas Bond MFT, Program Manager, Psychiatric Emergency Services with the support, participation, and aid of the Sutter-Yuba Mental Health Program Managers. This process included obtaining community and stakeholder input, facilitating the review of the data obtained, developing the PEI recommendations, holding public comment and review, and preparing the PEI plan for presentation to the State Department of Mental Health.

The planning process included two open community educational/informational meetings concerning the PEI process. Introduced concurrently with the community meetings a PEI survey was released into the community. Ultimately there were 551 responses to the survey. Six work groups were formed (one for each priority population) that held multiple meetings and made recommendations on PEI programming to the Sutter-Yuba PEI Coordinator and management team. The recommendations were moved forward in a proposal to the Leadership Team for approval of funding.

b. Coordination and management of the Community Program Planning Process

Coordination and management of the community program planning process was facilitated by Douglas Bond MFT, Program Manager Psychiatric services acting as the PEI lead or coordinator.

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

Stakeholders were involved in the community planning process from the very beginning. The initial PEI presentation was made to the Sutter-Yuba Mental Health Advisory Board (MHAB). Board member suggestions for stakeholders were solicited and board members were encouraged to contact potential

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stakeholders. A survey was introduced to the MHAB with copies distributed to members for dissemination in the community.

The survey was made available at a number of community sites separate from mental health. Ultimately 551 individuals responded to the survey. A wide variety of community stakeholders responded (survey results are attached).

Two PEI presentations were made at the ongoing Sutter-Yuba consumer group "I Care". This group meets on a monthly basis. The PEI process and stakeholder participation and input were the main topics.

Community meetings were held in easily accessible locations in each of the two counties. Meetings were attended by consumers, family members, law enforcement, education, providers, and other interested parties. Meetings were advertised in the media. Stakeholders were encouraged to attend via phone calls, email, word of mouth, and colorful flyers.

Work groups were developed and signed on for during the community meetings. There were six work groups formed with membership from community stakeholders. Each group met multiple times.

Ultimately the work groups sent representation to the Leadership Committee, which is comprised of the MHAB and community stakeholders, and recommended five program concepts for the Sutter-Yuba PEI plan.

The five concepts:

*Community Prevention Team*

*Expand Mentoring Program*

*Strengthening Families*

*Recreational Opportunities*

*First Onset Team*

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

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

The PEI Coordinator and SYMH staff held community informational and educational meetings in both counties in centrally located easy to access locations. Each meeting stressed the importance of consumer and family participation in the PEI process. The high number of participants identifying themselves as consumer or family member (118 out of 551) demonstrates stakeholder involvement.

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Both direct and indirect methods were utilized to contact the underserved communities. Work groups were held in such places as the Hmong Community Center and surveys were distributed at a variety of community locations. Distribution sites included community meetings in Sutter and Yuba counties, probation department, drug treatment facilities, provider sites, the Health Department, supported housing populations, and daily at mental health sites.

- b. Provided opportunities to participate for individuals reflecting the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, race/ethnicity and language.

The survey was provided to the community in English and Spanish versions. The 551 reflected a rich mix of ages: 15 or under (5%), 16-25 (12%), 26-59 (68%), and 60+ (9%). Seven percent declined to respond to the question on age. Cultural diversity was also reflected in the survey results: Caucasian (60%), Latino (13%), Asian (6%), African American (3%), Native American (4%), Pacific Islander (1%), and more than one (4%). Nine percent of respondents did not answer the question on ethnicity.

The survey also revealed a wide array of community representation. The survey was distributed such places as probation, drug treatment facilities, children service providers, health department, community meetings, schools, in addition to mental health service sites.

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

One hundred and eighteen of the respondents to our survey identified themselves as consumers or family members. Two separate education/focus meetings occurred with the Sutter-Yuba consumer group "I Care". Consumers were encouraged through individual as well as group contact to participate in the PEI planning process. Surveys were distributed at our Childrens System of Care, First Steps drug treatment, and FICS children services.

### 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:***

Consumers and family members participated in our work groups and were on our Leadership Committee. Consumers were also active in helping circulate our surveys in the community. In our survey 24% (116 of 551) of the respondents identified themselves as consumers or family members.

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***Providers of mental health and/or related services such as physical health care and/or social services:***

Providers of services to children, adults, and families participated in the work groups. Alcohol and drug service providers participated in the work groups and in the circulation of surveys in the community. In our survey 8% (44) of the respondents identified themselves as providers.

***Educators and/or representatives of education***

Educators participated in the various workgroups and on the leadership committee. In our survey 5% (28) of the respondents identified themselves as educators.

***Representatives of law enforcement***

Local police departments, the sheriff's office, and the two probation departments participated in the work group process and had representation on the Leadership committee. In our survey 1% (6) of the respondents identified themselves as law enforcement.

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

Family Resource center, foster parent representative, community associations, Children's System of Care, and interested county services were involved in the work group process. In our survey 13% (121) of the respondents identified themselves as organizations that would have an interest in families with mental illness.

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

Staff attended state and regional MHSA training activities and PEI related events. Sutter-Yuba staff involved in the PEI process had been key participants in the development of two different county CSS plans and planning process. Informational community groups (2) were utilized to train and educate the community on PEI issues and requirements. Work groups continued the education process with stakeholders.

**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.

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Having completed the initial CSS planning process our community stakeholders were familiar with the PEI planning process. Work groups, community meetings, surveys, and consensus building were all part of a process that stakeholders felt comfortable with. Stakeholders were comfortable giving feedback on proposed programs and services. Consumers and family members were immediate and effective participants in the PEI process because of experience with the CSS plan development.

- 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.

Our PEI planning process was successful in involving the community and a wide range of participants. We had 551 respondents to our survey. Those respondents included 12% (66) TAY (16 years-25 years) and 9% (50) seniors (60 years +).

The participating stakeholders included:

SYMH Children's Mental Health  
 Mental Health Advisory Board  
 SYMH Ethnic Services  
 Yuba County CPS  
 SYMH Drug and Alcohol  
 Harmony Health Clinic  
 SYMH Resource Services  
 Yuba County Probation  
 Sutter County Probation  
 Yuba County BOS  
 Sutter County K-12  
 Sutter County CPS  
 Parents of child consumers  
 SYMH PES  
 SYMH CSOC  
 SYMH Adult Services  
 FICS provider  
 Sutter County BOS  
 Domestic Violence Services provider  
 Yuba County CalWorks  
 Hmong American Association  
 Sutter County Employment Services  
 Yuba City Police Department  
 Yuba City Unified School District  
 Victor Services  
 Family members  
 Consumers  
 Parent Partner

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Peer Advisors  
 Family Intervention and Community Support  
 Sutter County Sheriff  
 Salvation Army  
 Parent disabled Adult  
 Sutter-Yuba Friday Night Live  
 Marysville Joint Unified School District  
 Sutter County Office of Education  
 Betterday Provider  
 Foster Parents Association  
 Options for Change  
 First Steps  
 Yuba County Department of Social Services  
 Yuba County APS  
 SYMH Ethnic Outreach Services

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

- a. The date of the public hearing:

Public Hearing date was March 19, 2009.

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

The 30 day public comment process for review of the MHSA Plan, Prevention and Early Intervention commenced on February 16, 2009. The notification of public hearing and the PEI Component—Proposed Three-Year Program and Expenditure Plan was distributed to all Sutter-Yuba Mental Health Services provider sites, and made available at the Sutter County and the Yuba County main libraries. This notification of public hearing and the Plan were available for public review at the Sutter-Yuba Mental Health Services website, Network of Care website for Sutter County, and Network of Care website for Yuba County. The internet addresses are listed below:

<http://www.co.sutter.ca.us>  
<http://www.Sutter.networkofcare.org>  
<http://www.Yuba.networkofcare.org>

The Notice of Public Hearing was mailed to all leadership committee members and partner agencies; was posted at the Sutter County and Yuba County main libraries; was posted in the Appeal-Democrat newspaper; and was provided to anyone who requested a copy. Public comments could either be emailed to [dbond@co.sutter.ca.us](mailto:dbond@co.sutter.ca.us) or mailed to Sutter-Yuba Mental Health Services, at 1965 Live Oak Blvd., P.O. Box 1520, Yuba City, CA 95992 or presented in person.

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The public hearing before the local Mental Health Board was held on March 19, 2009. The public comment period ended at the conclusion of that meeting.

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

Minutes from the Mental Health Board of March 19, 2009 reflect:

**6. Open Public Hearing – Marc Myers**

Chairperson Myers opened the Public Hearing. He said now was the time to hear testimony and input from the public regarding the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI), and the PEI Statewide Project draft plans as presented. He asked that any person wishing to address the Board on the subject to complete a “Speaker Card and give it to the Recording Secretary (Jean Stump) and asked that their comments be limited to three minutes. Further he said there would be ample time on the agenda for any person wishing to speak on other issues if desired; however, he said the Board could not take any action on an item not listed on the agenda.

Mr. Sherry said that the both draft plans were made available for public review for 30 days at Sutter-Yuba Mental Health Services, the libraries in Sutter and Yuba Counties, County Administrative Offices, and were posted on the Counties’ website. There were no comments received during the review period regarding the MHSA PEI Draft Plans as presented.

**7. Close Public Hearing**

Hearing no testimony or other comments, the Chair closed the Public Hearing at 6:20 p.m.

**8. Reconvene the Mental Health Board Meeting**

At 6:21 p.m., the Chair reconvened the Board meeting.

**9. Public Comment:**

The Chair complimented staff and in particular Doug Bond for his involvement in organizing the PEI Draft Plan and said that it appeared to be well written and well received.

In response to a question raised by Supervisor Hal Stocker, Doug Bond reviewed the MHSA stakeholder processes used in Yuba County and drew his attention to the participating stakeholders listing on page 7 and 8 of the Draft PEI Plan.

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***Action:*** *Hearing no further comments, Supervisor Gallagher moved to approve the draft PEI Plan and the Statewide PEI Strategic Plans as presented. The motion was seconded by Board Member Clement and carried by a unanimous voice vote of the members present.*

d. The estimated number of participants:

Fifteen.

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

PEI PROJECT SUMMARY

Form No. 3

County: Sutter-Yuba

PEI Project: Community Prevention Team

Date: October 22, 2008

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

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

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

The selection of priority populations was the result of the PEI planning process in Sutter-Yuba counties. Stakeholders were involved and active in the process from the very beginning. The first action was a presentation to the Mental Health Advisory Board (MHAB) to educate and engage their participation in the PEI process, and how the PEI process was one of the five components of the original MHSA. MHAB members agreed to co chair the work groups that would be developed during the PEI process. In addition a comprehensive survey was introduced to the MHAB at this time. This survey would ultimately be available at many departments and locations (mental health, probation, health department, school sites, drug alcohol providers, children service providers, community meetings, and community associations), and generate 551 respondents.

When asked to identify the groups in most need of mental illness prevention and early intervention the top five survey responses were:

1. People who have attempted suicide or might (61%).
2. People who start to show signs of mental illness (42%).
3. People with history of mental illness and/or substance abuse (40%).
4. People facing trauma in their or their families lives (40%).
5. Children and youth in stressed families (39%).

These choices are reflected repeatedly in Sutter-Yuba Counties PEI projects.

The next step was two community education/informational meetings. One was held in Yuba County and one was held in Sutter County. These meetings served to educate the community about the PEI process, review past CSS findings, and solicit stakeholder involvement in six work groups (one for each priority population).

Six work groups were developed. Stakeholders from a broad range of the community were involved. Each work group met multiple times. Past and current priority population status was reviewed. At each meeting stakeholders were encouraged to invite community members that might have a stake in the process. Each work group had the task of developing project recommendations for PEI in Sutter-Yuba counties. The recommendations were taken to the Sutter-Yuba Mental Health Administrative Team and given to the PEI Coordinator.

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The recommendations were organized into a project recommendation document. The document was presented to the Leadership Committee for approval and direction. The Leadership committee is composed of the Mental Health Advisory Board and representatives of the six stakeholder workgroups. The Leadership committee approved the project recommendations.

Great care and community effort went into the survey process and reaching underserved populations. A cultural competency work group was formed during the process to ensure underserved populations participation. The Hmong, East Indian, American Native, Gay/Lesbian, and Latino communities were all represented on the work group. The work group met four times. During that period of time members went into the community and distributed surveys at the Hmong community center and neighborhood stores, the Feather River Indian Health Center, at several Latino community meetings in Live Oak, at the Migrant Education Center, the Sikh Temple, and the Mahal Plaza. We utilized attendance at community events to reach Gay/Lesbian, East Indian, and Hmong communities with our surveys. In addition to traditional locations surveys were distributed at Rideout Emergency Room, Urgent Services, the Health Department, and Walmart. Interpretive services were available at all community meetings. For example two interpreters were utilized at the Hmong community center meeting to insure a smooth exchange of ideas. The survey was translated into Spanish and Punjabi. The existing CSS Outreach Programs (Hmong, Latino, and East Indian) assisted in this process and will continue to be instrumental in reaching these underserved populations.

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

#### *Concept One: The Community Prevention Team*

1. Create an interagency, multidisciplinary team to work with target populations with Schools, Family Resource Centers (FRCs), Churches, etc. in each County. These venues are hereinafter referred to as Community Entities.
2. Team would consist of the **Prevention Services Coordinator, Substance Abuse Intervention Counselor, a half-time Mental Health Therapist, Resource Specialist and 2 half-time peer staff**, law enforcement – school resource officers and/or probation/PASS officers, Friday Night Live.
  - a. The Prevention Coordinator would be responsible for supervision of the Community Prevention Team. The Community Prevention team would provide oversight and coordination for the other four components of the Sutter-Yuba PEI plan.

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- b. The Team will partner with Community Entities to help serve these targeted populations. It is recognized that each Community Entity has a different culture and has differing needs.
  - c. The Team members would go out into the communities and facilitate identification of mental health issues and the identification of possible prevention/early interventions that might be appropriate. The Team then would help develop the intervention, train the trainers, and aide in the delivery of prevention interventions. The Team membership of Peer Counselors, Mental Health Therapist, Resource Specialist, and Substance Abuse Counselor bring a wealth of different perspectives to this process.
  - d. A menu of services would be presented that are already available and that we would be creating with PEI funding:  
**\*\*See menu of program choices.**
  - e. Provision of services may fall to the Community Entity, as part of our **Train-the Trainer Approach** to PEI. We will train people in the Faith Community, Schools, Family Resource Centers, other social service agencies and non-profits that are best suited to provide these services to underserved populations and to reach geographically diverse locations such as the foothills and south Sutter County.
  - f. Solutions might include law enforcement participation in presentations to students, presence on campus, or use of other community team members.
  - g. The Team would utilize FNL to provide presentations, etc. as a means of engaging students on school campuses.
3. Staff from the Team will also be the trainer(s) for the EBPs that we will be making available to the community;
  4. They will keep track of and disseminate information about resources available;
  5. They would be responsible for the outreach component of mental health services/MHSA (Shift current CSS outreach services to PEI);
  6. The Team will do community development to increase resources **\*\*see menu of program resources.**
  7. Develop Family Resource Centers in Sutter County.
  8. Utilize Prevention Services Coordinator to market the available resources for prevention to the community.
  9. Assist in the development of more programs for resilience building in schools, family resource centers, faith communities, little league and other sports programs – educate coaches, educate parents through schools
  10. Develop a force of volunteers to provide practical help to families. To help resolve problems that stress families. Utilize students and senior citizens.
  11. Develop a website for resource materials, or market the Network of Care website and include resources for prevention on it.
  12. Assist in developing community resources/services for GLBT population and their parents/loved ones – such as PFLAG.  
Consider a partnership with Lambda Center in Sacramento to provide some support services in our local area.
  13. They will provide support to those providing the EBPs, etc – reflective practice
  14. The half-time Therapist provides Trauma Focused CBT to target population
  15. Foster Parent/Kinship care training. The half-time Therapist will provide better, more specific training that is convenient for Foster Parents, also to support grandparents and those doing kinship care.

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16. The Substance Abuse Counselor will provide early intervention services to youth who are identified as Early Drug Users with trauma histories.

- **Collaboration/leveraging**: Establishing a Prevention Grant program to assist Community Entities with materials purchase for new training programs. Utilize personnel and facilities of Community Entities to provide the interventions. Utilize partners such as Law Enforcement to provide interventions. Utilize partners such as Friday Night Live to deliver services.

Estimated timeline for implementation is four months from the initiation of program (budget authority to hire staff, signed contract). Initial evaluation of program would occur at ten months and then annually.

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4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Community Prevention Team	Individuals: 100 Families: 50	Individuals: 100 Families: 25	0
	Individuals: Families:	Individuals: Families:	
<b>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>Individuals: 100 Families: 50</b>	<b>Individuals: 100 Families: 25</b>	<b>0</b>

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

The Community Prevention Team (CP Team) project is designed to provide prevention services in the community that are driven and designed by the stakeholders of the designated community. The team itself is comprised of different agencies and community stakeholders with links to community services. The CP Team will provide oversight and coordination to the other four components of the SYMH PEI Plan, and function as the center of linkage to services to ensure diversity of prevention projects/services to address the particular individual community need. The PEI process that generated these recommendations was driven by stakeholder discussion of community need. The stakeholders (often providers or representing those other services) stated their support and commitment to collaborate on this project.

### 6. Collaboration and System Enhancements

Collaboration and system enhancement is one of the desired outcomes of this project. The Community Prevention Team project will create an interagency, multidisciplinary team to work with target populations in Schools, Family Resource Centers (FRCs), Churches, etc. in each County. The Team will partner with Community Entities to help serve these targeted populations. It is recognized that each Community Entity has a different culture and has differing needs. A menu of services would be presented that are already available and that we would be creating with PEI funding. Provision of services may fall to the Community Entity, as part of our **Train-the Trainer Approach** to PEI. We will train people in the Faith Community, Schools, Family Resource Centers, other social service agencies and non-profits that are best suited to provide these services to underserved populations and to reach geographically diverse locations such as the foothills and south Sutter County. Solutions might include law enforcement participation in presentations to students, presence on campus, or use of other community team members. The Team would utilize FNL to provide presentations, etc. as a means of engaging students on school campuses. The strong ties in the underserved community populations that the existing CSS Outreach programs have will be utilized to custom design prevention interventions in the Hmong, Latino, and East Indian communities.

### 7. Intended Outcomes

- The collaboration of community stakeholders (consumers, families, providers, health clinics, faith based, etc) with joint prevention efforts that enhance our system of care and provide a healthy initial contact with community mental health.
- Match the “right” prevention early intervention strategy with a specific community segment or entity.
- Achieve early contact with the community addressing education, stigma, and wellness concepts.
- Become more efficient at identifying those individuals and families in need and accessing services at the earliest opportunity.
- Reduce disparities in access and utilization of mental health services.

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### **8. Coordination with Other MHSA Components**

Prevention Early Intervention projects are the initial exposure of the wellness recovery movement in the community. PEI projects will contact a wide variety of individuals and families with a vast array of different mental health needs. It seems most likely that the PEI projects will collaborate with the Ethnic Outreach and Resource components of the MHSA. Ethnic Outreach and engagement has targeted the populations of Hmong, Latino, and East Indian and been working steadily in the community. Many of the PEI efforts will be done in conjunction with the Ethnic Outreach efforts. If an individual or family needs more intensive service then a referral might be made to one of our full service partnerships. Sutter-Yuba currently has four full service partnerships serving the homeless, transition age youth, seniors, and the 0-5 population.

### **9. Additional Comments (optional)**

The PEI Resource menu of program choices is attached.

PEI PROJECT SUMMARY

Form No. 3

County: Sutter-Yuba

PEI Project: Expand Mentoring Program

Date: October 22, 2008

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

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

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

The selection of priority populations was the result of the PEI planning process in Sutter-Yuba counties. Stakeholders were involved and active in the process from the very beginning. The first action was a presentation to the Mental Health Advisory Board (MHAB) to educate and engage their participation in the PEI process, and how the PEI process was one of the five components of the original MHSAs. MHAB members agreed to co chair the work groups that would be developed during the PEI process. In addition a comprehensive survey was introduced to the MHAB at this time. This survey would ultimately be available at many departments and locations (mental health, probation, health department, school sites, drug alcohol providers, children service providers, community meetings, and community associations), and generate 551 respondents.

When asked to identify the groups in most need of mental illness prevention and early intervention the top five survey responses were:

6. People who have attempted suicide or might (61%).
7. People who start to show signs of mental illness (42%).
8. People with history of mental illness and/or substance abuse (40%).
9. People facing trauma in their or their families lives (40%).
10. Children and youth in stressed families (39%).

These choices are reflected repeatedly in Sutter-Yuba Counties PEI projects.

The next step was two community education/informational meetings. One was held in Yuba County and one was held in Sutter County. These meetings served to educate the community about the PEI process, review past CSS findings, and solicit stakeholder involvement in six work groups (one for each priority population).

Six work groups were developed. Stakeholders from a broad range of the community were involved. Each work group met multiple times. Past and current priority population status was reviewed. At each meeting stakeholders were encouraged to invite community members that might have a stake in the process. Each work group had the task of developing project

## PEI PROJECT SUMMARY

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recommendations for PEI in Sutter-Yuba counties. The recommendations were taken to the Sutter-Yuba Mental Health Administrative Team and given to the PEI Coordinator.

The recommendations were organized into a project recommendation document. The document was presented to the Leadership Committee for approval and direction. The Leadership committee is composed of the Mental Health Advisory Board and representatives of the six stakeholder workgroups. The Leadership committee approved the project recommendations.

Great care and community effort went into the survey process and reaching underserved populations. A cultural competency work group was formed during the process to ensure underserved populations participation. The Hmong, East Indian, American Native, Gay/Lesbian, and Latino communities were all represented on the work group. The work group met four times. During that period of time members went into the community and distributed surveys at the Hmong community center and neighborhood stores, the Feather River Indian Health Center, at several Latino community meetings in Live Oak, at the Migrant Education Center, the Sikh Temple, and the Mahal Plaza. We utilized attendance at community events to reach Gay/Lesbian, East Indian, and Hmong communities with our surveys. In addition to traditional locations surveys were distributed at Rideout Emergency Room, Urgent Services, the Health Department, and Walmart. Interpretive services were available at all community meetings. For example two interpreters were utilized at the Hmong community center meeting to insure a smooth exchange of ideas. The survey was translated into Spanish and Punjabi. The existing CSS Outreach Programs (Hmong, Latino, and East Indian) assisted in this process and will continue to be instrumental in reaching these underserved populations.

