

Mental Health Services Act (MHSA)
Prevention and Early Intervention Component of the
Three-Year Program and Expenditure Plan
Fiscal Years 2009-10 and 2010-11



Santa Barbara County
Department of Alcohol, Drug and Mental Health Services
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Executive Summary

Santa Barbara County's Prevention and Early Intervention (PEI) plan was built on a solid base of research and stakeholder feedback compiled during the original MHSA Community Services and Supports (CSS) community planning process. To supplement this knowledge base, a five-step planning process was designed to reach out to hundreds of stakeholders representing a broad array of key stakeholder constituencies.

The PEI community planning process consisted of five phases:

- 1) A research project conducted by experts at the University of California, Santa Barbara (UCSB).
- 2) Regional PEI forums held in Santa Maria, Lompoc and Santa Barbara. These cities are not only the three largest population centers in the County, they also represent its diversity. Santa Barbara is located in South County, the most densely populated region, home to a service economy based on health care, education, tourism and technology. In Central County, Lompoc's economy is based on agriculture, an Air Force Base and a federal prison complex. The economy of Santa Maria, in North County, is predominantly agricultural. The forums provided an opportunity to educate stakeholders about PEI guidelines and prevalence data. They also allowed stakeholders to rank DMH-suggested priority populations and community mental health needs.
- 3) A series of focus groups and key informant interviews were held to ensure adequate outreach to stakeholders unlikely to attend forums or participate in other feedback opportunities.
- 4) Drawing on the ranking of priority populations and community mental health needs that occurred in the stakeholder forums, an online PEI survey afforded stakeholders the opportunity to provide more specific suggestions about preferred PEI programs, interventions and sites.
- 5) Taking into account the multiple sources of stakeholder input, a draft PEI plan was created. On November 20, 2009, the Santa Barbara County Mental Health Commission held a meeting that presented highlights of the draft plan and solicited stakeholder feedback.

Consistent with PEI guidelines regarding issues of disparities in access, ADMHS will ensure that all projects have the capacity to provide culturally competent services to diverse populations. In addition, ADMHS has established a standard that MHSA projects meet or exceed 40% bilingual/bicultural direct service staff to address the County's second threshold language population (Spanish). ADMHS has determined that the most effective approach to address linguistic and cultural disparities is to establish bilingual/bicultural workforce capacity.

A special focus will also be established for the Asian and Pacific Islander (API) and African American communities, which are predominantly located in the North

County cities of Santa Maria and Lompoc. A new committee of cultural brokers representing the API, African American, Native American, Latino, Oaxacan and LGBTQ communities will meet regularly to ensure that these populations receive outreach and linkage under PEI. This committee will also be part of the departmental Cultural Competency Workgroup as outlined in the 2009/10 Cultural Competency Plan.

The four projects that were selected, which collectively serve all age groups (children, adults, transition-age youth and older adults) are summarized in the following chart:

Santa Barbara County MHA Prevention and Early Intervention Projects			
Project Name	Description	Population to be Served	Annual Cost
1. Mental Health Education and Support in Culturally Underserved Communities (Countywide)	The Community Mental Health Education and Support Project uses individuals who reflect the social and cultural characteristics of the communities they serve to improve the appropriate use of prevention and early intervention services.	Underserved persons at risk of serious mental illness and their families in the Latino, Oaxacan, LGBT and Native American communities countywide. (3,000 unduplicated individuals and 300 unduplicated families annually)	\$390,000
	Component A: Outreach & Education: Educational workshops, discussion groups and support groups that address individual and family member mental health as well as various wellness topics.		
	Component B: Community Engagement & Information: Culturally appropriate training sessions for community leaders and service providers.		
	Component C: Mental Health Case Management and Linkage to Services: Culturally and linguistically appropriate case management to ensure linkages to appropriate, effective services.		
	Component D: Cultural Wellness Practices integrated into outreach, education, consultation and early intervention activities.		
2. Integrating Primary and Mental Health Care in Community Clinics (Countywide)	Component A: Education and Reduction of Stigma. Each site will provide bilingual training and education to clinic visitors in mental health, resiliency and risk factors. Staff will be trained about the cultures of consumers receiving clinic services.	Underserved individuals of all ages, including those who have experienced barriers of stigma and transportation. (2,250 unduplicated individuals annually)	\$500,000
	Component B: Identification and Assessment: each site will review and augment its assessment forms and distribute them to everyone who presents for a physical problem. This will help identify individuals who may be experiencing trauma, a mental health condition and/or other emerging mental health conditions. The evidence-based IMPACT program will screen older adults for depression.		
	Component C: Mental Health Case Management, Treatment & Linkages: expanding mental health teams in each region of the County will enhance the capacity of each clinic to assess, treat and refer individuals at risk for the development of a serious mental health		

Santa Barbara County MHSa Prevention and Early Intervention Projects			
	condition.		
3. Early Childhood Mental Health Services	<p>In-home support, health and development