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

*Expand and/or develop mentoring within our communities.*

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1. Expand the capacity of Friday Night Live mentoring program. FNL matches High School age youth with Middle School age youth forming a relationship that helps both mentor and protégée achieve drug free positive lifestyles.
2. Bring Big Brothers/Big Sisters to the community. Big Brothers-Big Sisters of America (BBBSA) is a mentoring program that matches an adult volunteer, known as a Big Brother or Big Sister, to a child, known as a Little Brother or Little Sister, with the expectation that a caring and supportive relationship will develop. The most important component of the intervention is the match between volunteer and child.
3. Explore ways to recruit individuals to provide mentoring. Establish a “lunch buddies” type program where the mentors take a young person to lunch once a week or every other week. The Lunch Buddy Program pairs a caring adult with an elementary student who needs a positive role model in his/her life. The program is simple: adult volunteers commit to having lunch with a student once a week. After lunch there is time to read a book, play a board game, or just talk. The one-on-one relationship that develops between lunch buddies often makes a profound difference in a child’s life. This program will engage and encourage community employers and government to allow release time for employees to do a “lunch buddy” program once a week at schools.

When someone is mentally ill they often experience a variety of negative symptoms. These symptoms often take the form of: difficulty coping with life issues, being unable to utilize positive social skills, low self esteem, a lack of peer support, or abusing drugs. Mentoring programs promote positive growth in all these areas making a positive lifestyle more likely. Friday night Live, Big Brother/Sister, and the Lunch Buddy programs all have demonstrated effectiveness in producing positive outcomes in these areas.

Estimated timeline for implementation is four months from the initiation of program (budget authority to hire staff, signed contract). Initial evaluation of program would occur at ten months and then annually.

PEI PROJECT SUMMARY

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4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Friday Night Live	Individuals: 130 Families:	Individuals: Families:	0
Big Brothers/Big Sisters	Individuals: 20 Families: 20	Individuals: Families:	0
Lunch Buddies	Individuals: 20 Families:	Individuals: Families:	0
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
<b>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>Individuals: 170 Families: 20</b>	<b>Individuals: Families:</b>	<b>0</b>

## PEI PROJECT SUMMARY

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

The Community Prevention Team (CPT) would be instrumental in coordinating the development of these programs. Once programs are established the CPT would act as a link to other available services in Sutter and Yuba counties.

### **6. Collaboration and System Enhancements**

Expanding the existing Friday Night Live programs to include an additional 130 youth would enhance and solidify the existing prevention efforts. This effort would involve collaborating with Sutter/Yuba Friday Night Live and the middle and high schools.

Big Brothers/Sisters would be a completely new effort in Sutter and Yuba counties. Having a chapter here would increase the amount of positive mentoring available to community youth. This effort would involve collaboration between youth, community, and the Community Prevention Team.

The “Lunch Buddies” program represents a great opportunity to involve the business community with youth in need of a mentor. This program creates a partnership between business and mental health services that has not been available in prior years and will address stigma issues in the community.

The existing CSS outreach programs for the Hmong, East Indian, and Latino populations will provide the communities contacts needed to establish these mentor concepts in their communities. Once established the CSS outreach programs will provide identification of mental health issues, prevention interventions appropriate to the community, and linkage to mental health services. These efforts designed specifically for the community they are provided in will increase peer support, self esteem, and positive social skills. All efforts will be coordinated by the Community Prevention Team.

## PEI PROJECT SUMMARY

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### 7. Intended Outcomes

- Set up a Big Brothers/Sisters program in the community providing services to twenty youth and their families.
- Expand Friday Night Live programming to add an additional 130 youth.
- Introduce mental health issues/concerns to underserved populations in the community, build on values such as peer support, self esteem, and positive social skills, and provide appropriate linkages to mental health services.
- Establish a “lunch buddies” program in collaboration with the business community.

### 8. Coordination with Other MHSA Components

Prevention Early Intervention projects are the initial exposure of the wellness recovery movement in the community. PEI projects will contact a wide variety of individuals and families with a vast array of different mental health needs. It seems most likely that the PEI projects will collaborate with the Ethnic Outreach and Resource components of the MHSA. Ethnic Outreach and engagement has targeted the populations of Hmong, Latino, and East Indian and been working steadily in the community. Many of the PEI efforts will be done in conjunction with the Ethnic Outreach efforts. If an individual or family needs more intensive service then a referral might be made to one of our full service partnerships. Sutter-Yuba currently has four full service partnerships serving the homeless, transition age youth, seniors, and the 0-5 population.

### 9. Additional Comments (optional)

PEI PROJECT SUMMARY

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County: Sutter-Yuba

PEI Project: Strengthening Families

Date: October 20, 2008

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

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

## PEI PROJECT SUMMARY

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

The selection of priority populations was the result of the PEI planning process in Sutter-Yuba counties. Stakeholders were involved and active in the process from the very beginning. The first action was a presentation to the Mental Health Advisory Board (MHAB) to educate and engage their participation in the PEI process, and how the PEI process was one of the five components of the original MHSAs. MHAB members agreed to co chair the work groups that would be developed during the PEI process. In addition a comprehensive survey was introduced to the MHAB at this time. This survey would ultimately be available at many departments and locations (mental health, probation, health department, school sites, drug alcohol providers, children service providers, community meetings, and community associations), and generate 551 respondents.

When asked to identify the groups in most need of mental illness prevention and early intervention the top five survey responses were:

11. People who have attempted suicide or might (61%).
12. People who start to show signs of mental illness (42%).
13. People with history of mental illness and/or substance abuse (40%).
14. People facing trauma in their or their families lives (40%).
15. Children and youth in stressed families (39%).

These choices are reflected repeatedly in Sutter-Yuba Counties PEI projects.

The next step was two community education/informational meetings. One was held in Yuba County and one was held in Sutter County. These meetings served to educate the community about the PEI process, review past CSS findings, and solicit stakeholder involvement in six work groups (one for each priority population).

Six work groups were developed. Stakeholders from a broad range of the community were involved. Each work group met multiple times. Past and current priority population status was reviewed. At each meeting stakeholders were encouraged to invite community members that might have a stake in the process. Each work group had the task of developing project

## PEI PROJECT SUMMARY

Form No. 3

recommendations for PEI in Sutter-Yuba counties. The recommendations were taken to the Sutter-Yuba Mental Health Administrative Team and give to the PEI Coordinator.

The recommendations were organized into a project recommendation document. The document was presented to the Leadership Committee for approval and direction. The Leadership committee is composed of the Mental Health Advisory Board and representatives of the six stakeholder workgroups. The Leadership committee approved the project recommendations.

Great care and community effort went into the survey process and reaching underserved populations. A cultural competency work group was formed during the process to ensure underserved populations participation. The Hmong, East Indian, American Native, Gay/Lesbian, and Latino communities were all represented on the work group. The work group met four times. During that period of time members went into the community and distributed surveys at the Hmong community center and neighborhood stores, the Feather River Indian Health Center, at several Latino community meetings in Live Oak, at the Migrant Education Center, the Sikh Temple, and the Mahal Plaza. We utilized attendance at community events to reach Gay/Lesbian, East Indian, and Hmong communities with our surveys. In addition to traditional locations surveys were distributed at Rideout Emergency Room, Urgent Services, the Health Department, and Walmart. Interpretive services were available at all community meetings. For example two interpreters were utilized at the Hmong community center meeting to insure a smooth exchange of ideas. The survey was translated into Spanish and Punjabi. The existing CSS Outreach Programs (Hmong, Latino, and East Indian) assisted in this process and will continue to be instrumental in reaching these underserved populations.

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

Expand Strengthening Families programs to priority populations who are not now receiving services (example – the Hmong community is extremely interested in this programming). This will be accomplished by training community partners in a variety of geographical locations and settings to provide this program to their families. Schools, churches, Family Resource Centers, Community Associations will be encouraged to dedicate their staff to be trained and to provide the program to their

## PEI PROJECT SUMMARY

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populations at their community locations and facilities. This would involve providing stipends to seven sites on an ongoing basis, and by providing one time training for 35 people at seven sites.

### **Strengthening Families – SAMHSA Model Program**

The Strengthening Families Program for Parents and Youth 10–14 (SFP 10–14) is a video-based intervention designed to reduce adolescent substance use and other problematic behaviors in youth 10 to 14 years age. The program is delivered within parent, youth, and family sessions using narrated videos that portray typical youth and parent situations.

Sessions are highly interactive and include role-playing, discussions, learning games, and family projects designed to:

- Improve parenting skills
- Build life skills in youth
- Strengthen family bonds

The basic program is delivered over 7 weeks, usually in the evenings. Four optional booster sessions can be held 3 to 12 months after the basic sessions. The teaching manual and videos are available in Spanish in an adapted version called “Familias Fuertes.” A nonvideo version is available in English for other ethnic groups who may not relate to the program videotapes.”

**Outcomes:** 1. Children's internalizing and externalizing behaviors, 2. Parenting practices/parenting efficacy, 3. Family relationships

Estimated timeline for implementation is four months from the initiation of program (budget authority to hire staff, signed contract). Initial evaluation of program would occur at ten months and then annually.

PEI PROJECT SUMMARY

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4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Strengthening Families	Individuals: Families: 70	Individuals: Families:	0
	Individuals: Families:	Individuals: Families:	
<b>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>Individuals: Families: 70</b>	<b>Individuals: Families:</b>	<b>0</b>

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

Sutter-Yuba Mental Health and the Community Prevention Team will be involved in the coordination and collaboration of the expansion of Strengthening Families programs. The close relationship of this collaborative effort will create a pool of services available to individuals or families who are identified through the strengthening families process to need more intense mental health services.

### **6. Collaboration and System Enhancements**

Collaboration will be accomplished by training community partners in a variety of geographical locations and settings to provide this program to their families. Schools, churches, Family Resource Centers, Community Associations will be encouraged to dedicate their staff to be trained and to provide the program to their populations at their community locations and facilities. This process would involve providing stipends to seven sites on an ongoing basis, and by providing one time training for 35 people at seven sites. Two sites will be located within the Hmong community. The Hmong American Association President has been an active participant in the PEI process and the Hmong Community Center is an excellent training/prevention site.

### **7. Intended Outcomes**

- Establish seven additional sites for Strengthening Families programs.
- Train 35 individuals to facilitate Strengthening Families programs.
- A minimum of two new sites will be in the Hmong community.
- Increase access to services and reduce disparities.

### **8. Coordination with Other MHSA Components**

Prevention Early Intervention projects are the initial exposure of the wellness recovery movement in the community. PEI projects will contact a wide variety of individuals and families with a vast array of different mental health needs. It seems most likely that the PEI projects will collaborate with the Ethnic Outreach and Resource components of the MHSA. Ethnic Outreach and engagement has targeted the populations of Hmong, Latino, and East Indian and been working steadily in the community.

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Many of the PEI efforts will be done in conjunction with the Ethnic Outreach efforts. If an individual or family needs more intensive service then a referral might be made to one of our full service partnerships. Sutter-Yuba currently has four full service partnerships serving the homeless, transition age youth, seniors, and the 0-5 population.

**9. Additional Comments (optional)**

PEI PROJECT SUMMARY

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County: Sutter-Yuba

PEI Project: Recreational Opportunities

Date: October 20, 2008

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

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

## PEI PROJECT SUMMARY

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

The selection of priority populations was the result of the PEI planning process in Sutter-Yuba counties. Stakeholders were involved and active in the process from the very beginning. The first action was a presentation to the Mental Health Advisory Board (MHAB) to educate and engage their participation in the PEI process, and how the PEI process was one of the five components of the original MHSAs. MHAB members agreed to co chair the work groups that would be developed during the PEI process. In addition a comprehensive survey was introduced to the MHAB at this time. This survey would ultimately be available at many departments and locations (mental health, probation, health department, school sites, drug alcohol providers, children service providers, community meetings, and community associations), and generate 551 respondents.

When asked to identify the groups in most need of mental illness prevention and early intervention the top five survey responses were:

16. People who have attempted suicide or might (61%).
17. People who start to show signs of mental illness (42%).
18. People with history of mental illness and/or substance abuse (40%).
19. People facing trauma in their or their families lives (40%).
20. Children and youth in stressed families (39%).

These choices are reflected repeatedly in Sutter-Yuba Counties PEI projects.

The next step was two community education/informational meetings. One was held in Yuba County and one was held in Sutter County. These meetings served to educate the community about the PEI process, review past CSS findings, and solicit stakeholder involvement in six work groups (one for each priority population).

Six work groups were developed. Stakeholders from a broad range of the community were involved. Each work group met multiple times. Past and current priority population status was reviewed. At each meeting stakeholders were encouraged to invite community members that might have a stake in the process. Each work group had the task of developing project

## PEI PROJECT SUMMARY

Form No. 3

recommendations for PEI in Sutter-Yuba counties. The recommendations were taken to the Sutter-Yuba Mental Health Administrative Team and give to the PEI Coordinator.

The recommendations were organized into a project recommendation document. The document was presented to the Leadership Committee for approval and direction. The Leadership committee is composed of the Mental Health Advisory Board and representatives of the six stakeholder workgroups. The Leadership committee approved the project recommendations.

Great care and community effort went into the survey process and reaching underserved populations. A cultural competency work group was formed during the process to ensure underserved populations participation. The Hmong, East Indian, American Native, Gay/Lesbian, and Latino communities were all represented on the work group. The work group met four times. During that period of time members went into the community and distributed surveys at the Hmong community center and neighborhood stores, the Feather River Indian Health Center, at several Latino community meetings in Live Oak, at the Migrant Education Center, the Sikh Temple, and the Mahal Plaza. We utilized attendance at community events to reach Gay/Lesbian, East Indian, and Hmong communities with our surveys. In addition to traditional locations surveys were distributed at Rideout Emergency Room, Urgent Services, the Health Department, and Walmart. Interpretive services were available at all community meetings. For example two interpreters were utilized at the Hmong community center meeting to insure a smooth exchange of ideas. The survey was translated into Spanish and Punjabi. The existing CSS Outreach Programs (Hmong, Latino, and East Indian) assisted in this process and will continue to be instrumental in reaching these underserved populations.

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

#### **Support Recreational Opportunities**

Create and support recreational opportunities in the community for youth from primary target populations. Participation in positive recreation opportunities fights stigma, builds self esteem, and enables individuals to “thrive not just survive”. Development of recreational opportunities will provide community involvement/interaction in the creation of a “wellness”

## PEI PROJECT SUMMARY

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positive community. This program would develop, maintain, and coordinate recreation scholarships for primary population youth in the community. These scholarships would cover the cost associated with participation in various community recreation opportunities such as little league, swimming, summer camps, basketball, and other recreational activities.

- Subsidize scholarships available through Yuba City Parks and Recreation
- Partner with local gyms to provide programs for youth at reduced cost
- Partner with local dance studios, martial arts studios, etc. to provide scholarship opportunities for youth at risk
- Develop partnerships with local team sports opportunities: Little League, etc.

The Community Prevention Team staff would develop and coordinate community partnerships as described above.

Estimated timeline for implementation is four months from the initiation of program (budget authority to hire staff, signed contract). Initial evaluation of program would occur at ten months and then annually.

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4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Recreational Opportunities	Individuals: 40 Families: 25	Individuals: Families:	0
	Individuals: Families:	Individuals: Families:	
<b>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>Individuals: 40 Families: 25</b>	<b>Individuals: Families:</b>	<b>0</b>

## PEI PROJECT SUMMARY

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

Sutter-Yuba Mental Health and the Community Prevention Team would coordinate development of the recreational opportunities and provide any needed links to mental health services.

### **6. Collaboration and System Enhancements**

Community supported recreational opportunities and scholarships would result in an increase in priority population youth having the opportunity to participate in healthy lifestyle activities. New and old collaborative partners would work together on this program. Mentoring programs, Big Brothers/Sisters, business groups, community groups and associations, sports associations, and mental health services would all be involved in this process. The Community Prevention Team would coordinate and facilitate the engagement of the community.

### **7. Intended Outcomes**

- The number of priority population youth participating in healthy recreational activities would increase, and that the number of available opportunities would increase as well.
- Increased self esteem, peer support, and positive social skills.
- The program would expect to fund approximately 40 scholarships per year.

### **8. Coordination with Other MHSA Components**

Prevention Early Intervention projects are the initial exposure of the wellness recovery movement in the community. PEI projects will contact a wide variety of individuals and families with a vast array of different mental health needs. It seems most likely that the PEI projects will collaborate with the Ethnic Outreach and Resource components of the MHSA. Ethnic Outreach and engagement has targeted the populations of Hmong, Latino, and East Indian and been working steadily in the community. Many of the PEI efforts will be done in conjunction with the Ethnic Outreach efforts. If an individual or family needs more intensive service then a referral might be made to one of our full service partnerships. Sutter-Yuba currently has four full service partnerships serving the homeless, transition age youth, seniors, and the 0-5 population.

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**9. Additional Comments (optional)**

PEI PROJECT SUMMARY

Form No. 3

County: Sutter-Yuba

PEI Project: First Onset Team

Date: October 22, 2008

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

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

## PEI PROJECT SUMMARY

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

The selection of priority populations was the result of the PEI planning process in Sutter-Yuba counties. Stakeholders were involved and active in the process from the very beginning. The first action was a presentation to the Mental Health Advisory Board (MHAB) to educate and engage their participation in the PEI process, and how the PEI process was one of the five components of the original MHSAs. MHAB members agreed to co chair the work groups that would be developed during the PEI process. In addition a comprehensive survey was introduced to the MHAB at this time. This survey would ultimately be available at many departments and locations (mental health, probation, health department, school sites, drug alcohol providers, children service providers, community meetings, and community associations), and generate 551 respondents.

When asked to identify the groups in most need of mental illness prevention and early intervention the top five survey responses were:

21. People who have attempted suicide or might (61%).
22. People who start to show signs of mental illness (42%).
23. People with history of mental illness and/or substance abuse (40%).
24. People facing trauma in their or their families lives (40%).
25. Children and youth in stressed families (39%).

These choices are reflected repeatedly in Sutter-Yuba Counties PEI projects.

The next step was two community education/informational meetings. One was held in Yuba County and one was held in Sutter County. These meetings served to educate the community about the PEI process, review past CSS findings, and solicit stakeholder involvement in six work groups (one for each priority population).

Six work groups were developed. Stakeholders from a broad range of the community were involved. Each work group met multiple times. Past and current priority population status was reviewed. At each meeting stakeholders were encouraged to invite community members that might have a stake in the process. Each work group had the task of developing project

## PEI PROJECT SUMMARY

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recommendations for PEI in Sutter-Yuba counties. The recommendations were taken to the Sutter-Yuba Mental Health Administrative Team and given to the PEI Coordinator.

The recommendations were organized into a project recommendation document. The document was presented to the Leadership Committee for approval and direction. The Leadership committee is composed of the Mental Health Advisory Board and representatives of the six stakeholder workgroups. The Leadership committee approved the project recommendations.

Great care and community effort went into the survey process and reaching underserved populations. A cultural competency work group was formed during the process to ensure underserved populations participation. The Hmong, East Indian, American Native, Gay/Lesbian, and Latino communities were all represented on the work group. The work group met four times. During that period of time members went into the community and distributed surveys at the Hmong community center and neighborhood stores, the Feather River Indian Health Center, at several Latino community meetings in Live Oak, at the Migrant Education Center, the Sikh Temple, and the Mahal Plaza. We utilized attendance at community events to reach Gay/Lesbian, East Indian, and Hmong communities with our surveys. In addition to traditional locations surveys were distributed at Rideout Emergency Room, Urgent Services, the Health Department, and Walmart. Interpretive services were available at all community meetings. For example two interpreters were utilized at the Hmong community center meeting to insure a smooth exchange of ideas. The survey was translated into Spanish and Punjabi. The existing CSS Outreach Programs (Hmong, Latino, and East Indian) assisted in this process and will continue to be instrumental in reaching these underserved populations.

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

#### **First Onset Team**

## PEI PROJECT SUMMARY

Form No. 3

**Teen Screen** – Voluntary school screening to identify youth who are at risk for suicide and potentially suffering from mental illness (CY/TAY). The Teen Screen Program works by creating partnerships with communities across the nation to implement local screening programs for youth. Because schools are in a unique position to offer the venue necessary to ensure appropriate and confidential screening and to openly communicate concerns with parents, the majority of local Teen Screen programs are located in middle and high schools. After a parent has decided they would like their teen to participate and the youth has agreed to participate in the screening, Teen Screen asks teens to answer a short set of questions regarding different symptoms that occur in depressed or suicidal youth. This questionnaire is just the first stage of the screening process and is designed to find any youth that might have a problem. Teens that answer yes to more than a certain number of these questions advance to a short one-on-one interview with a mental health professional to follow-up on the symptoms the teen endorsed and determine if they are experiencing any impairment as a result of the symptoms. This second step of the program is most helpful to parents, because that is where they can find out if their teen might benefit from a more in-depth assessment. Only teens that indicate they might have a problem on the screening questionnaire and are deemed to be at risk by a mental health professional are considered to have “screened positive.” The parents of these teens are informed of the results and are offered a referral for a complete mental health evaluation.

**Mental Health Consultation in Primary Care** – Mental Health clinicians consult with pediatricians or other primary care providers to improve individuals access to quality mental health interventions by increasing providers capacity to offer effective mental health guidance and early intervention services (CY, TAY, A, OA). Existing psychiatric emergency workers, social workers, and psychiatrist will support and work with the First Onset Team. The First Onset Therapist is likely to be the first contact with the Primary Care provider with the existing psychiatric emergency team providing ongoing consultation. The First Onset Team and Mental Health will work directly with three local health clinics and private care physicians on early identification of mental illness and the appropriate interventions to implement.

**Aggression Replacement Training (ART)** – ART would aide in the early identification of mental illness and address stigma issues (CY, TAY). Aggression Replacement Training® (ART®) is a multimodal psychoeducational intervention designed to alter the behavior of chronically aggressive adolescents and young children. The goal of ART® is to improve social skill competence, anger control, and moral reasoning. The program incorporates three specific interventions: skill-streaming, anger-control training, and training in moral reasoning. *Skill-streaming* uses modeling, role-playing, performance feedback, and transfer training to teach prosocial skills. In *anger-control training*, participating youths must bring to each session one or more descriptions of recent anger-arousing experiences (hassles), and over the duration of the program they are trained in how to respond to their hassles. *Training in moral reasoning* is designed to enhance youths’ sense of fairness and justice regarding the needs and rights of others and to train youths to imagine the perspectives of others when they confront various moral problem situations.

## PEI PROJECT SUMMARY

Form No. 3

The program consists of a 10-week, 30-hour intervention administered to groups of 8 to 12 juveniles thrice weekly. The 10-week sequence is the “core” curriculum, though the ART® curriculum has been offered in a variety of lengths. During these 10 weeks, participating youths typically attend three 1-hour sessions per week, one session each of skill-streaming, anger-control training, and training in moral reasoning. The program relies on repetitive learning techniques to teach participants to control impulsiveness and anger and use more appropriate behaviors. In addition, guided group discussion is used to correct antisocial thinking. The ART® training manual presents program procedures and the curriculum in detail and is available in both English and Spanish editions. ART® has been implemented in school, delinquency, and mental health settings.

**Education/Training at community sites** – topics would include stigma, suicide prevention, early identification of mental illness, and first onset signs and issues. Activities could occur at such sites as foster care independent living, Better Day, tribal health, schools, alcohol and drug programs, domestic violence intervention sites, homeless programs, and spiritual community (CY, TAY, A, OA). \*

Team composed of a mental health therapist and two peer counselors.

Estimated timeline for implementation is four months from the initiation of program (budget authority to hire staff, signed contract). Initial evaluation of program would occur at ten months and then annually.

PEI PROJECT SUMMARY

Form No. 3

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Aggression Replacement Training	Individuals: Families:	Individuals: 50 Families: 25	0
Stamp Out Stigma	Individuals: 400 Families:	Individuals: Families:	0
Mental Health Consultation in Primary Care	Individuals: 10 Families: 10	Individuals: Families:	0
Teen Screen	Individuals: 100 Families:	Individuals: 25 Families:	0
	Individuals: Families:	Individuals: Families:	
<b>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>Individuals: 510 Families: 10</b>	<b>Individuals: 75 Families: 25</b>	<b>0</b>

## PEI PROJECT SUMMARY

Form No. 3

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

Linkages will be developed between mental health services and primary care providers, schools, community associations, and healthcare centers. The First Onset Team will function mainly in the community at a variety of different locations with an ability to utilize existing services if indicated.

Individuals who are screened positive for possible interventions will be offered priority access to mental health services facilitated by First Onset Team members. Services would include crisis assessment evaluation (in office or on site by request), urgent services appointments with adult or children's services, inpatient care (if indicated), and outpatient services. Outreach populations staff would be available to aide families in addressing any cultural barriers to care/treatment. Psychiatric consult to the community is also available.

### **6. Collaboration and System Enhancements**

The First Onset Team offers many dynamic opportunities for collaboration that will result in system enhancement. Linkage between primary care clinics and providers and mental health will be a significant enhancement in the care of clients in Sutter-Yuba counties. Coordination of care and the sharing of information and knowledge will increase the opportunity for client enriched life in the community while reducing the need of inpatient services.

The Teen Screen program increases the collaboration between school, parents, youth, and mental health. The ability to work together and provide a suicide risk assessment to a high risk population is very effective. Mental health will be involved at the front end of the assessment process and available for early intervention.

## PEI PROJECT SUMMARY

Form No. 3

Developing more trainers to expand existing ART programming enhances the health community's ability to aide youth struggling with their emotions and identify those individuals who are beginning to experience first onset type of mental health issues.

On site education programs address isolation issues with priority populations. Existing CSS outreach Programs will work in their respective communities to address cultural barriers to participation.

### 7. Intended Outcomes

- Provide Teen Screen program to interested local high schools and middle schools.
- Expand the ART program capacity by increasing the number of trainers available to the schools and the community.
- Create effective linkages between primary care clinics and providers with mental health.
- Offer stigma, suicide prevention, and identification of mental illness education to the community at a variety of non traditional sites/settings.
- Reduce disparities in access.

### 8. Coordination with Other MHSA Components

Prevention Early Intervention projects are the initial exposure of the wellness recovery movement in the community. PEI projects will contact a wide variety of individuals and families with a vast array of different mental health needs. It seems most likely that the PEI projects will collaborate with the Ethnic Outreach and Resource components of the MHSA. Ethnic Outreach and engagement has targeted the populations of Hmong, Latino, and East Indian and been working steadily in the community. Many of the PEI efforts will be done in conjunction with the Ethnic Outreach efforts. If an individual or family needs more intensive service then a referral might be made to one of our full service partnerships. Sutter-Yuba currently has four full service partnerships serving the homeless, transition age youth, seniors, and the 0-5 population.

**PEI PROJECT SUMMARY**

Form No. 3

**9. Additional Comments (optional)**

## ***Prevention Early Intervention Populations Served***

<b>Program</b>	<b>Prevention</b>		<b>Early Intervention</b>	
	<i>Individuals</i>	<i>Families</i>	<i>Individuals</i>	<i>Families</i>
Community Prevention Team	100	50	100	25
Friday Night Live	130			
Big Brothers/Sisters	20	20		
Lunch Buddies	20			
Strengthening Families		70		
Recreational Opportunity	40	25		
Aggression Replacement Training			50	25
Stamp Out Stigma	400			
Primary Care Consultation	10	10		
Teen Screen	100			25
<b><i>Totals</i></b>	<b>820</b>	<b>175</b>	<b>150</b>	<b>75</b>

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

County Name: Sutter-Yuba Date: 4/17/09

PEI Project Name: Community Prevention Team

Provider Name (if known):

Intended Provider Category: County

Proposed Total Number of Individuals to be served: FY 08-09 \_\_\_\_\_ FY 09-10 400

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

Total Number of Individuals to be served through PEI Expansion: FY 08-09 \_\_\_\_\_ FY 09-10 400

Months of Operation: FY 08-09 \_\_\_\_\_ FY 09-10 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 08-09	FY 09-10	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
<b>a. Salaries, Wages</b>			
Prevention Services Coordinator		\$62,900	\$62,900
Peer Counselors		\$19,000	\$19,000
Mental Health Therapist (.5)		\$36,000	\$36,000
Office Assistant II (.75)		\$26,619	\$26,619
Resource Specialist		\$51,007	\$51,007
Substance Abuse Counselor		\$48,335	\$48,355
<b>b. Benefits and Taxes @ 56%</b>		\$136,562	\$136,562
<b>c. Total Personnel Expenditures</b>	\$0	\$380,423	\$380,423
<b>2. Operating Expenditures</b>			
<b>a. Facility Cost</b>	\$0	\$13,080	\$13,080
<b>b. Other Operating Expenses</b>	\$0	\$346,362	\$346,362
<b>c. Total Operating Expenses</b>	\$0	\$359,442	\$359,442
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
<b>a. Total Subcontracts</b>	\$0	\$0	\$0
<b>4. Total Proposed PEI Project Budget</b>	\$0	\$739,865	\$739,865
<b>B. Revenues (list/itemize by fund source)</b>			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
<b>1. Total Revenue</b>	\$0	\$0	\$0
<b>5. Total Funding Requested for PEI Project</b>	\$0	\$739,865	\$739,865
<b>6. Total In-Kind Contributions</b>	\$0	\$0	\$0

**BUDGET NARRATIVE  
COMMUNITY PREVENTION TEAM**

- 1) Personnel
  - a. Salaries
    - i. Prevention Services Coordinator – new FTE to provide supervision and coordination of PEI activities
    - ii. Mental Health Therapist – new .5 FTE to provide mental health services.
    - iii. Substance Abuse Counselor – new FTE position to provide substance abuse services.
    - iv. Resource Specialist – new FTE position to work on “whatever it takes” issues.
    - v. Peer Counselor – one new position to work on community PEI issues and program.
    - vi. Office Assistant II – .75 FTE new position to provide office services.
  - b. Benefits
    - i. Calculated at 56% Sutter County benefit package.
- 2) Operating
  - a. facility
    - i. Rent on facility.
  - b. other
    - i. Vehicles
    - ii. Staff training
    - iii. Community training
    - iv. Computers/laptops/projector/phones
    - v. Furniture/desks
    - vi. Rollercoasters materials
    - vii. Start up operating items
    - viii. Marketing/advertising/media
- 3) One Time Funds                      \$289,875
- 4) Annual                                      \$449,990

4/23/09

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

County Name: Sutter-Yuba Date: 4/17/09  
 PEI Project Name: Expand Mentoring Program  
 Provider Name (if known):  
 Intended Provider Category: County  
 Proposed Total Number of Individuals to be served: FY 08-09 \_\_\_\_\_ FY 09-10 210  
 Total Number of Individuals currently being served: FY 08-09 \_\_\_\_\_ FY 09-10 130  
 Total Number of Individuals to be served through PEI Expansion: FY 08-09 \_\_\_\_\_ FY 09-10 540  
 Months of Operation: FY 08-09 \_\_\_\_\_ FY 09-10 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 08-09	FY 09-10	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
a. Salaries, Wages			
b. Benefits and Taxes @ 56%			
<b>c. Total Personnel Expenditures</b>	\$0	\$0	\$0
<b>2. Operating Expenditures</b>			
a. Facility Cost	\$0		
b. Other Operating Expenses	\$0	\$48,000	\$48,000
<b>c. Total Operating Expenses</b>	\$0	\$48,000	\$48,000
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
Big Brother/Sister	\$0	\$30,000	\$30,000
	\$0	\$0	\$0
	\$0	\$0	\$0
<b>a. Total Subcontracts</b>	\$0	\$0	\$0
<b>4. Total Proposed PEI Project Budget</b>	\$0	\$78,000	\$78,000
<b>B. Revenues (list/itemize by fund source)</b>			
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
<b>1. Total Revenue</b>	\$0	\$0	\$0
<b>5. Total Funding Requested for PEI Project</b>	\$0	\$78,000	\$78,000
<b>6. Total In-Kind Contributions</b>	\$0	\$0	\$0

**BUDGET NARRATIVE  
EXPAND MENTORING PROGRAM**

- 1) Personnel
  - a. Salaries
    - i. None
  - b. Benefits
    - i. None
  
- 2) Operating
  - a. facility
    - i. None.
    - b) other
      - ii. Expand Friday Night Live capacity in the community.
      - iii. Set up Big Brothers/Sisters program.
  
- 3) One Time Funds                      \$32,000
  
- 4) Annual                                      \$46,000

4/23/09

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

County Name: Sutter-Yuba Date: 4/17/09

PEI Project Name: Strengthening Families

Provider Name (if known):

Intended Provider Category: County

Proposed Total Number of Individuals to be served: FY 08-09 \_\_\_\_\_ FY 09-10 1000

Total Number of Individuals currently being served: FY 08-09 \_\_\_\_\_ FY 09-10 150

Total Number of Individuals to be served through PEI Expansion: FY 08-09 \_\_\_\_\_ FY 09-10 850

Months of Operation: FY 08-09 \_\_\_\_\_ FY 09-10 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 08-09	FY 09-10	Total
<b>A. Expenditure</b>			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
b. Benefits and Taxes @ 56%			
<b>c. Total Personnel Expenditures</b>	\$0	\$0	\$0
<b>2. Operating Expenditures</b>			
a. Facility Cost	\$0		
b. Other Operating Expenses	\$0	\$10,700	\$10,700
<b>c. Total Operating Expenses</b>	\$0	\$10,700	\$10,700
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
Big Brother/Sister	\$0		
	\$0	\$0	\$0
	\$0	\$0	\$0
<b>a. Total Subcontracts</b>	\$0	\$0	\$0
<b>4. Total Proposed PEI Project Budget</b>	\$0	\$10,700	\$10,700
<b>B. Revenues (list/itemize by fund source)</b>			
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
<b>1. Total Revenue</b>	\$0	\$0	\$0
<b>5. Total Funding Requested for PEI Project</b>	\$0	\$10,700	\$10,700
<b>6. Total In-Kind Contributions</b>	\$0	\$0	\$0

**BUDGET NARRATIVE  
EXPAND STRENGTHENING FAMILIES**

- 1) Personnel
  - a. Salaries
    - i. None
  - b. Benefits
    - i. None
  
- 2) Operating
  - a. facility
    - i. None
  - b. other
    - i. Stipends/scholarships to sites.
    - ii. Training for 35 individuals.
  
- 3) One Time Funds                      \$5,700
  
- 4) Annual                                      \$5,000

4/23/09

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

County Name: Sutter-Yuba Date: 4/17/09  
 PEI Project Name: Recreational Opportunities  
 Provider Name (if known):  
 Intended Provider Category: County  
 Proposed Total Number of Individuals to be served: FY 08-09 \_\_\_\_\_ FY 09-10 40  
 Total Number of Individuals currently being served: FY 08-09 \_\_\_\_\_ FY 09-10 0  
 Total Number of Individuals to be served through PEI Expansion: FY 08-09 \_\_\_\_\_ FY 09-10 40  
 Months of Operation: FY 08-09 \_\_\_\_\_ FY 09-10 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 08-09	FY 09-10	Total
<b>A. Expenditure</b>			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
b. Benefits and Taxes @ 56%			
<b>c. Total Personnel Expenditures</b>	\$0	\$0	\$0
2. Operating Expenditures			
a. Facility Cost	\$0		
b. Other Operating Expenses	\$0	\$93,000	\$93,000
<b>c. Total Operating Expenses</b>	\$0	\$93,000	\$93,000
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Big Brother/Sister	\$0		
	\$0	\$0	\$0
	\$0	\$0	\$0
<b>a. Total Subcontracts</b>	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$0	\$93,000	\$93,000
<b>B. Revenues (list/itemize by fund source)</b>			
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
<b>5. Total Funding Requested for PEI Project</b>	\$0	\$93,000	\$93,000
<b>6. Total In-Kind Contributions</b>	\$0	\$0	\$0

**BUDGET NARRATIVE  
RECREATIONAL OPPORTUNITIES**

- 1) Personnel
  - a. Salaries
    - i. None
  - b. Benefits
    - i. None
  
- 2) Operating
  - a. facility
    - i. None
  - b. other
    - i. Scholarships/partnerships
  
- 3) One Time Funds                      \$85,000
  
- 4) Annual                                      \$8,000

4/23/09

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

County Name: Sutter-Yuba Date: 4/21/09  
 PEI Project Name: First Onset Team  
 Provider Name (if known):  
 Intended Provider Category: County  
 Proposed Total Number of Individuals to be served: FY 08-09 \_\_\_\_\_ FY 09-10 600  
 Total Number of Individuals currently being served: FY 08-09 \_\_\_\_\_ FY 09-10 0  
 Total Number of Individuals to be served through PEI Expansion: FY 08-09 \_\_\_\_\_ FY 09-10 600  
 Months of Operation: FY 08-09 \_\_\_\_\_ FY 09-10 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 08-09	FY 09-10	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
<b>a. Salaries, Wages</b>			
Peer Counselors (2)		\$38,000	\$38,000
Mental Health Therapist (.5)		\$36,000	\$36,000
<b>b. Benefits and Taxes @ 56%</b>		\$40,320	\$40,320
<b>c. Total Personnel Expenditures</b>	\$0	\$112,320	\$112,320
<b>2. Operating Expenditures</b>			
<b>a. Facility Cost</b>	\$0		
<b>b. Other Operating Expenses</b>	\$0	\$148,660	\$148,660
<b>c. Total Operating Expenses</b>	\$0	\$148,660	\$148,660
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
<b>a. Total Subcontracts</b>	\$0	\$0	\$0
<b>4. Total Proposed PEI Project Budget</b>	\$0	\$260,980	\$260,980
<b>B. Revenues (list/itemize by fund source)</b>			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
<b>1. Total Revenue</b>	\$0	\$0	\$0
<b>5. Total Funding Requested for PEI Project</b>	\$0	\$260,980	\$260,980
<b>6. Total In-Kind Contributions</b>	\$0	\$0	\$0

**BUDGET NARRATIVE  
FIRST ONSET TEAM**

- 1) Personnel
  - a. Salaries
    - i. Mental Health Therapist – new .5 FTE to provide mental health services.
    - ii. Peer Counselors – two new positions to work on community PEI issues and program.
  - b. Benefits
    - i. Calculated at 56% Sutter County benefit package.
- 2) Operating
  - a. facility
    - i. None
  - b. other
    - i. Vehicles
    - ii. Staff training
    - iii. Community training
    - iv. Education/Training materials
    - v. Computers/laptops/projector/phones
    - vi. Furniture/desks
    - vii. Start up operating items
    - viii. Marketing/advertising/media

3) One Time Funds	\$149,970
4) Annual	\$111,010

4/23/09

**PEI ADMINISTRATIVE BUDGET**

**Form No.5**

County: Sutter-Yuba

Date: 4/21/09

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2008-09	Budgeted Expenditure FY 2009-10	Total
<b>A. Expenditures</b>					
<b>1. Personnel Expenditures</b>					
					\$0
					\$0
					\$0
					\$0
					\$0
d. Employee Benefits					
e. Total Personnel Expenditures			\$0	\$0	\$0
<b>2. Operating Expenditures</b>					
a. Facility Costs			\$0	\$0	\$0
b. Other Operating Expenditures			\$0	\$25,000	\$25,000
c. Total Operating Expenditures			\$0	\$25,000	\$25,000
<b>3. County Allocated Administration</b>					
a. Total County Administration Cost			\$0	\$20,000	\$20,000
<b>4. Total PEI Funding Request for County Administration Budget</b>			\$0	\$45,000	\$45,000
<b>B. Revenue</b>					
1. Total Revenue					\$0
<b>Total Funding Requirements</b>			\$0	\$45,000	\$45,000
<b>D. Total In-Kind Contributions</b>			\$0	\$0	\$0

**BUDGET NARRATIVE  
ADMINISTRATIVE**

- 1) Personnel
  - a. Salaries
    - i. None
  - b. Benefits
    - i. None
  
- 2) Operating
  - a. Facility
  
  - b. Other
    - i. Staff training
    - ii. Computers/laptops/phones
    - iii. Furniture/desks
    - iv. Start up operating items
    - v. Marketing/advertising/media
    - vi. Administrative time
  
- 3) A87
  - a. County shared administrative cost.
  
- 4) One Time Funds                      \$15,000
  
- 5) Annual                                      \$30,000

4/23/09

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).

<b>County:</b>	Sutter-Yuba
<b>Date:</b>	4/21/09

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 08/09	FY 09-10	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	Community Prevention Team	\$0	\$739,865	\$739,865	\$362,275	\$377,590	\$0	\$0
2	Expand Mentoring Program		\$78,000	\$78,000	\$78,000			
3	Strengthening Families		\$10,700	\$10,700	\$10,700			
4	Recreational Opportunities		\$93,000	\$93,000	\$83,000	\$10,000		
5	First Onset		\$260,980	\$260,980	\$70,980	\$160,000	\$25,000	\$5,000
6	Operating Reserve		\$122,755	\$135,030				
				\$0				
				\$0				
				\$0				
	Administration		\$45,000	\$45,000				
	<b>Total PEI Funds Requested:</b>	\$0	\$1,350,300	\$1,350,300	\$604,955	\$547,590	\$25,000	\$5,000

**1x money                    \$577,545**  
**Operating Reserve       \$122,755**  
**Annual Budget            \$650,000**

***ADDENDUM***  
***PEI ATTACHMENTS***

***Menu of Program Choices  
Prevention Early Intervention Resources***

***(\* indicates – listed on State’s resource material for PEI)  
(+ indicates – already in use in Sutter-Yuba)***

**1 +40 Developmental Assets** – Cost: printing materials \$2,000  
(Target: Resilience Building information provided to: children’s recreation programs, Foster Parents, Parents in SA programs, parents in Mental Health treatment, Adult probationers who are parents, Schools, Family Resource Centers, Faith Communities, etc.)

Search Institute's 40 Developmental Assets<sup>®</sup> are concrete, common sense, positive experiences and qualities essential to raising successful young people. These assets have the power during critical adolescent years to influence choices young people make and help them become caring, responsible adults. Search Institute has surveyed over two million youth across the United States and Canada since 1989. Researchers have learned about the experiences, attitudes, behaviors, and the number of Developmental Assets at work for these young people. Studies reveal strong and consistent relationships between the number of assets present in young people’s lives and the degree to which they develop in positive and healthful ways. Results show that the greater the numbers of Developmental Assets are experienced by young people, the more positive and successful their development. The fewer the number of assets present, the greater the possibility youth will engage in risky behaviors such as drug use, unsafe sex, and violence.

**2 \*AI’s Pals Kids Making Healthy Choices– SAMHSA Model Program – Effective; Safe, Disciplined, and Drug-Free Schools – Promising Program**  
Cost: \$845 for elementary curriculum and 2 day training for one teacher.  
(Target: School or other Community Entity intervention with populations of Children of Adult Probationers, Children at Risk of Gang Involvement, Children at Risk of Juvenile Justice Involvement)

This program is designed to promote social and emotional competence and decrease the risk factor of early and persistent aggression or antisocial behavior in young children. The program is based on the premise that systematic intervention in children's lives during their early years of behavior and attitudes can help reduce aggressive, antisocial or violent behavior.

**3 +ART/TPS – Aggression Replacement Training/Teaching Pro-social Skills - Safe, Disciplined, and Drug-Free Schools – Promising Program**  
Cost: We have trained staff that could provide this training to others.  
(Target: Training to providers who serve youth in our target populations)

Aggression Replacement Training is a program for aggressive adolescents and young children that are administered by teachers, school counselors, or others. The program seeks to enhance interpersonal skills, self-mediated ability to control anger and a youth's concern for rights and needs of others.

#### **4 \*All Stars – SAMHSA Effective Program; Safe, Disciplined, and Drug-Free Schools – Promising Program**

Cost \$3000 for onsite training for up to 20 participants, plus trainer's travel expenses. Also, leader's manual = \$100 each and student materials = \$175 per 25 students.

(Target: Schools, churches, other service providers who serve children at risk of gang involvement, juvenile justice involvement, early drug users with trauma histories)

All Stars is a multiyear school- based program for middle school students (11 to 14 years old) designed to prevent and delay the onset of high-risk behaviors such as drug use, violence, and premature sexual activity

**Outcomes:** 1. Personal commitment not to use drugs, 2. Lifestyle incongruence, 3. Improved School bonding, 4. Normative beliefs, 5. Decreased Cigarette use, 6. Decreased Alcohol use, 7. Decreased Inhalant use

#### **5 Big Brothers/Big Sisters – SAMHSA Model Program – Promising Practice; Blueprints for Violence Prevention – Model Program**

Cost: \$10,000 start up and \$1500 per match ongoing – 10 youth = \$15,000 = \$25,000 total

Big Brothers-Big Sisters of America (BBBSA) is a mentoring program that matches an adult volunteer, known as a Big Brother or Big Sister, to a child, known as a Little Brother or Little Sister, with the expectation that a caring and supportive relationship will develop. The most important component of the intervention is the match between volunteer and child.

#### **6 +Building Resilience**

Building resilience in children of mothers who have co-occurring disorders and histories of violence: intervention model and implementation issues.

[Norma Finkelstein](#), [Elke Rechberger](#), [Lisa A Russell](#), [Nancy R VanDeMark](#), [Chanson D Noether](#), [Maura O'Keefe](#), [Karen Gould](#), [Susan Mockus](#), [Melissa Rael](#)

Institute for Health and Recovery, Cambridge, MA 02139, USA.

[normafinkelstein@healthrecovery.org](mailto:normafinkelstein@healthrecovery.org)

Cost: approximately \$2000 for a group

(Target: Foster youth, children of substance abusing parents, children of mental health involved parents, children of adult probationers, children in underserved populations, children at risk of gang involvement)

Historically, children of parents with co-occurring substance abuse and mental health disorders and histories of violence/trauma have been overlooked in behavioral health treatment systems. The Women, Co-occurring Disorders and Violence Study (WCDVS) was

a 5-year initiative funded by the United States Substance Abuse and Mental Health Services Administration (SAMHSA) that included a Children's Study that explored the treatment needs of children of women with these multiple disorders. This article (cited above) describes the development of the Children's Study intervention that included clinical assessment, group intervention, and resource coordination/advocacy for children aged 5-10 to build resilience through increasing coping skills, improving interpersonal relationships, and helping coalesce positive identity and self-esteem. Innovative procedures, including the participation of consumer/survivor/recovering women and mothers, in the planning, implementation, and administrative applications of this intervention and study are also highlighted. It is recommended that programs begin to implement family-focused integrated treatment approaches that can potentially increase protective factors for children affected by parental mental illness, substance abuse, and violence.

## **7 \*Effective Black Parenting**

Cost: \$925 for a 5 day training for one person, includes instructor's kit  
(Target: Community Entities who serve underserved populations, youth at risk of gang involvement, youth at risk of school failure)

The Confident Parenting Program is designed for use with all parents and it teaches a positive parenting philosophy (the Social Learning Approach) and a series of very practical parenting skills to enhance the quality of family life and decrease problems.

The Effective Black Parenting and Los Niños Bien Educados Programs are culturally- adapted versions of the Confident Parenting Program which took a decade to develop and test. These are the first culturally-adapted parenting skill-building programs in the nation. They teach a similar positive philosophy and all of the skills that are taught in Confident Parenting. In addition, they teach the skills in a culturally-sensitive manner and they frame the skills within the values and the cultural goals of each group.

## **8 \*Families and Schools Together – FAST – SAMHSA Model Program; [Youth Violence: A Report of the Surgeon General](#) (Promising Level 2 (Risk Prevention))**

Cost: \$3900 for up to 10 team members.

(Target: Entities serving underserved populations, children at risk of school failure, children of substance abusing parents)

Families and Schools Together (FAST) is a multifamily group intervention aimed at reducing anxiety and aggression, while increasing social skills and attention spans, in children 5 to 14 years of age. Its goals are to (1) enhance family functioning; (2) prevent the target child from experiencing school failure; (3) prevent substance abuse by the child and other family members; and (4) reduce the stress that parents and children experience from daily life situations. The three components—parent outreach, multifamily group sessions (8 to 10 weeks), and ongoing monthly reunions (21 months)—support parents as the primary prevention agents for their own children. Entire families (5 to 25) participate in program

activities, designed to build respect for parents, bonds among family members, and bonds between family members and the school.

### **9 Gang Resistance Education and Training – G.R.E.A.T. OJJDP Model Program – Effective**

Cost: G.R.E.A.T Anti-Gang = training provided free to law enforcement officers – student handbooks provided free.

(Target: children at risk of gang involvement, children of adult probationers)

The Gang Resistance Education and Training (G.R.E.A.T.) program is intended to provide life skills that empower adolescents with the ability to resist peer pressure to join gangs. The strategy is a cognitive approach that seeks to produce attitudinal and behavioral change through instruction, discussion, and role-playing.

The objectives of the G.R.E.A.T program are to reduce gang activity, teach students about the negative consequences of gang involvement, and develop positive relations between students and law enforcement officials. The intervention consists of a 13-lesson curriculum, taught over 9 weeks by uniformed law enforcement officers, which introduces students to conflict-resolution skills, cultural sensitivity, and the negative aspects of gang life. The G.R.E.A.T. middle school curriculum consists of thirteen 45- to 60-minute lessons designed to be taught in sequential order.

### **10 +\*Los Ninos Bien Educados**

Cost: Currently have staff trained to provide this curriculum

(Target: underserved populations, children at risk of gang involvement, children at risk of school failure)

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### **11 +Nurtured Heart**

Cost: We have staff who are trained as trainers.

(Target: underserved populations, children of mental health involved parents, foster youth, children of adult probationers, children at risk of gang involvement)

*The Nurtured Heart Approach* has been practiced at Tucson's Center for the Difficult Child (CDC) between 1994 and 2001. It is a strategic family systems approach designed to turn the challenging child around to a new pattern of success. The approach has also

been found to produce substantial success in helping the average child flourish at higher-than-expected levels of functioning.

The approach is now used in hundreds of classrooms nationally, and its strategies have been adopted with substantial success as the school-wide discipline plan in several Tucson schools

**12 \*Olweus Bullying Prevention Program – SAMHSA Model Program; [Blueprints for Violence Prevention](#) (Model) [Youth Violence: A Report of the Surgeon General](#) (Promising Level 2 (Risk Prevention));**

Cost: \$300 set of products, \$1,000 per school up to 12 people.

(Target: Community entities who provide services to youth at risk of gang involvement, early drug users with trauma histories, foster youth, underserved populations, children at risk of school failure)

Olweus Bullying Prevention Program is a multilevel, multicomponent, school-based program designed to prevent or reduce bullying in elementary, middle, and junior high schools (students 6 to 15 years of age). The program seeks to restructure the existing school environment to reduce opportunities and rewards for bullying through the actions of school staff, who work to improve peer relations and make the school a safe and positive place for students to learn and develop. It addresses the victims' suffering and, at the same time, counteracts the bullying tendencies of aggressive students who have the potential to expand their antisocial behavior, a risk factor for substance abuse. (This program is not a conflict resolution approach, a peer mediation program, an anger management program, or a curriculum.)

**13 +Rollercoasters**

Cost: Rollercoasters materials (no training needed) cost about \$200 for a kit for one of 2 age groups

(Target: Children of substance abusing parents, children of mental health involved parents, children of adult probationers, foster youth)

*Rollercoasters*<sup>®</sup> was one of the first programs developed with the focus on helping children adjust to significant family change. The unique collection of hands-on experiences actively engages children in the process of healing. It speaks directly to children facing challenges associated with divorce and separation. Varied activities lend themselves to facilitator creativity, allowing for adaptation in various settings and time frames.

**14 +\*Second Step – SAMHSA Model Program; [Hamilton Fish Institute](#) (Noteworthy) [Safe Schools, Safe Students](#) (Top 10 School VPP) [Safe, Disciplined, and Drug-Free Schools](#) (Exemplary)**

Cost: We have staff trained to provide this training

(Target: children of adult probationers, children at risk of gang involvement, underserved populations)

Second Step is a classroom-based social-skills program for children 4 to 14 years of age that teaches socioemotional skills aimed at reducing impulsive and aggressive behavior while increasing social competence. The program builds on cognitive behavioral intervention models integrated with social learning theory, empathy research, and social information-processing theories. The program consists of in-school curricula, parent training, and skill development.

**Outcomes:** 1. Social competence and prosocial behavior, 2. Incidence of negative, aggressive, or antisocial behaviors

### **15 +Seeking Safety – SAMHSA Effective Program**

Cost: We have staff trained to provide this training and program.

(Target: Early drug users with trauma histories, foster youth with trauma and early drug use)

Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential).

**Outcomes:** 1. Substance use, 2. Trauma-related symptoms, 3. Psychopathology, 4. Treatment retention

### **16 +\*Strengthening Families – SAMHSA Model Program; [Safe, Disciplined, and Drug-Free Schools](#) (Exemplary)**

Cost: Training for 35 people, 7 sites \$ 3,700

(Target: Children of substance abusing parents, children at risk of school failure)

The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children ages 3-16 years. SFP comprises three life-skills courses delivered in 14 weekly, 2-hour sessions.

**Outcomes:** 1. Children's internalizing and externalizing behaviors, 2. Parenting practices/parenting efficacy, 3. Family relationships

### **17 Student Assistance Programs**

Cost: free training available through the California Masonic Foundation.

(Target: Early drug users with trauma history, children at risk of school failure, children at risk of gang involvement)

### **NSAA Research Shows SAPs Effectiveness**

Released on October 30, 2003 the ["Retrospective Analysis of the Pennsylvania Student Assistance Program Outcome Data: Implications for Practice and Research"](#) investigated behavioral health and academic outcomes for students participating in a Student Assistance Program. Major findings include that students referred through a SAP process are referred and connected to the behavioral health care system at a much higher rate of almost 80% compared to other traditional means used throughout the country. Furthermore, referred students show positive improvements in attendance, a decrease in discipline problems (measured by additional suspension rates) and positive promotion and graduation status after their SAP referral.

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CBT for substance using adolescents

Cannibis Youth Treatment Series

### **19 Trauma Focused Cognitive Behavioral Therapy**

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*Menu of Program Choices  
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*(\* indicates – listed on State’s resource material for PEI)  
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Cost: \$845 for elementary curriculum and 2 day training for one teacher.

(Target: School or other Community Entity intervention with populations of Children of Adult Probationers, Children at Risk of Gang Involvement, Children at Risk of Juvenile Justice Involvement)

This program is designed to promote social and emotional competence and decrease the risk factor of early and persistent aggression or antisocial behavior in young children. The program is based on the premise that systematic intervention in children's lives during their early years of behavior and attitudes can help reduce aggressive, antisocial or violent behavior.

**3 +ART/TPS – Aggression Replacement Training/Teaching Pro-social Skills - Safe, Disciplined, and Drug-Free Schools – Promising Program**

Cost: We have trained staff that could provide this training to others.

(Target: Training to providers who serve youth in our target populations)

Aggression Replacement Training is a program for aggressive adolescents and young children that are administered by teachers, school counselors, or others. The program seeks to enhance interpersonal skills, self-mediated ability to control anger and a youth's concern for rights and needs of others.

#### **4 \*All Stars – SAMHSA Effective Program; Safe, Disciplined, and Drug-Free Schools – Promising Program**

Cost \$3000 for onsite training for up to 20 participants, plus trainer's travel expenses. Also, leader's manual = \$100 each and student materials = \$175 per 25 students.

(Target: Schools, churches, other service providers who serve children at risk of gang involvement, juvenile justice involvement, early drug users with trauma histories)

All Stars is a multiyear school- based program for middle school students (11 to 14 years old) designed to prevent and delay the onset of high-risk behaviors such as drug use, violence, and premature sexual activity

**Outcomes:** 1. Personal commitment not to use drugs, 2. Lifestyle incongruence, 3. Improved School bonding, 4. Normative beliefs, 5. Decreased Cigarette use, 6. Decreased Alcohol use, 7. Decreased Inhalant use

#### **5 Big Brothers/Big Sisters – SAMHSA Model Program – Promising Practice; Blueprints for Violence Prevention – Model Program**

Cost: \$10,000 start up and \$1500 per match ongoing – 10 youth = \$15,000 = \$25,000 total  
Big Brothers-Big Sisters of America (BBBSA) is a mentoring program that matches an adult volunteer, known as a Big Brother or Big Sister, to a child, known as a Little Brother or Little Sister, with the expectation that a caring and supportive relationship will develop. The most important component of the intervention is the match between volunteer and child.

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Building resilience in children of mothers who have co-occurring disorders and histories of violence: intervention model and implementation issues.

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Cost: approximately \$2000 for a group

(Target: Foster youth, children of substance abusing parents, children of mental health involved parents, children of adult probationers, children in underserved populations, children at risk of gang involvement)

Historically, children of parents with co-occurring substance abuse and mental health disorders and histories of violence/trauma have been overlooked in behavioral health treatment systems. The Women, Co-occurring Disorders and Violence Study (WCDVS) was

a 5-year initiative funded by the United States Substance Abuse and Mental Health Services Administration (SAMHSA) that included a Children's Study that explored the treatment needs of children of women with these multiple disorders. This article (cited above) describes the development of the Children's Study intervention that included clinical assessment, group intervention, and resource coordination/advocacy for children aged 5-10 to build resilience through increasing coping skills, improving interpersonal relationships, and helping coalesce positive identity and self-esteem. Innovative procedures, including the participation of consumer/survivor/recovering women and mothers, in the planning, implementation, and administrative applications of this intervention and study are also highlighted. It is recommended that programs begin to implement family-focused integrated treatment approaches that can potentially increase protective factors for children affected by parental mental illness, substance abuse, and violence.

## **7 \*Effective Black Parenting**

Cost: \$925 for a 5 day training for one person, includes instructor's kit  
(Target: Community Entities who serve underserved populations, youth at risk of gang involvement, youth at risk of school failure)

The Confident Parenting Program is designed for use with all parents and it teaches a positive parenting philosophy (the Social Learning Approach) and a series of very practical parenting skills to enhance the quality of family life and decrease problems.

The Effective Black Parenting and Los Niños Bien Educados Programs are culturally- adapted versions of the Confident Parenting Program which took a decade to develop and test. These are the first culturally-adapted parenting skill-building programs in the nation. They teach a similar positive philosophy and all of the skills that are taught in Confident Parenting. In addition, they teach the skills in a culturally-sensitive manner and they frame the skills within the values and the cultural goals of each group.

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Cost: \$3900 for up to 10 team members.

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Families and Schools Together (FAST) is a multifamily group intervention aimed at reducing anxiety and aggression, while increasing social skills and attention spans, in children 5 to 14 years of age. Its goals are to (1) enhance family functioning; (2) prevent the target child from experiencing school failure; (3) prevent substance abuse by the child and other family members; and (4) reduce the stress that parents and children experience from daily life situations. The three components—parent outreach, multifamily group sessions (8 to 10 weeks), and ongoing monthly reunions (21 months)—support parents as the primary prevention agents for their own children. Entire families (5 to 25) participate in program

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### **9 Gang Resistance Education and Training – G.R.E.A.T. OJJDP Model Program – Effective**

Cost: G.R.E.A.T Anti-Gang = training provided free to law enforcement officers – student handbooks provided free.

(Target: children at risk of gang involvement, children of adult probationers)

The Gang Resistance Education and Training (G.R.E.A.T.) program is intended to provide life skills that empower adolescents with the ability to resist peer pressure to join gangs. The strategy is a cognitive approach that seeks to produce attitudinal and behavioral change through instruction, discussion, and role-playing.

The objectives of the G.R.E.A.T program are to reduce gang activity, teach students about the negative consequences of gang involvement, and develop positive relations between students and law enforcement officials. The intervention consists of a 13-lesson curriculum, taught over 9 weeks by uniformed law enforcement officers, which introduces students to conflict-resolution skills, cultural sensitivity, and the negative aspects of gang life. The G.R.E.A.T. middle school curriculum consists of thirteen 45- to 60-minute lessons designed to be taught in sequential order.

### **10 +\*Los Ninos Bien Educados**

Cost: Currently have staff trained to provide this curriculum

(Target: underserved populations, children at risk of gang involvement, children at risk of school failure)

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Cost: We have staff who are trained as trainers.

(Target: underserved populations, children of mental health involved parents, foster youth, children of adult probationers, children at risk of gang involvement)

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Cost: \$300 set of products, \$1,000 per school up to 12 people.

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(Target: Children of substance abusing parents, children of mental health involved parents, children of adult probationers, foster youth)

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Cost: We have staff trained to provide this training

(Target: children of adult probationers, children at risk of gang involvement, underserved populations)

Second Step is a classroom-based social-skills program for children 4 to 14 years of age that teaches socioemotional skills aimed at reducing impulsive and aggressive behavior while increasing social competence. The program builds on cognitive behavioral intervention models integrated with social learning theory, empathy research, and social information-processing theories. The program consists of in-school curricula, parent training, and skill development.

**Outcomes:** 1. Social competence and prosocial behavior, 2. Incidence of negative, aggressive, or antisocial behaviors

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Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential).

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#### **5 Big Brothers/Big Sisters – SAMHSA Model Program – Promising Practice; Blueprints for Violence Prevention – Model Program**

Cost: \$10,000 start up and \$1500 per match ongoing – 10 youth = \$15,000 = \$25,000 total  
Big Brothers-Big Sisters of America (BBBSA) is a mentoring program that matches an adult volunteer, known as a Big Brother or Big Sister, to a child, known as a Little Brother or Little Sister, with the expectation that a caring and supportive relationship will develop. The most important component of the intervention is the match between volunteer and child.

#### **6 +Building Resilience**

Building resilience in children of mothers who have co-occurring disorders and histories of violence: intervention model and implementation issues.

[Norma Finkelstein](#), [Elke Rechberger](#), [Lisa A Russell](#), [Nancy R VanDeMark](#), [Chanson D Noether](#), [Maura O'Keefe](#), [Karen Gould](#), [Susan Mockus](#), [Melissa Rael](#)

Institute for Health and Recovery, Cambridge, MA 02139, USA.

[normafinkelstein@healthrecovery.org](mailto:normafinkelstein@healthrecovery.org)

Cost: approximately \$2000 for a group

(Target: Foster youth, children of substance abusing parents, children of mental health involved parents, children of adult probationers, children in underserved populations, children at risk of gang involvement)

Historically, children of parents with co-occurring substance abuse and mental health disorders and histories of violence/trauma have been overlooked in behavioral health treatment systems. The Women, Co-occurring Disorders and Violence Study (WCDVS) was

a 5-year initiative funded by the United States Substance Abuse and Mental Health Services Administration (SAMHSA) that included a Children's Study that explored the treatment needs of children of women with these multiple disorders. This article (cited above) describes the development of the Children's Study intervention that included clinical assessment, group intervention, and resource coordination/advocacy for children aged 5-10 to build resilience through increasing coping skills, improving interpersonal relationships, and helping coalesce positive identity and self-esteem. Innovative procedures, including the participation of consumer/survivor/recovering women and mothers, in the planning, implementation, and administrative applications of this intervention and study are also highlighted. It is recommended that programs begin to implement family-focused integrated treatment approaches that can potentially increase protective factors for children affected by parental mental illness, substance abuse, and violence.

## **7 \*Effective Black Parenting**

Cost: \$925 for a 5 day training for one person, includes instructor's kit  
(Target: Community Entities who serve underserved populations, youth at risk of gang involvement, youth at risk of school failure)

The Confident Parenting Program is designed for use with all parents and it teaches a positive parenting philosophy (the Social Learning Approach) and a series of very practical parenting skills to enhance the quality of family life and decrease problems.

The Effective Black Parenting and Los Niños Bien Educados Programs are culturally- adapted versions of the Confident Parenting Program which took a decade to develop and test. These are the first culturally-adapted parenting skill-building programs in the nation. They teach a similar positive philosophy and all of the skills that are taught in Confident Parenting. In addition, they teach the skills in a culturally-sensitive manner and they frame the skills within the values and the cultural goals of each group.

## **8 \*Families and Schools Together – FAST – SAMHSA Model Program; [Youth Violence: A Report of the Surgeon General](#) (Promising Level 2 (Risk Prevention))**

Cost: \$3900 for up to 10 team members.

(Target: Entities serving underserved populations, children at risk of school failure, children of substance abusing parents)

Families and Schools Together (FAST) is a multifamily group intervention aimed at reducing anxiety and aggression, while increasing social skills and attention spans, in children 5 to 14 years of age. Its goals are to (1) enhance family functioning; (2) prevent the target child from experiencing school failure; (3) prevent substance abuse by the child and other family members; and (4) reduce the stress that parents and children experience from daily life situations. The three components—parent outreach, multifamily group sessions (8 to 10 weeks), and ongoing monthly reunions (21 months)—support parents as the primary prevention agents for their own children. Entire families (5 to 25) participate in program

activities, designed to build respect for parents, bonds among family members, and bonds between family members and the school.

### **9 Gang Resistance Education and Training – G.R.E.A.T. OJJDP Model Program – Effective**

Cost: G.R.E.A.T Anti-Gang = training provided free to law enforcement officers – student handbooks provided free.

(Target: children at risk of gang involvement, children of adult probationers)

The Gang Resistance Education and Training (G.R.E.A.T.) program is intended to provide life skills that empower adolescents with the ability to resist peer pressure to join gangs. The strategy is a cognitive approach that seeks to produce attitudinal and behavioral change through instruction, discussion, and role-playing.

The objectives of the G.R.E.A.T program are to reduce gang activity, teach students about the negative consequences of gang involvement, and develop positive relations between students and law enforcement officials. The intervention consists of a 13-lesson curriculum, taught over 9 weeks by uniformed law enforcement officers, which introduces students to conflict-resolution skills, cultural sensitivity, and the negative aspects of gang life. The G.R.E.A.T. middle school curriculum consists of thirteen 45- to 60-minute lessons designed to be taught in sequential order.

### **10 +\*Los Ninos Bien Educados**

Cost: Currently have staff trained to provide this curriculum

(Target: underserved populations, children at risk of gang involvement, children at risk of school failure)

The Confident Parenting Program is designed for use with all parents and it teaches a positive parenting philosophy (the Social Learning Approach) and a series of very practical parenting skills to enhance the quality of family life and decrease problems.

The Effective Black Parenting and Los Niños Bien Educados Programs are culturally-adapted versions of the Confident Parenting Program which took a decade to develop and test. These are the first culturally-adapted parenting skill-building programs in the nation. They teach a similar positive philosophy and all of the skills that are taught in Confident Parenting. In addition, they teach the skills in a culturally-sensitive manner and they frame the skills within the values and the cultural goals of each group.

### **11 +Nurtured Heart**

Cost: We have staff who are trained as trainers.

(Target: underserved populations, children of mental health involved parents, foster youth, children of adult probationers, children at risk of gang involvement)

*The Nurtured Heart Approach* has been practiced at Tucson's Center for the Difficult Child (CDC) between 1994 and 2001. It is a strategic family systems approach designed to turn the challenging child around to a new pattern of success. The approach has also

been found to produce substantial success in helping the average child flourish at higher-than-expected levels of functioning.

The approach is now used in hundreds of classrooms nationally, and its strategies have been adopted with substantial success as the school-wide discipline plan in several Tucson schools

**12 \*Olweus Bullying Prevention Program – SAMHSA Model Program; [Blueprints for Violence Prevention](#) (Model) [Youth Violence: A Report of the Surgeon General](#) (Promising Level 2 (Risk Prevention));**

Cost: \$300 set of products, \$1,000 per school up to 12 people.

(Target: Community entities who provide services to youth at risk of gang involvement, early drug users with trauma histories, foster youth, underserved populations, children at risk of school failure)

Olweus Bullying Prevention Program is a multilevel, multicomponent, school-based program designed to prevent or reduce bullying in elementary, middle, and junior high schools (students 6 to 15 years of age). The program seeks to restructure the existing school environment to reduce opportunities and rewards for bullying through the actions of school staff, who work to improve peer relations and make the school a safe and positive place for students to learn and develop. It addresses the victims' suffering and, at the same time, counteracts the bullying tendencies of aggressive students who have the potential to expand their antisocial behavior, a risk factor for substance abuse. (This program is not a conflict resolution approach, a peer mediation program, an anger management program, or a curriculum.)

**13 +Rollercoasters**

Cost: Rollercoasters materials (no training needed) cost about \$200 for a kit for one of 2 age groups

(Target: Children of substance abusing parents, children of mental health involved parents, children of adult probationers, foster youth)

*Rollercoasters*<sup>®</sup> was one of the first programs developed with the focus on helping children adjust to significant family change. The unique collection of hands-on experiences actively engages children in the process of healing. It speaks directly to children facing challenges associated with divorce and separation. Varied activities lend themselves to facilitator creativity, allowing for adaptation in various settings and time frames.

**14 +\*Second Step – SAMHSA Model Program; [Hamilton Fish Institute](#) (Noteworthy) [Safe Schools, Safe Students](#) (Top 10 School VPP) [Safe, Disciplined, and Drug-Free Schools](#) (Exemplary)**

Cost: We have staff trained to provide this training

(Target: children of adult probationers, children at risk of gang involvement, underserved populations)

Second Step is a classroom-based social-skills program for children 4 to 14 years of age that teaches socioemotional skills aimed at reducing impulsive and aggressive behavior while increasing social competence. The program builds on cognitive behavioral intervention models integrated with social learning theory, empathy research, and social information-processing theories. The program consists of in-school curricula, parent training, and skill development.

**Outcomes:** 1. Social competence and prosocial behavior, 2. Incidence of negative, aggressive, or antisocial behaviors

### **15 +Seeking Safety – SAMHSA Effective Program**

Cost: We have staff trained to provide this training and program.

(Target: Early drug users with trauma histories, foster youth with trauma and early drug use)

Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential).

**Outcomes:** 1. Substance use, 2. Trauma-related symptoms, 3. Psychopathology, 4. Treatment retention

### **16 +\*Strengthening Families – SAMHSA Model Program; [Safe, Disciplined, and Drug-Free Schools](#) (Exemplary)**

Cost: Training for 35 people, 7 sites \$ 3,700

(Target: Children of substance abusing parents, children at risk of school failure)

The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children ages 3-16 years. SFP comprises three life-skills courses delivered in 14 weekly, 2-hour sessions.

**Outcomes:** 1. Children's internalizing and externalizing behaviors, 2. Parenting practices/parenting efficacy, 3. Family relationships

### **17 Student Assistance Programs**

Cost: free training available through the California Masonic Foundation.

(Target: Early drug users with trauma history, children at risk of school failure, children at risk of gang involvement)

### **NSAA Research Shows SAPs Effectiveness**

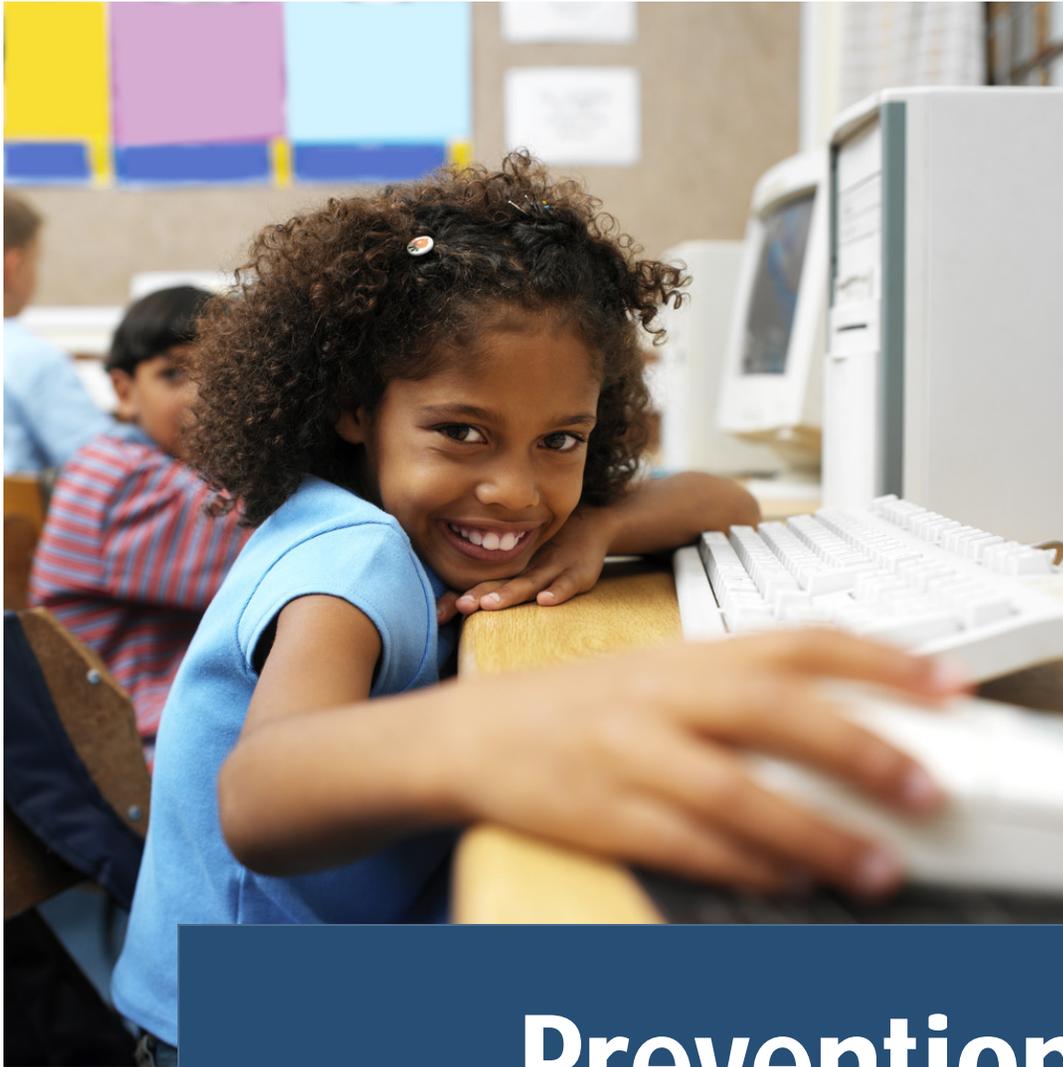
Released on October 30, 2003 the ["Retrospective Analysis of the Pennsylvania Student Assistance Program Outcome Data: Implications for Practice and Research"](#) investigated behavioral health and academic outcomes for students participating in a Student Assistance Program. Major findings include that students referred through a SAP process are referred and connected to the behavioral health care system at a much higher rate of almost 80% compared to other traditional means used throughout the country. Furthermore, referred students show positive improvements in attendance, a decrease in discipline problems (measured by additional suspension rates) and positive promotion and graduation status after their SAP referral.

### **18 Substance Abuse Counseling**

CBT for substance using adolescents

Cannibis Youth Treatment Series

### **19 Trauma Focused Cognitive Behavioral Therapy**



**Sutter-Yuba Mental Health Services**

**Workgroup Meeting**

**June 2008**

# **Prevention & Early Intervention**

# Agenda

- **Welcome**
- **Prevention & Early Intervention**
  - **Review**
    - **Guidelines**
- **Planning Process to Date**
- **Community Survey Results**
- **Questions**
- **Stakeholder Voice**
  - **Who needs to be at the table with us?**
- **Workgroup Session**
- **Next Meeting**



# Prevention & Early Intervention PEI

***Prevention and Early Intervention*** approaches are transformational in the way they restructure the mental health system to a “help first” approach

# What is Prevention?

**Prevention** in mental health involves reducing risk factors or stressors, building protective factors and skills, and increasing support. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being.



# What is Early Intervention?

- **Early Intervention** is directed toward individuals and families for whom a short, relatively low-intensity intervention is appropriate to measurably improve mental health problems and avoid the need for more extensive mental health treatment.

# PEI Review

## Classification of Prevention Strategies

- A *universal preventive intervention* is applicable or useful for everyone in the general population
- A *selective preventive intervention* is targeted at individuals or subgroups whose risk of developing mental health problems is significantly higher than average.

# **PEI Review**

## **Intent of Outreach & Engagement Strategies**

- To engage persons prior to the development of serious mental illness or serious emotional disturbances or, in the case of early intervention, alleviate the need for additional mental health treatment.

# Review: PEI Guidelines

## Target Populations

All age groups

- 51%, 0-25yrs (Exemption for Small Counties)
- Underserved cultures
- Individ.w/early onset of mental illness
- Trauma exposed
- Children/youth :
  - In stressed families
  - At risk of school failure
  - At risk of juv. justice



# **Review: PEI Guidelines**

## **Community Needs Addressed**

- Disparity in access to mental health services
- Psycho-social impact of trauma
- At-risk children, youth, young adults
- Stigma discrimination
- Suicide risk

# Review: PEI Guidelines

## Types of Services

Evidence-based practices (EBP), promising practices (PP), focusing on:

- **Mental Health Promotion**
- **Mental Health Education**
- **Screening**
- **Short-term Early Intervention Treatment**

# Review: PEI Guidelines Providers

- Can be non-traditional mental health providers including partners from health, education, social services, law enforcement, and underserved communities.

# Review: Prevention & Intervention Guidelines

## **Partners:**

Underserved Communities  
Education  
Consumers & Families  
Providers of Mental Health Services  
Health  
Social Services  
Law Enforcement  
Faith Based  
Community Family Resource Centers  
Employment  
Media

## **Long-Term Outcomes**

### ***Reduce:***

- School failure
- Homelessness
- Long-term suffering
- Unemployment
- Incarceration
- Removal from home (children)
- Suicide

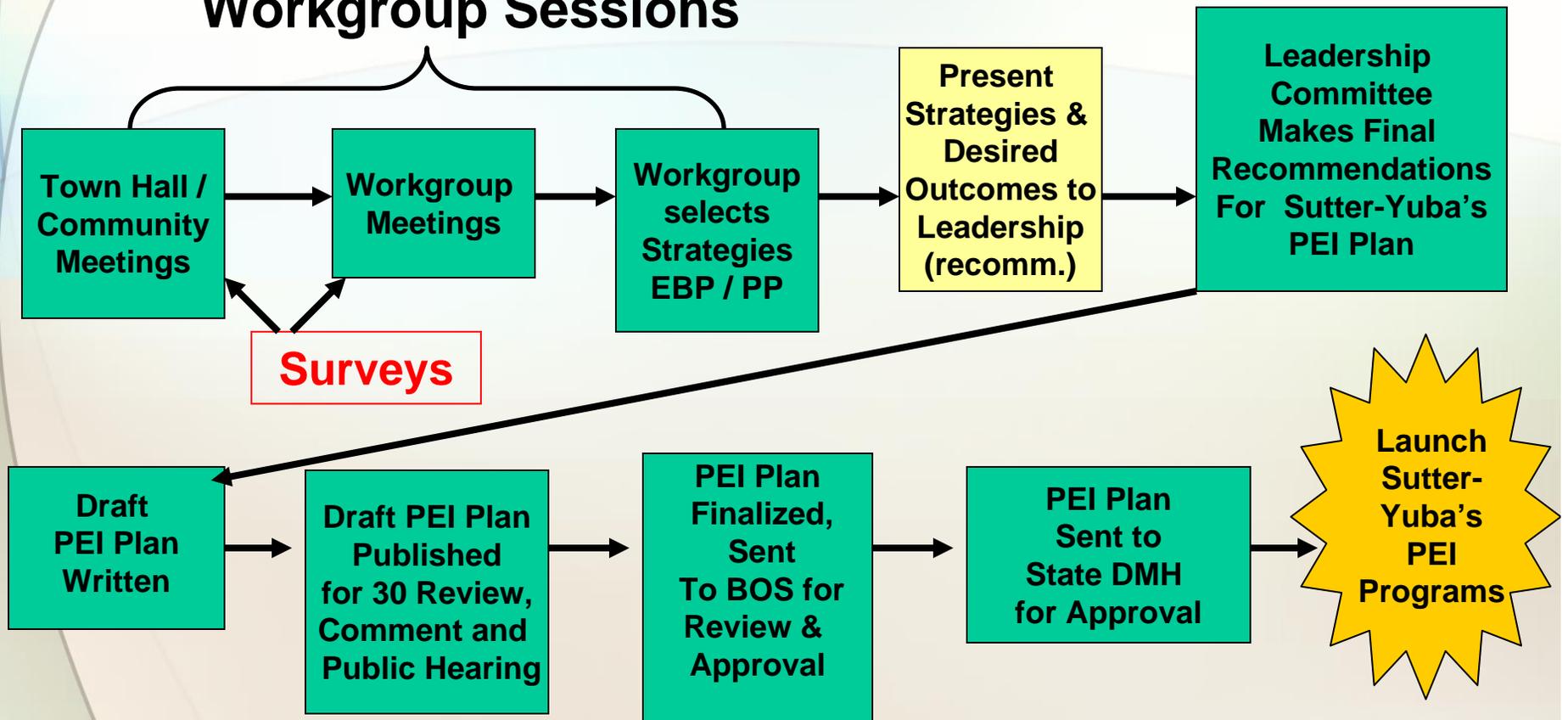
# PEI Priority Populations & SYMHS Workgroups

1. Underserved Cultural Populations
2. Individuals Experiencing Onset of Serious Psychiatric Illness
3. Children/Youth in Stressed Families
4. Trauma-Exposed Individuals of All Ages
5. Children/Youth at Risk for School Failure
6. Children/Youth at Risk of or Experiencing Juvenile Justice Involvement

# PEI Process

## Workgroup to Program Launch

### Workgroup Sessions





## SUTTER-YUBA MENTAL HEALTH SERVICES

1965 Live Oak Boulevard  
P. O. Box 1520  
Yuba City, CA 95992



**Tom Sherry, MFT**  
*Assistant Director of Human Services*  
*Director of Mental Health*

**Administration Service**  
**(530) 822-7200**  
**FAX (530) 822-7108**

### **MHSA-Prevention and Early Intervention Community Survey**

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

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

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

For more information about the MHSA PEI program, please visit  
[http://www.dmh.ca.gov/Prop\\_63/MHSA/Prevention\\_and\\_Early\\_Intervention/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/default.asp)

Thank you in advance for taking a few minutes to complete the following Community Survey questionnaire. If you have any questions or would like printed copies of the questionnaire, please contact Sutter-Yuba Mental Health Services, at (530) 822-7200 or toll free at 1-888-933-3800.

The information you provide is confidential and anonymous.

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TTY-CRS 1-800-735-2929

Inpatient Services: 822-7209  
Youth Services: 822-7513  
Business Office: 822-7208  
Substance Abuse: 822-7200

# Sutter-Yuba Mental Health Services MHSA-Prevention and Early Intervention (PEI) Community Survey

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

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

**A. People who start to show serious signs of mental illness:**

Very Low Need     Low Need     Moderate Need     High Need     Very High Need

**B. Children/youth in stressed families, at high risk for mental illness:**

Very Low Need     Low Need     Moderate Need     High Need     Very High Need

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

Very Low Need     Low Need     Moderate Need     High Need     Very High Need

**D. People at risk of being arrested or put in jail.**

Very Low Need     Low Need     Moderate Need     High Need     Very High Need

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

Very Low Need     Low Need     Moderate Need     High Need     Very High Need

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

Very Low Need     Low Need     Moderate Need     High Need     Very High Need

**G. People with family history of mental health problems and/or use of addictive substances.**

Very Low Need     Low Need     Moderate Need     High Need     Very High Need

**H. People who have attempted or might attempt suicide.**

Very Low Need     Low Need     Moderate Need     High Need     Very High Need

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

3. Please select three of the following community issues that you think are most important for mental illness prevention and early intervention in Sutter and Yuba Counties. **(Select three)**

- |   |  |
|---|--|
| <input type="checkbox"/> Suicide                      | <input type="checkbox"/> Community/domestic violence                             |
| <input type="checkbox"/> Arrest and detention in jail | <input type="checkbox"/> Removal of children from their homes/families           |
| <input type="checkbox"/> School failure or dropout    | <input type="checkbox"/> Number of undetected mental health problems             |
| <input type="checkbox"/> Unemployment                 | <input type="checkbox"/> Stigma/discrimination related to mental health problems |
| <input type="checkbox"/> Homelessness                 | <input type="checkbox"/> Problems facing military veterans and their families    |
| <input type="checkbox"/> Prolonged suffering/trauma   | <input type="checkbox"/> Other, please specify:                                  |

4. There are enough existing mental illness prevention and early intervention resources and services in Sutter and Yuba Counties. **(Select one)**

- |                          |                          |                               |                          |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| Strongly<br>Agree        | Somewhat<br>Agree        | Neither Agree Nor<br>Disagree | Somewhat<br>Disagree     | Strongly<br>Disagree     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |

5. There is enough information available about how to find and access existing mental illness prevention and early intervention services in Sutter and Yuba Counties. **(Select one)**

- |                          |                          |                               |                          |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| Strongly<br>Agree        | Somewhat<br>Agree        | Neither Agree Nor<br>Disagree | Somewhat<br>Disagree     | Strongly<br>Disagree     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |

6. Please select three of the following settings that you think would be the most effective for identifying Sutter and Yuba Counties' residents with a need for mental illness prevention and early intervention services **(Select three)**

- |  |   |
|--|---|
| <input type="checkbox"/> Doctor's offices or clinics                           | <input type="checkbox"/> Workplaces (e.g., Employee Assistance Programs)                                |
| <input type="checkbox"/> Health Care Settings (e.g., hospitals, nursing homes) | <input type="checkbox"/> Unemployment/employment centers  |
| <input type="checkbox"/> Schools (e.g., public, private, trade)                | <input type="checkbox"/> In-home (e.g., postal carriers, utility workers, emergency responders, family) |
| <input type="checkbox"/> Faith-based organizations                             | <input type="checkbox"/> Community organizations (e.g., community centers, family resource centers)     |
| <input type="checkbox"/> Law Enforcement (e.g., jails, courts, probation)      | <input type="checkbox"/> Other, please specify:   |
| <input type="checkbox"/> Social Services (e.g., WIC Program, Cal WORKS)        |   |

7. What are the two best approaches for addressing mental illness prevention and early intervention in Sutter and Yuba Counties? **(Select two)**

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

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

- Age:**  15 years and under  
 16 years – 25 years  
 26 years – 59 years  
 60 years and older

- Gender:**  Male  
 Female  
 Other

**Your Home Zip Code:**

**Your Annual Household Income:**

**Your Race/ Ethnicity?**

- American Indian / Native American  
 Asian (Please specify):  
 Black / African American  
 Hispanic / Latino  
 Pacific Islander  
 White / Caucasian  
 Other, please specify:

**Which of the following group(s) apply to you?**

- Client /Consumer  Medical Provider  
 Family Member  Sutter-Yuba Mental Health (SYMHS) Staff  
 Caregiver  Community Based Provider / Network Provider  
 CPS / Social Services  Faith Based Organizations  
 Education or Teacher  Business/Community Member  
 Law Enforcement  
 Other, please specify:

9. Do you have any additional comments:



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### **MHSA- Encuesta Comunitaria de Prevención y Intervención Temprana**

El Acta de Servicios de la Salud Mental (MHSA), aprobado por el electorado en 2004 (Proposición 63) requiere que cada condado de California prepare un plan de Prevención y Intervención Temprana (PEI). Queremos saber que piensa usted de los servicios que se ofrecerán y de los grupos de personas quienes se beneficiaran con los programas de Prevención y Intervención Temprana de Salud Mental en el Condado de Sutter y Yuba. Por medio de su ayuda podremos desarrollar un plan para cumplir con las necesidades de nuestra comunidad.

El elemento de prevención PEI esta dirigido a reducir los factores de riesgo o de estrés para así prevenir el desencadenamiento de un problema de salud mental, así como para promover y apoyar el bienestar de las personas “con riesgo” que se encuentren bajo circunstancias estresantes en su vida y por lo tanto reducir el sufrimiento asociado con los problemas de salud mental.

El elemento de intervención temprana del programa PEI esta diseñado para prevenir que un problema de salud mental se empeore. Estos programas están dirigidos hacia las personas para quienes una intervención de corta duración o de relativamente baja intensidad es suficiente para mejorar sus problemas de salud y por lo tanto evitar un tratamiento más intensivo, o prevenir que un problema de salud mental se empeore.

Para mas información sobre los programas del Acta de Servicios de la Salud Mental por favor visite al sitio web: [www.dmh.ca.gov/mhsa/PreventionEarlyIntervention.asp](http://www.dmh.ca.gov/mhsa/PreventionEarlyIntervention.asp).

Le damos las gracias por adelantado por tomarse el tiempo para completar el siguiente cuestionario. Si usted tiene alguna pregunta o quisiera copias impresas del cuestionario, puede contactar Sutter-Yuba Mental Health Services, teléfono (530) 822-7200 o gratis al 1-888-933-3800.

La información que usted nos proporcione es confidencial y anónima.

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# Sutter-Yuba Mental Health Services

## MHSA- Encuesta Comunitaria de Prevención e Intervención Temprana

Su opinión es importante. Deseamos saber lo que usted piensa de los servicios que se ofrecerán y de los grupos de personas que se beneficiaran por los programas de prevención e intervención temprana diseñados para combatir las enfermedades de salud mental en el Condado de Sutter y Yuba. Ayúdenos respondiendo a las siguientes preguntas. La información que usted nos proporcione es confidencial y anónima.

1. Clasifique por favor los siguientes grupos para indicar cual es el que necesite urgente de prevención e intervención temprana relacionada con las enfermedades de salud mental en el Condado de Sutter y Yuba. **(Escoja una respuesta por cada pregunta.)**

**A. Personas que comienzan a dar señales serias de enfermedad mental:**

Muy Poca Necesidad    Poca Necesidad    Moderada Necesidad    Bastante Necesidad    Mucha Necesidad

**B. Niños/adolescentes que viven con familias estresadas, y con riesgo de enfermedades de salud mental:**

Muy Poca Necesidad    Poca Necesidad    Moderada Necesidad    Bastante Necesidad    Mucha Necesidad

**C. Niños/adolescentes a riesgo de mal rendimiento escolar o a punto de dejar la escuela.**

Muy Poca Necesidad    Poca Necesidad    Moderada Necesidad    Bastante Necesidad    Mucha Necesidad

**D. Personas que están en riesgo de ser arrestado/as o de ir a la cárcel.**

Muy Poca Necesidad    Poca Necesidad    Moderada Necesidad    Bastante Necesidad    Mucha Necesidad

**E. Personas pasando por traumas (perdida de un ser querido, casa y/o trabajo, aislamiento, sufriendo abuso, violencia domestica, refugiados):**

Muy Poca Necesidad    Poca Necesidad    Moderada Necesidad    Bastante Necesidad    Mucha Necesidad

**F. Personas que no reciben los servicios de salud mental necesarios (debido a su raza, cultura, idioma, edad, genero, estilo de vida o religión):**

Muy Poca Necesidad    Poca Necesidad    Moderada Necesidad    Bastante Necesidad    Mucha Necesidad

**G. Personas cuyas familias tienen historial medico de salud mental y/o uso de sustancias adictivas.**

Muy Poca Necesidad    Poca Necesidad    Moderada Necesidad    Bastante Necesidad    Mucha Necesidad

**H. Personas con historial de suicidio.**

Muy Poca Necesidad    Poca Necesidad    Moderada Necesidad    Bastante Necesidad    Mucha Necesidad

2. Mencione otro grupo(s) que necesitan mas ayuda de servicios de prevención e intervención temprana. Por favor, especifique que grupo(s) y su correspondiente nivel de necesidad:

3. Por favor, seleccione tres de los siguientes problemas que usted piensa son los mas importantes y que requieren la prevención e intervención temprana para evitar las enfermedades mentales en el Condado de Sutter y Yuba. **(Seleccione tres)**

- |  |   |
|--|---|
| <input type="checkbox"/> Suicidio  | <input type="checkbox"/> Violencia domestica o en la comunidad                                |
| <input type="checkbox"/> Arresto y encarcelamiento                       | <input type="checkbox"/> Separación de los niños de sus hogares/familias                      |
| <input type="checkbox"/> Mal rendimiento escolar o abandono del estudios | <input type="checkbox"/> Numero de problemas de salud mentales no detectados                  |
| <input type="checkbox"/> Desempleo                                       | <input type="checkbox"/> Estigma/discriminación relacionada con los problemas de salud mental |
| <input type="checkbox"/> Indigencia/pobreza                              | <input type="checkbox"/> Problemas que sufren veteranos militares y sus familias              |
| <input type="checkbox"/> Sufrimiento prolongado/trauma                   | <input type="checkbox"/> Otro (por favor especifique):  |

4. Hay suficientes recursos para la prevención y intervención temprana de la enfermedades mentales en el Condado de Sutter y Yuba **(seleccione uno)**:

- |                          |                          |                                |                          |                             |
|--------------------------|--------------------------|--------------------------------|--------------------------|-----------------------------|
| Completamente de acuerdo | Un poco de acuerdo       | Ni de acuerdo ni en desacuerdo | Algo en desacuerdo       | Completamente en desacuerdo |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>    |

5. Hay suficiente información disponible sobre como localizar y acudir a servicios disponibles para las prevención y intervención temprana de las enfermedades mentales en el Condado de Sutter y Yuba **(seleccione uno)**:

- |                          |                          |                                |                          |                             |
|--------------------------|--------------------------|--------------------------------|--------------------------|-----------------------------|
| Completamente de acuerdo | Un poco de acuerdo       | Ni de acuerdo ni en desacuerdo | Algo en desacuerdo       | Completamente en desacuerdo |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>    |

6. Por favor seleccione tres de los siguientes lugares donde se puede identificar efectivamente a residentes del Condado de Sutter y Yuba con necesidades de enfermedades mentales que se puedan beneficiar de servicios de prevención y intervención temprana **(seleccione tres)**:

- |  |  |
|--|--|
| <input type="checkbox"/> Oficinas de doctores o clínicas   | <input type="checkbox"/> Lugares de trabajo (programas de asistencia al empleado)  |
| <input type="checkbox"/> Instituciones de Cuidado de Salud (hospitales, asilos de ancianos)  | <input type="checkbox"/> Centros de desempleo/empleos  |
| <input type="checkbox"/> Escuelas (publicas, privadas, industriales, técnicas)   | <input type="checkbox"/> Servicios en casa (correo, trabajadores de servicio publico, personal de servicios de emergencia, empleados domésticos) |
| <input type="checkbox"/> Iglesias  | <input type="checkbox"/> Organizaciones Comunitarias (centros comunitarios, centros de recursos familiares)                                      |
| <input type="checkbox"/> Lugares de implementación de la ley (cárceles, cortes judiciales, centros de supervisión de libertad condicional) | <input type="checkbox"/> Otro (por favor especifique):   |
| <input type="checkbox"/> Oficinas de Servicios Sociales (Programa WIC, CalWORKS)   |  |

7. ¿ Cuales son las dos mejores maneras de proporcionar prevención e intervención temprana para enfermedades mentales en el Condado de Sutter y Yuba? (**seleccione dos**)

<input type="checkbox"/> Proporcionar periódicamente exámenes, diagnósticos, y tratamientos de enfermedades mentales (en lugares de atención básica en escuelas/universidades, escuelas infantiles, lugares de empleo)	<input type="checkbox"/> Entrenar a profesores, policías, personal de servicios de emergencia, doctores, enfermeras, y al personal de asilos de ancianos en la detección y pronta atención de las enfermedades mentales
<input type="checkbox"/> Proporcionar educación y servicios de apoyo para los padres, abuelos y proveedores de cuidados en los centros comunitarios, iglesias, otras organizaciones en la comunidad.	<input type="checkbox"/> Programas en el lugar de trabajo (programas de asistencia al empleado, programas de promoción de la salud en el lugar de trabajo)
<input type="checkbox"/> Proporcionar recursos o información (a centros de salud, escuelas/universidades, centros de educación preescolar, asilo de ancianos, lugares de trabajo)	<input type="checkbox"/> Otro (por favor, especifique):

8. La siguiente información nos ayudara a entender las diferentes experiencias y opiniones entre los participantes de esta encuesta. La información que usted proporcione será confidencial y anónima.

- Su edad:**  15 años o menos  
 16 años – 25 años  
 26 años – 59 años  
 60 años o mas

- Su genero:**  Masculino (Hombre/Varón)  
 Femenino (Mujer)  
 Otro

**Su Código Postal:**

**Su ingreso familiar:**

**Su raza/origen étnico?**

- Indio Americano / Nativo Americano  
 Asiático (por favor especifique de donde en la categoría “Otro”):  
 Afro Americano / Africano Americano  
 Hispano / Latino  
 De las Islas del Pacifico  
 Blanco / Caucásico  
 Otro, por favor, especifique:

**Which of the following group(s) apply to you?**

- Cliente/Consumidor  Médico  
 Miembro de familia  Empleado de Sutter-Yuba Mental Health  
 Nodriz  Red de proveedores de la comunidad  
 CPS / Servicios sociales  Organización de Fe/ Religión  
 Maestro(a)  
 Policía  Miembro de la comunidad o negocio  
 Otro:

9. Tiene usted algún comentario adicional:

<b>Total Responses by Number</b>		<b>Low Need Very</b>	<b>Low Need</b>	<b>Moderate Need</b>	<b>High Need</b>	<b>Very High Need</b>	<b>Left Blank or N/A</b>	<b>Total</b>
<b>1A</b>	People who start to show serious signs of mental illness.	15	12	96	192	230	6	<b>551</b>
<b>1B</b>	Children/youth in stressed families, at high risk for mental illness.	9	9	93	223	213	4	<b>551</b>
<b>1C</b>	Children/youth at risk for failing or dropping out of school.	9	26	124	224	166	2	<b>551</b>
<b>1D</b>	People at risk of being arrested or put in jail.	16	53	180	174	126	2	<b>551</b>
<b>1E</b>	People facing trauma (e.g., loss of loved one, home, and/or employment; isolation/ repeated abuse, domestic violence, refugees).	9	10	85	223	220	4	<b>551</b>
<b>1F</b>	People who often do not get the mental health services they need (e.g., based on race, culture, language, age, gender lifestyles, or beliefs).	10	30	152	189	163	7	<b>551</b>
<b>1G</b>	People with family history of mental health problems and/or use addictive substances.	5	17	117	183	221	8	<b>551</b>
<b>1H</b>	People who have attempted or might attempt suicide.	9	21	59	123	334	5	<b>551</b>
<b>Total Responses by Number</b>		<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Neither Agree Nor Disagree</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>	<b>Left Blank or N/A</b>	<b>Total</b>
<b>4</b>	There are enough existing mental illness prevention and early intervention resources and services in Sutter and Yuba Counties.	26	64	113	115	219	14	<b>551</b>
<b>5</b>	There is enough information available about how to find and access existing mental illness prevention and early intervention services in Sutter and Yuba Counties.	25	93	91	142	187	13	<b>551</b>

<b>3</b>	Please select three of the following community issues that you think are most important for mental illness prevention and early intervention in Sutter & Yuba Counties (Select three).	Total Responses
	Suicide	289
	Arrest and detention in jail	73
	School failure or dropout	138
	Unemployment	82
	Homelessness	148
	Prolonged suffering/trauma	193
	Community/domestic violence	221
	Removal of children from their homes/families	161
	Number of undetected mental health problems	110
	Stigma/discrimination related to mental health problems	73
	Problems facing military veterans and their families	50
	Other, please specify:	89
	<b>Total:</b>	<b>1627</b>
<b>6</b>	Please select three of the following settings that you think would be the most effective for identifying Sutter and Yuba Counties' residents with a need for mental illness prevention and early intervention services. (Select three).	Total Responses
	Doctor's offices or clinics	298
	Health Care Settings (e.g., hospitals, nursing homes)	153
	Schools (e.g., public, private, trade)	300
	Faith-based organizations	68
	Law Enforcement (e.g., jails, courts, probation)	182
	Social services (e.g., WIC Program, Cal Works)	200
	Workplaces (e.g., Employee Assistance Programs)	78
	Unemployment/employment centers	69
	In-home (e.g., postal carriers, utility workers, emergency responders, family)	70
	Community organizations (e.g., community centers, family resource centers)	140
	Other, please specify:	67
	<b>Total:</b>	<b>1625</b>

1627

1625

n=551

7	What are the two best approaches for addressing mental illness prevention and early intervention in Sutter and Yuba Counties? (Select two).	Total Responses
	Provide early and periodic screening, diagnosis, and treatment for mental illness (at primary health care, school/college, preschool, child care, and workplace settings).	290
	Provide education and support services for parents, grandparents, and caregiver's at community centers, churches, and other community settings.	222
	Provide resource and referral information (at primary health care, school/college, preschool, child care, nursing home, and workplace settings)	180
	Train educators, law enforcement, emergency responders, doctors, nurses, and nursing home staff on early recognition and response to mental illness.	248
	Work-based program (e.g., Employee Assistance Program, Workplace Health Promotion Programs)	46
	Other, please specify:	13
	Blank	73
	<b>Total:</b>	<b>1072</b>

**1072**

8	Your Race / Ethnicity?	Total Responses
	American Indian/Native American	19
A	American Indian/Native American & White	5
	Asian	28
	Asian and Hispanic	1
A	Asian and White	4
A	Black / African American	15
A	Blank	50
	Hispanic/Latino	68
A	Hispanic/White	4
	Pacific Islander	4
	White / Caucasian	330
	Other / More Than One	23
	<b>Total:</b>	<b>551</b>

Age	Total Responses	Gender	Total Responses
<b>Blank</b>	37	<b>Blank</b>	65
15 yrs & under	26	<b>Male</b>	126
16-25 yrs	66	<b>Female</b>	349
26-59 yrs	375	<b>Other</b>	11
60+ yrs	47		
<b>Total:</b>	<b>551</b>	<b>Total:</b>	<b>551</b>

551

	8 Which of the following group(s) apply to you?	Total Responses
	Business / Community Member	42
<b>A</b>	Blank	179
	Caregiver	17
	Client / Consumer	66
<b>A</b>	Client / Consumer & Family Member	18
	Community Based Provider / Network Provider	6
	CPS / Social Services	49
	Education or Teacher	34
	Faith Based Organizations	15
	Family Member	68
<b>A</b>	First Steps	20
	Law Enforcement	6
	Medical Provider	25
	Network Provider/Community Provider	3
	Numerous / Other	60
	SYMHS Staff	15
	<b>Total:</b>	<b>623</b>

	Description	Zip Code	Total Responses
		<b>Blank</b>	89
	Nicolaus	<b>95659</b>	1
	Rio Oso	<b>95674</b>	6
	Wheatland	<b>95692</b>	4
	Marysville	<b>95901</b>	104
	Beale AFB	<b>95903</b>	2
	Browns Valley	<b>95918</b>	5
	Camptonville	<b>95922</b>	12
	Dobbins	<b>95935</b>	4
	Live Oak	<b>95953</b>	26
	Meridian	<b>95957</b>	2
	Olivehurst	<b>95961</b>	41
	Oregon House	<b>95962</b>	6
	Sutter	<b>95982</b>	7
	Yuba City	<b>95991</b>	128
	Yuba City	<b>95992</b>	4
<b>623</b>	Yuba City	<b>95993</b>	84
	Misc.	<b>Other</b>	26
	<b>Total:</b>		<b>551</b>

551

551

<b>Total Responses By Percentage</b>		<b>Low Need Very</b>	<b>Low Need</b>	<b>Moderate Need</b>	<b>High Need</b>	<b>Very High Need</b>	<b>Left Blank or N/A</b>	<b>Total</b>
<b>1A</b>	People who start to show serious signs of mental illness.	3%	2%	17%	35%	42%	1%	<b>100%</b>
<b>1B</b>	Children/youth in stressed families, at high risk for mental illness.	2%	2%	17%	40%	39%	1%	<b>100%</b>
<b>1C</b>	Children/youth at risk for failing or dropping out of school.	2%	5%	23%	41%	30%	0%	<b>100%</b>
<b>1D</b>	People at risk of being arrested or put in jail.	3%	10%	33%	32%	23%	0%	<b>100%</b>
<b>1E</b>	People facing trauma (e.g., loss of loved one, home, and/or employment; isolation/ repeated abuse, domestic violence, refugees).	2%	2%	15%	40%	40%	1%	<b>100%</b>
<b>1F</b>	People who often do not get the mental health services they need (e.g., based on race, culture, language, age, gender lifestyles, or beliefs).	2%	5%	28%	34%	30%	1%	<b>100%</b>
<b>1G</b>	People with family history of mental health problems and/or use addictive substances.	1%	3%	21%	33%	40%	1%	<b>100%</b>
<b>1H</b>	People who have attempted or might attempt suicide.	2%	4%	11%	22%	61%	1%	<b>100%</b>
<b>Total Responses By Percentage</b>		<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Neither Agree Nor Disagree</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>	<b>Left Blank or N/A</b>	<b>Total</b>
<b>4</b>	There are enough existing mental illness prevention and early intervention resources and services in Sutter and Yuba Counties.	5%	12%	21%	21%	40%	3%	<b>100%</b>
<b>5</b>	There is enough information available about how to find and access existing mental illness prevention and early intervention services in Sutter and Yuba Counties.	5%	17%	17%	26%	34%	2%	<b>100%</b>

3	Please select three of the following community issues that you think are most important for mental illness prevention and early intervention in Sutter & Yuba Counties (Select three).	Total Responses
	Suicide	18%
	Arrest and detention in jail	4%
	School failure or dropout	8%
	Unemployment	5%
	Homelessness	9%
	Prolonged suffering/trauma	12%
	Community/domestic violence	14%
	Removal of children from their homes/families	10%
	Number of undetected mental health problems	7%
	Stigma/discrimination related to mental health problems	4%
	Problems facing military veterans and their families	3%
	Other, please specify:	5%
	<b>Total:</b>	<b>100%</b>
	Please select three of the following settings that you think would be the most effective for identifying Sutter and Yuba Counties' residents with a need for mental illness prevention and early intervention services. (Select three).	Total Responses
	Doctor's offices or clinics	18%
	Health Care Settings (e.g., hospitals, nursing homes)	9%
	Schools (e.g., public, private, trade)	18%
	Faith-based organizations	4%
	Law Enforcement (e.g., jails, courts, probation)	11%
	Social services (e.g., WIC Program, Cal Works)	12%
	Workplaces (e.g., Employee Assistance Programs)	5%
	Unemployment/employment centers	4%
	In-home (e.g., postal carriers, utility workers, emergency responders, family)	4%
	Community organizations (e.g., community centers, family resource centers)	9%
	Other, please specify:	4%
	<b>Total:</b>	<b>100%</b>

n=551

7	What are the two best approaches for addressing mental illness prevention and early intervention in Sutter and Yuba Counties? (Select two).	Total Responses
	Provide early and periodic screening, diagnosis, and treatment for mental illness (at primary health care, school/college, preschool, child care, and workplace settings).	27%
	Provide education and support services for parents, grandparents, and caregiver's at community centers, churches, and other community settings.	21%
	Provide resource and referral information (at primary health care, school/college, preschool, child care, nursing home, and workplace settings)	17%
	Train educators, law enforcement, emergency responders, doctors, nurses, and nursing home staff on early recognition and response to mental illness.	23%
	Work-based program (e.g., Employee Assistance Program, Workplace Health Promotion Programs	4%
	Other, please specify:	1%
	Blank	7%
	<b>Total:</b>	<b>100%</b>

<b>8</b>	<b>Your Race / Ethnicity?</b>	<b>Total Responses</b>
	American Indian/Native American	3%
<b>A</b>	American Indian/Native American & White	1%
	Asian	5%
<b>A</b>	Asian and Hispanic	0%
<b>A</b>	Asian and White	1%
	Black / African American	3%
<b>A</b>	Blank	9%
	Hispanic/Latino	12%
<b>A</b>	Hispanic/White	1%
	Pacific Islander	1%
	White / Caucasian	60%
	Other / More Than One	4%
	<b>Total:</b>	<b>100%</b>

<b>Age</b>	<b>Total Responses</b>
<b>Blank</b>	7%
<b>15 yrs &amp; under</b>	5%
<b>16-25 yrs</b>	12%
<b>26-59 yrs</b>	68%
<b>60+ yrs</b>	9%
<b>Total:</b>	<b>100%</b>

<b>Gender</b>	<b>Total Responses</b>
<b>Blank</b>	12%
<b>Male</b>	23%
<b>Female</b>	63%
<b>Other</b>	2%
<b>Total:</b>	<b>100%</b>

	8 Which of the following group(s) apply to you?	Total Responses
	Business / Community Member	7%
<b>A</b>	Blank	29%
	Caregiver	3%
	Client / Consumer	11%
<b>A</b>	Client / Consumer & Family Member	3%
	Community Based Provider / Network Provider	1%
	CPS / Social Services	8%
	Education or Teacher	5%
	Faith Based Organizations	2%
	Family Member	11%
<b>A</b>	First Steps	3%
	Law Enforcement	1%
	Medical Provider	4%
	Network Provider/Community Provider	0%
	Numerous / Other	10%
	SYMHS Staff	2%
	<b>Total:</b>	<b>100%</b>

Description	Zip Code	Total Responses
	<b>Blank</b>	16.15%
Nicolaus	<b>95659</b>	0.18%
Rio Oso	<b>95674</b>	1.09%
Wheatland	<b>95692</b>	0.73%
Marysville	<b>95901</b>	18.87%
Beale AFB	<b>95903</b>	0.36%
Browns Valley	<b>95918</b>	0.91%
Camptonville	<b>95922</b>	2.18%
Dobbins	<b>95935</b>	0.73%
Live Oak	<b>95953</b>	4.72%
Meridian	<b>95957</b>	0.36%
Olivehurst	<b>95961</b>	7.44%
Oregon House	<b>95962</b>	1.09%
Sutter	<b>95982</b>	1.27%
Yuba City	<b>95991</b>	23.23%
Yuba City	<b>95992</b>	0.73%
Yuba City	<b>95993</b>	15.25%



**Sutter-Yuba Mental Health Services**

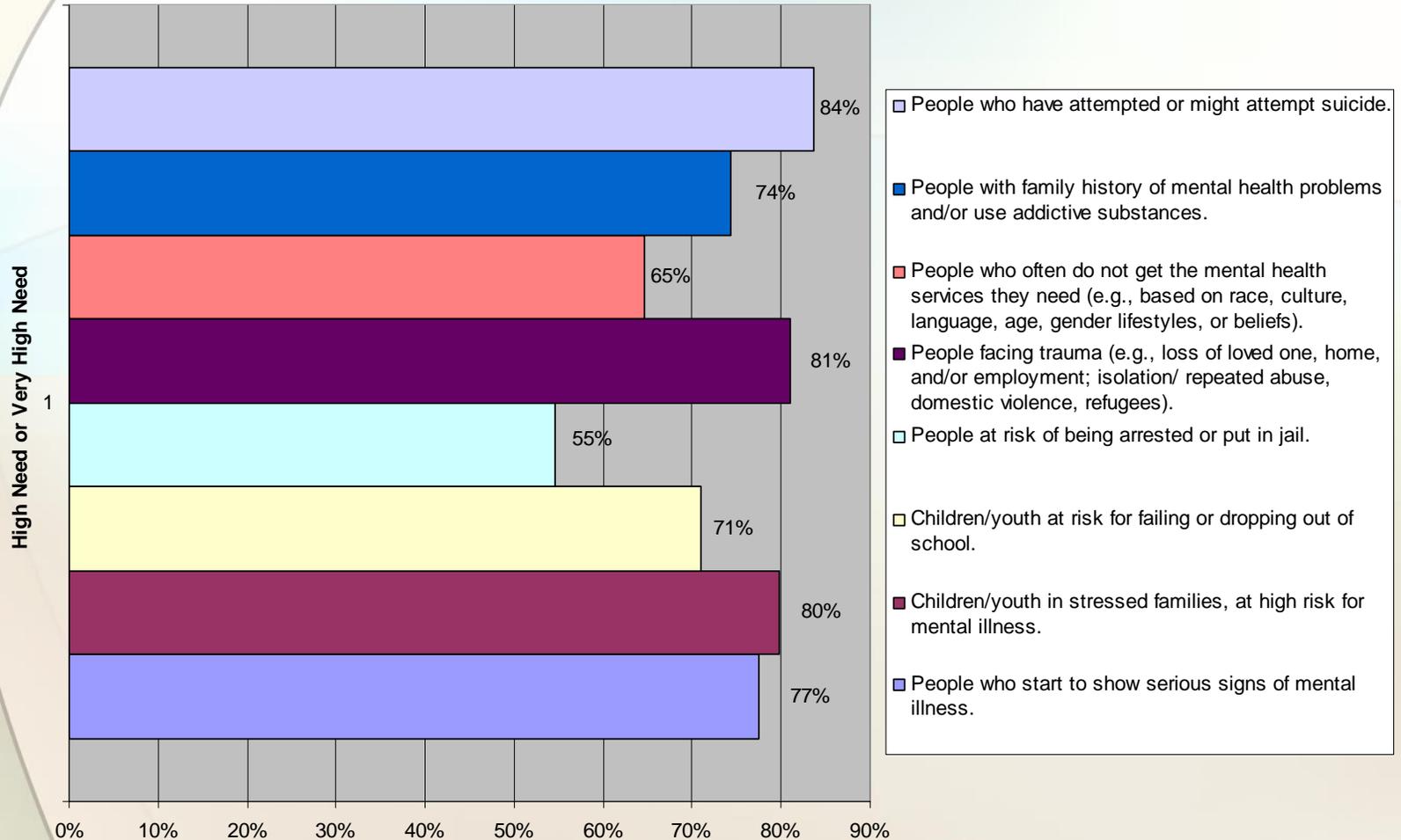
**PEI  
Community  
Survey  
Results**

**Prevention & Early  
Intervention**

# Sutter-Yuba PEI Survey Results

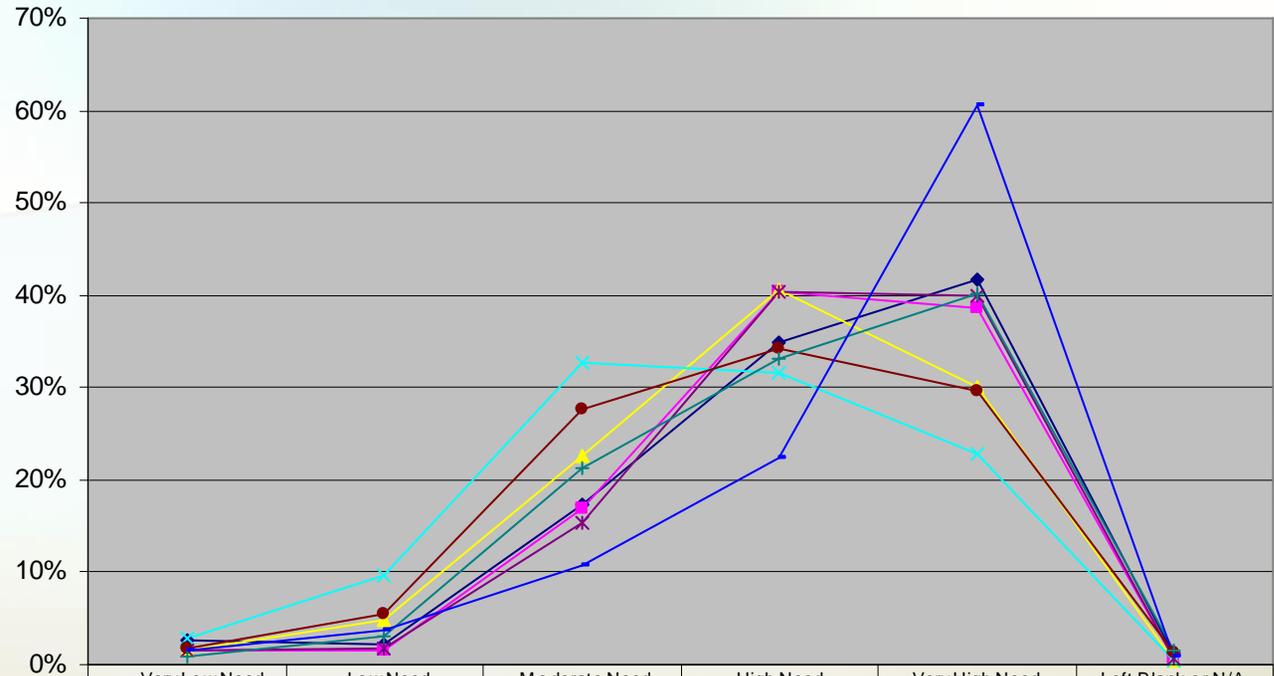
## Question 1: ...Greatest need for Mental Health PEI Services in Sutter & Yuba Counties

### High Need and Very High Need Scores



# Sutter-Yuba PEI Survey Results

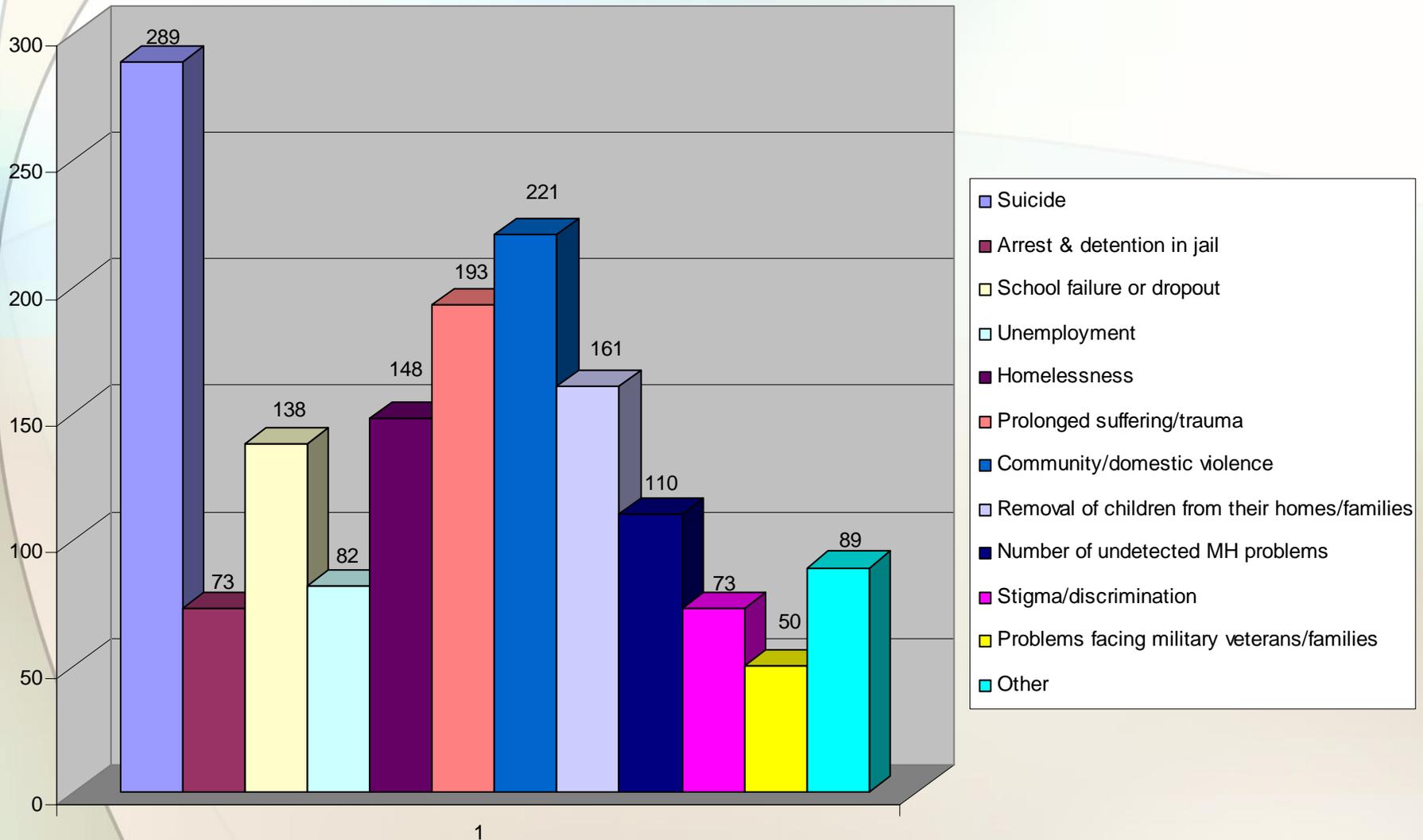
## Question 1: ...Greatest need for Mental Health PEI in Sutter and Yuba Counties



	Very Low Need	Low Need	Moderate Need	High Need	Very High Need	Left Blank or N/A
◆ People who start to show serious signs of mental illness.	3%	2%	17%	35%	42%	1%
■ Children/youth in stressed families, at high risk for mental illness.	2%	2%	17%	40%	39%	1%
▲ Children/youth at risk for failing or dropping out of school.	2%	5%	23%	4%	30%	0%
× People at risk of being arrested or put in jail.	3%	10%	33%	32%	23%	0%
* People facing trauma (e.g., loss of loved one, home, and/or employment; isolation/ repeated abuse, domestic violence, refugees).	2%	2%	15%	40%	40%	1%
● People who often do not get the mental health services they need (e.g., based on race, culture, language, age, gender lifestyles, or beliefs).	2%	5%	28%	34%	30%	1%
+ People with family history of mental health problems and/or use addictive substances.	1%	3%	21%	33%	40%	1%
◆ People who have attempted or might attempt suicide.	2%	4%	11%	22%	61%	1%

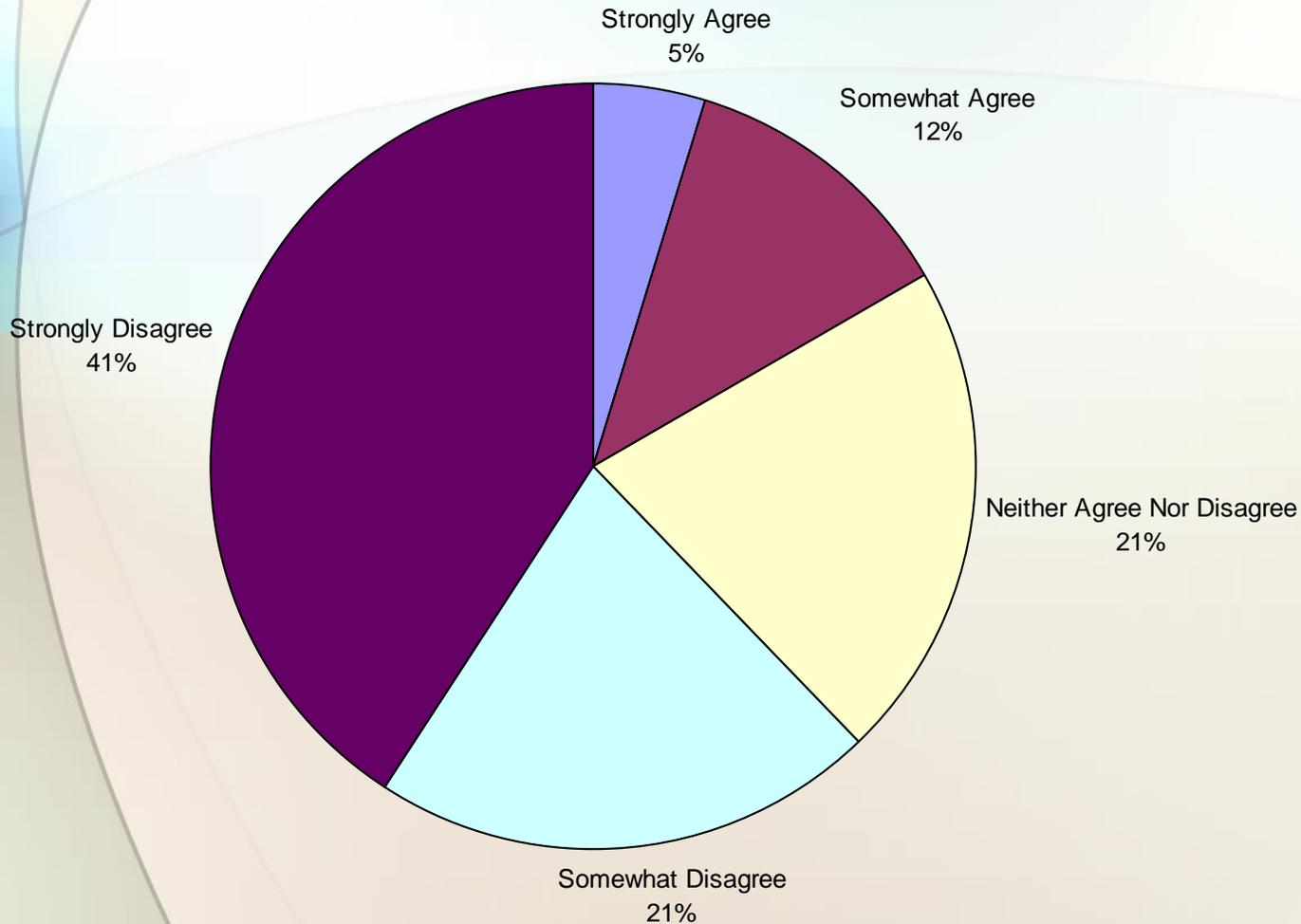
# Sutter-Yuba PEI Survey Results

## Question 3: ...Most Important Community Issues



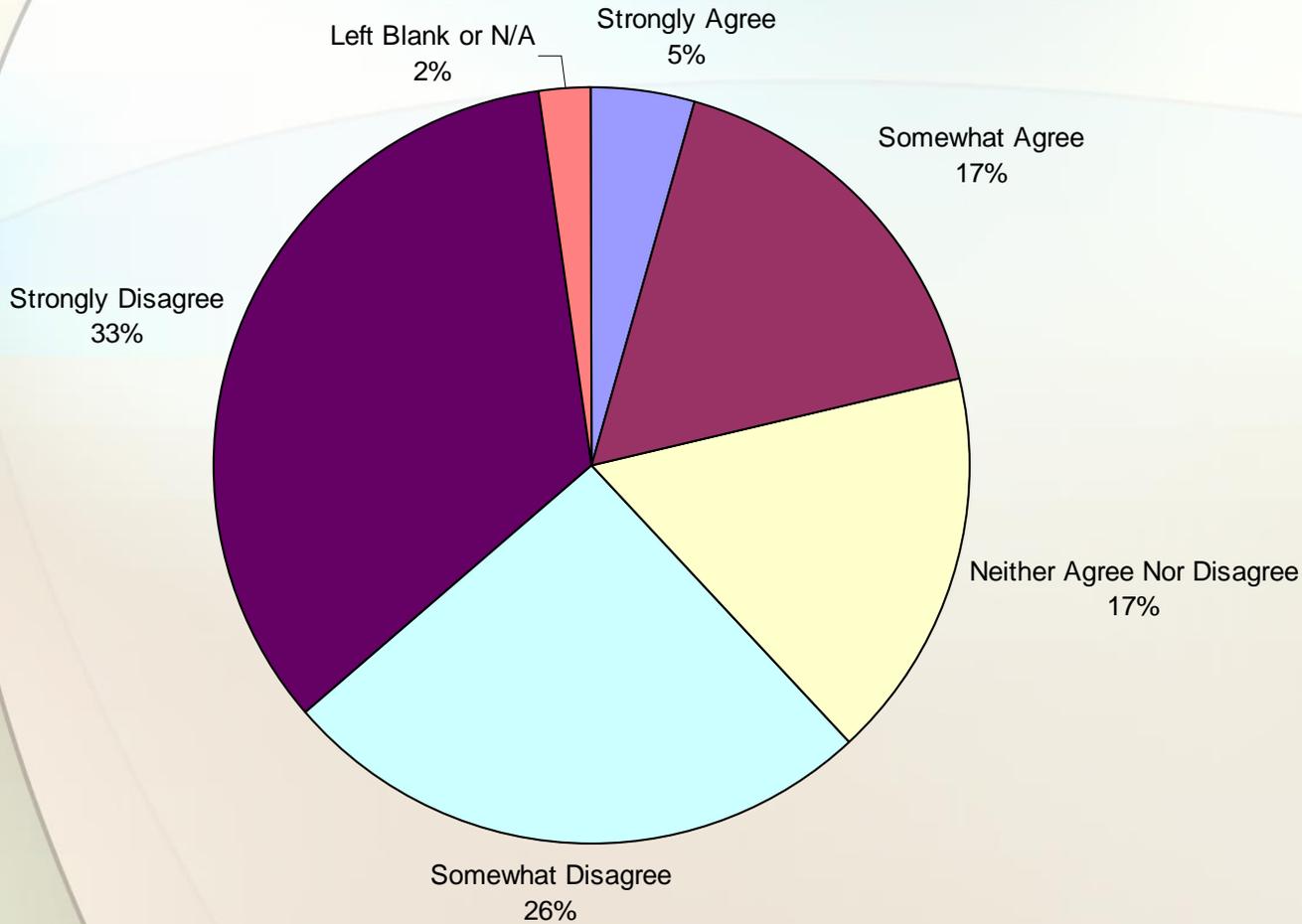
# Sutter-Yuba PEI Survey Results

**Question 4: There are enough existing mental illness PEI resources and services in Sutter and Yuba Counties**



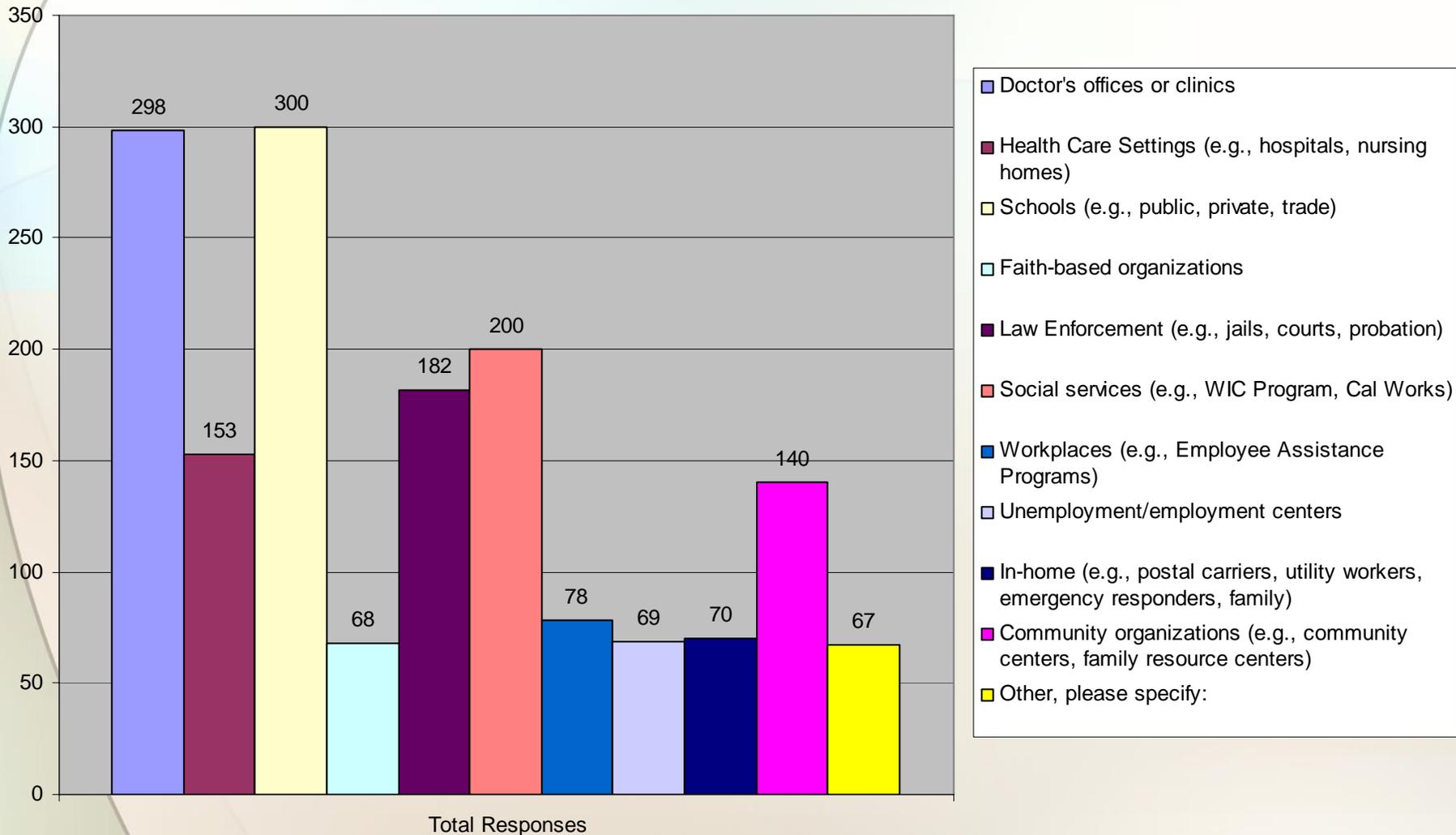
# Sutter-Yuba PEI Survey Results

**Question 5: There is enough information available about how to find and access existing mental illness PEI services in Sutter and Yuba Counties.**



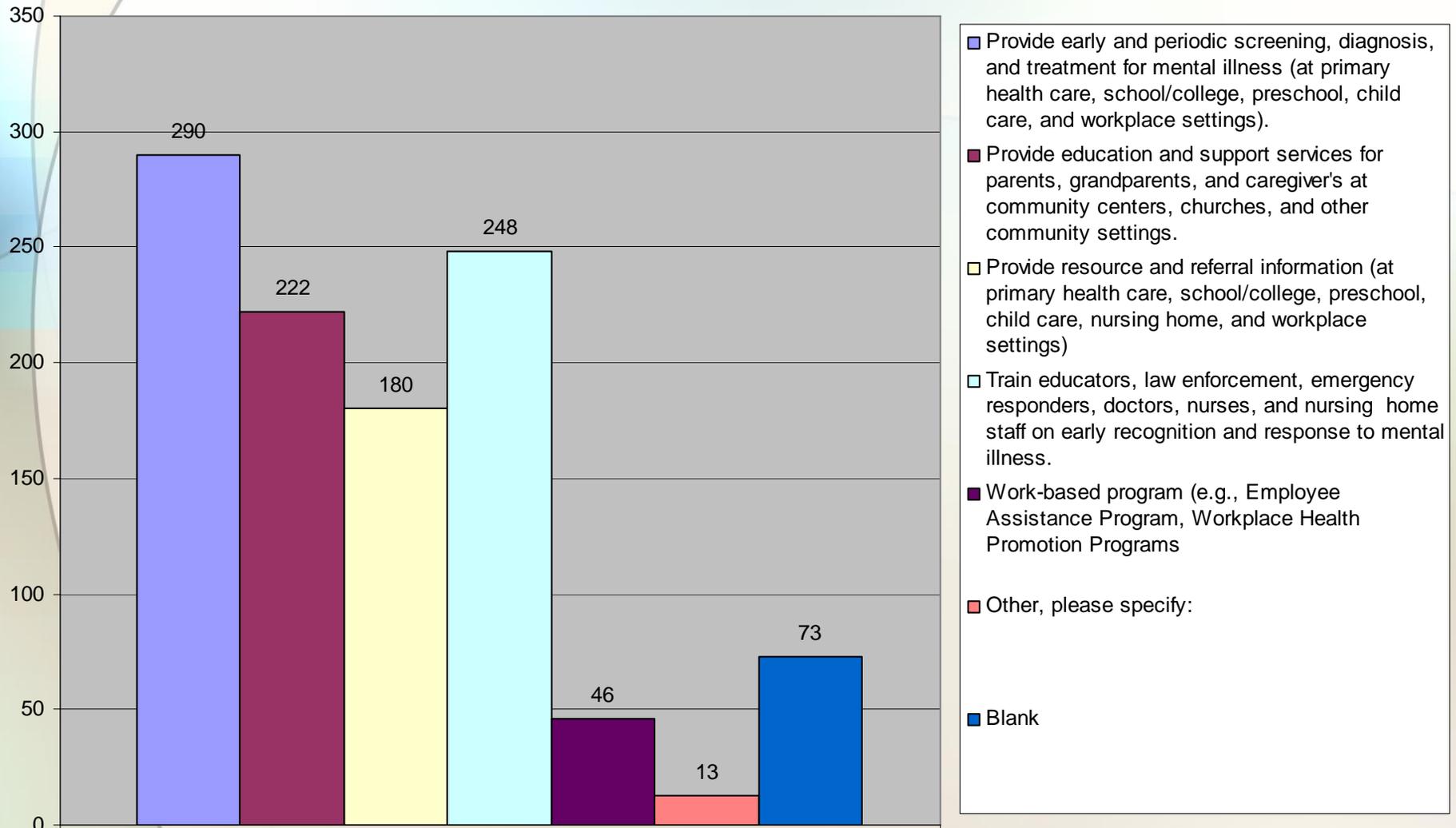
# Sutter-Yuba PEI Survey Results

**Question 6: ...most effective settings for identifying Sutter and Yuba Counties residents with a need for mental illness PEI services.**



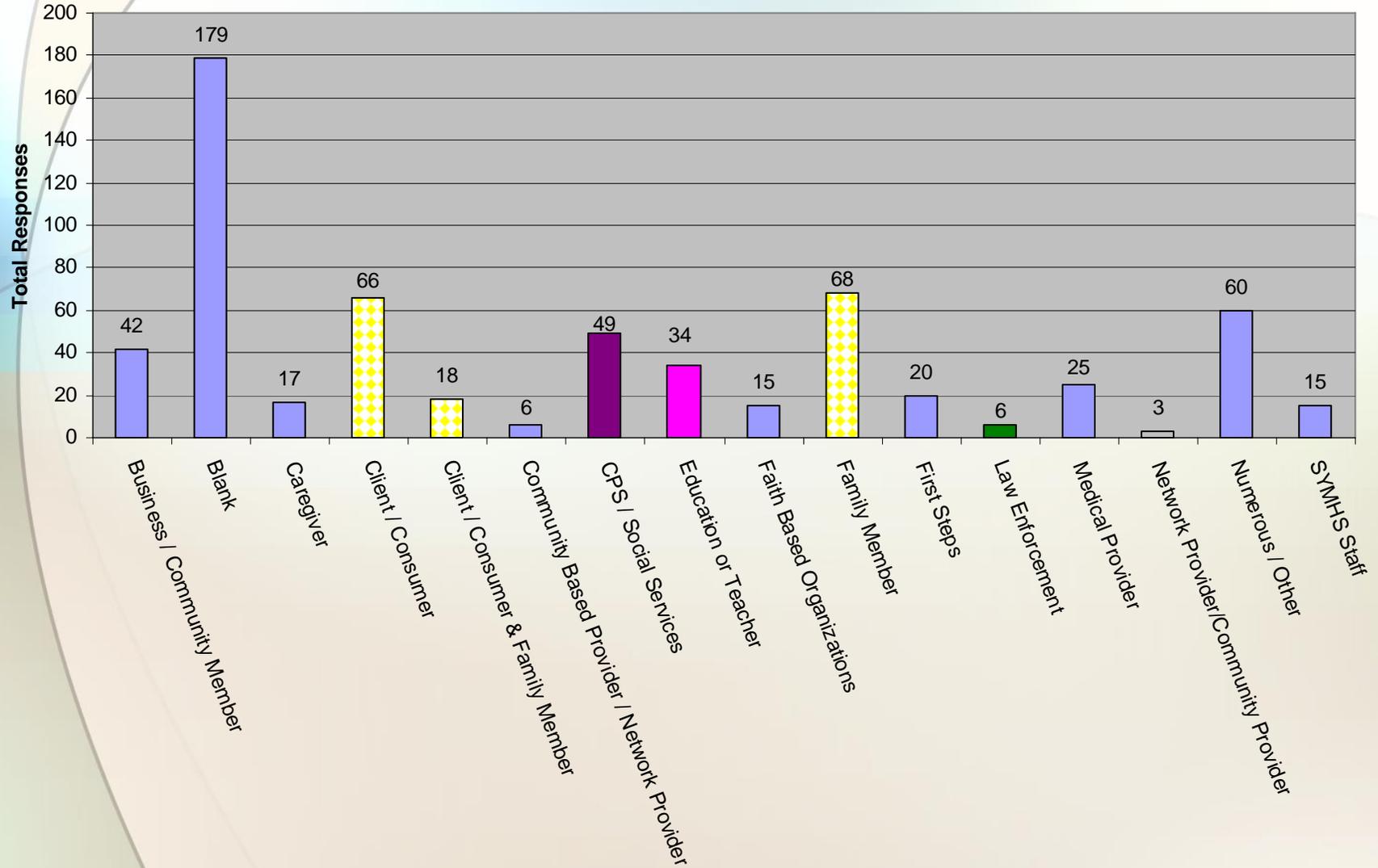
# Sutter-Yuba PEI Survey Results

## Question 7: ..Best approaches for addressing mental illness PEI in Sutter and Yuba Counties.



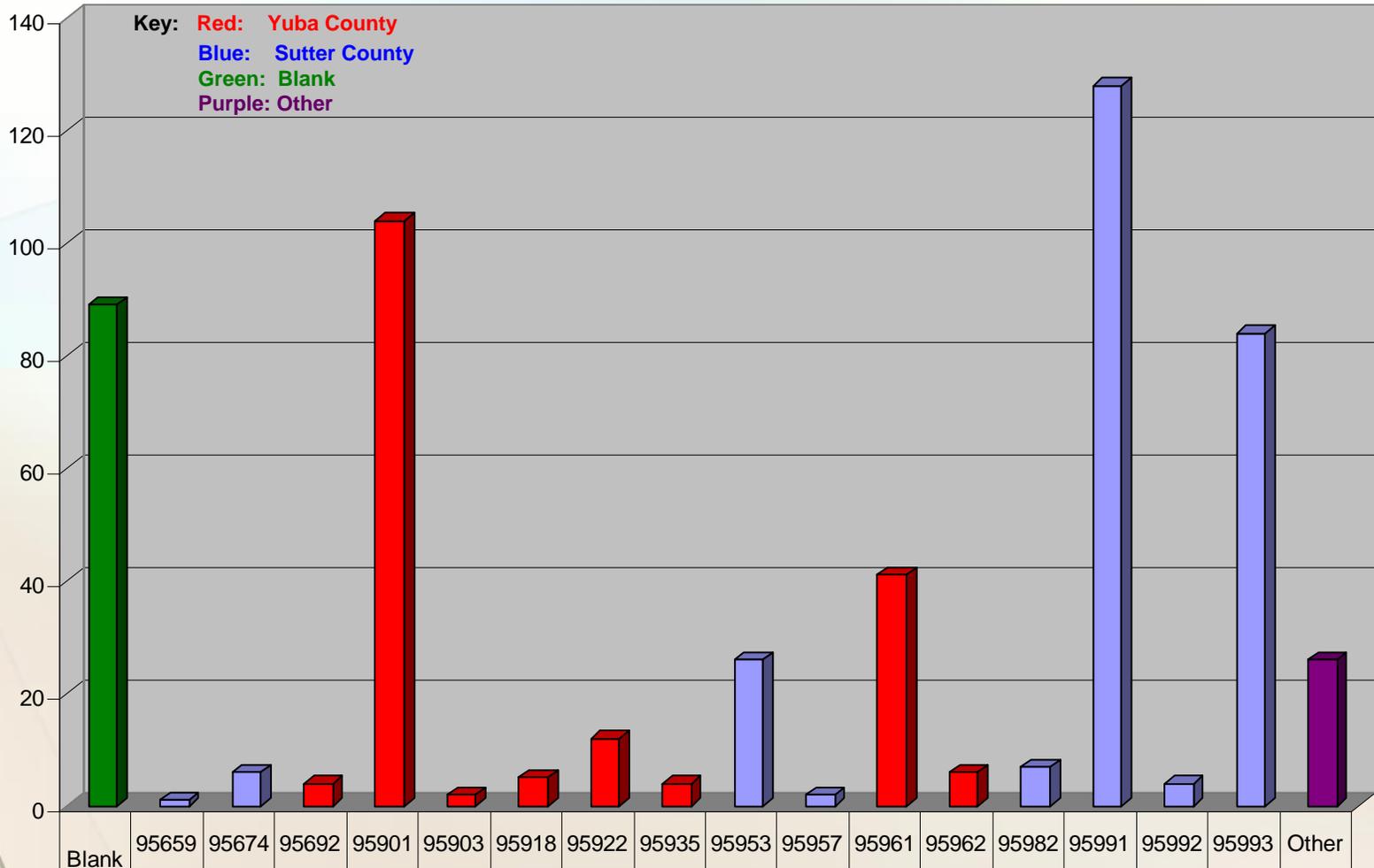
# Sutter-Yuba PEI Survey Results

## PEI Survey by Affiliation(s)



# Sutter-Yuba PEI Survey Results

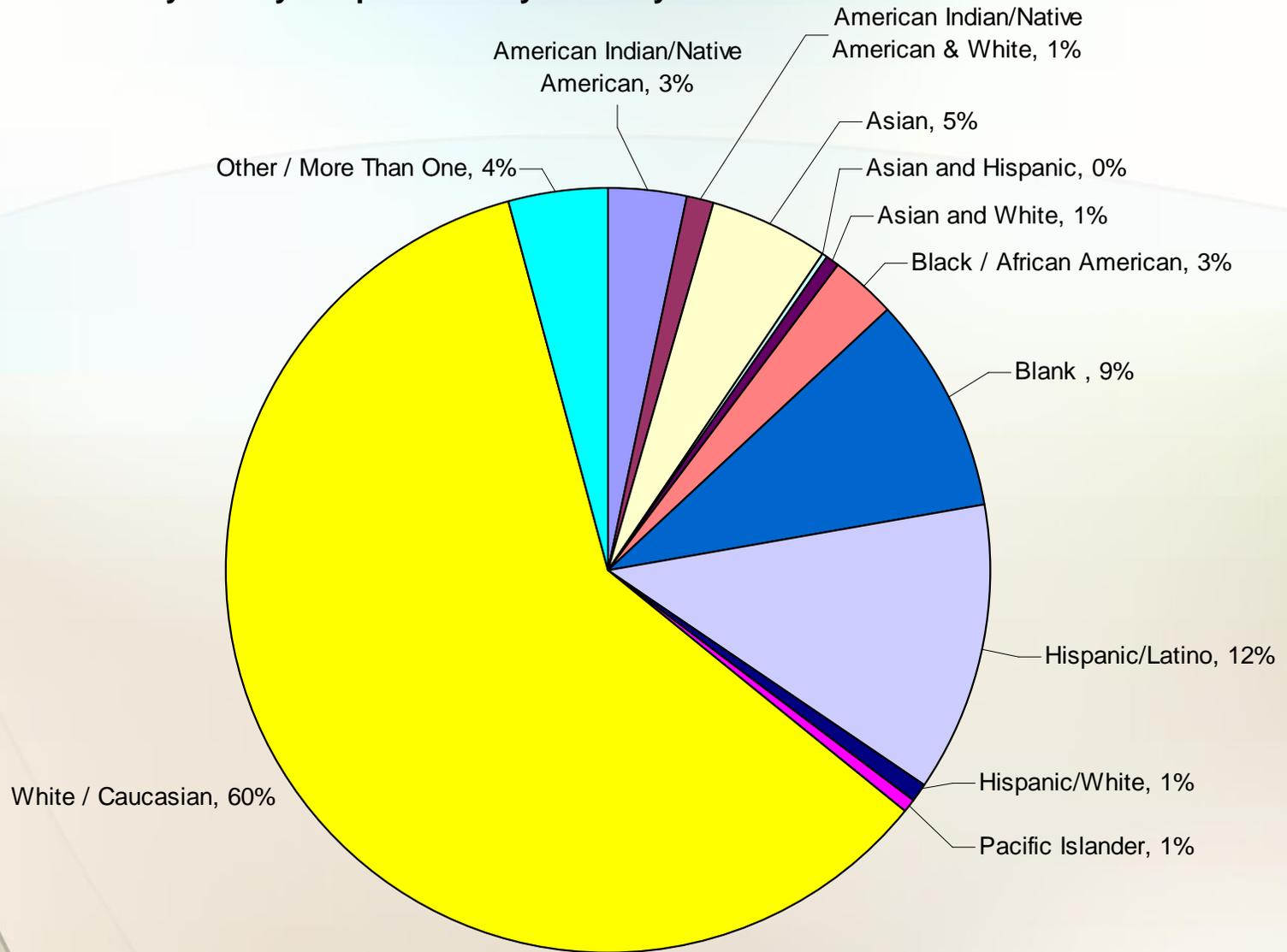
## PEI Community Survey by Zip Code



■ Total Responses	89	1	6	4	104	2	5	12	4	26	2	41	6	7	128	4	84	26
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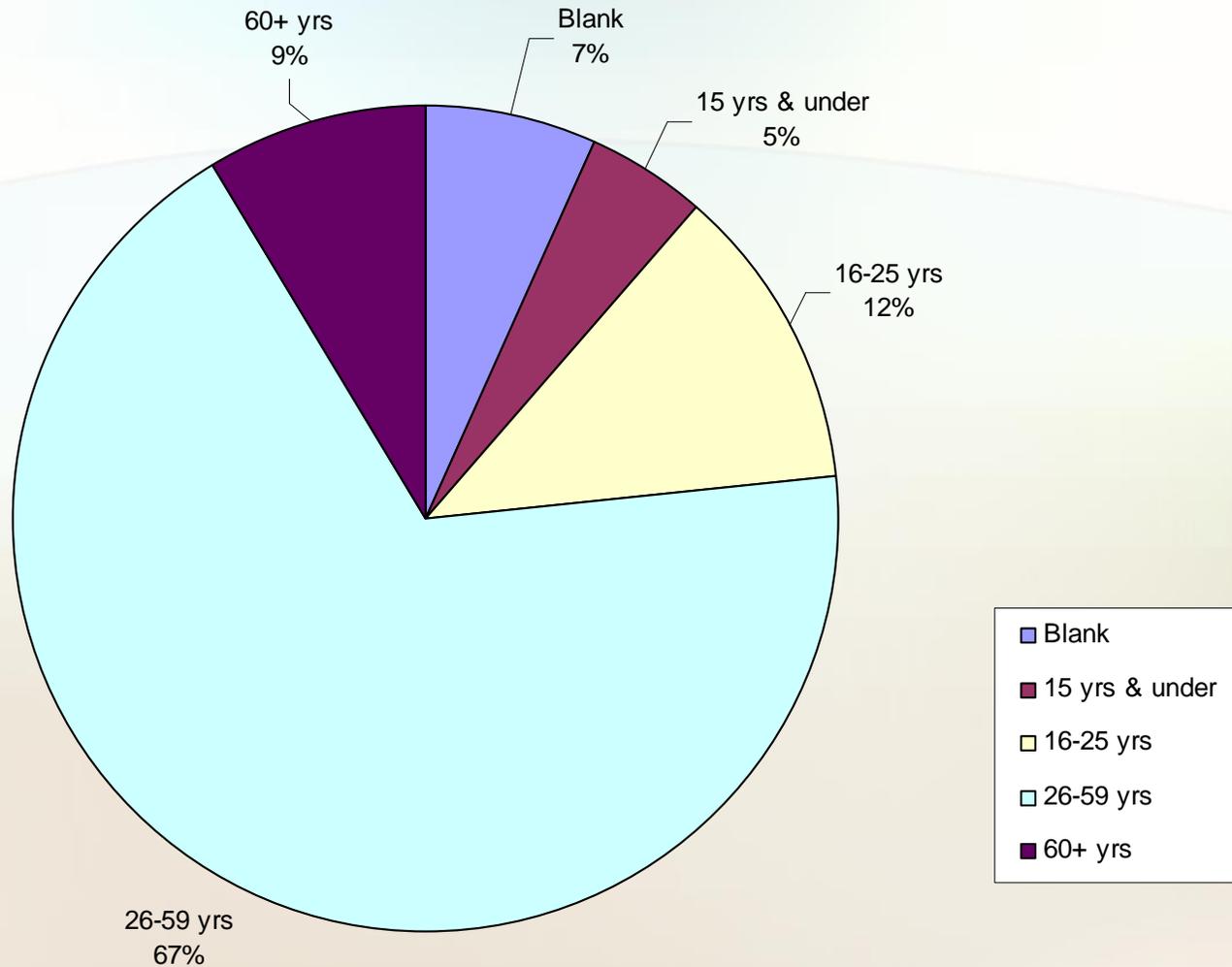
# Sutter-Yuba PEI Survey Results

## PEI Community Survey Respondents by Ethnicity



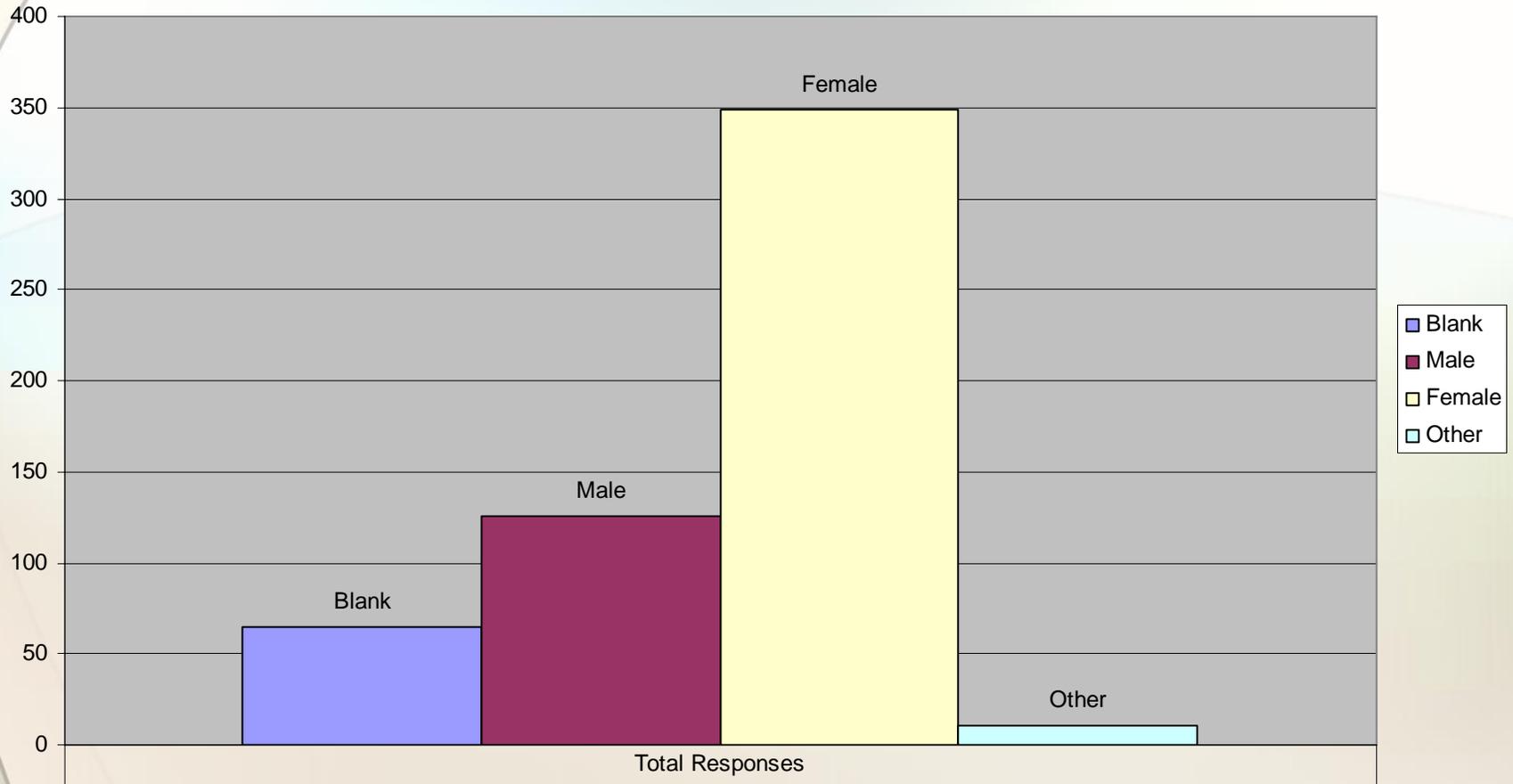
# Sutter-Yuba PEI Survey Results

## PEI Survey Respondents By Age



# Sutter-Yuba PEI Survey Results

## PEI Survey Respondents By Gender



Blank	65
Male	126
Female	349
Other	11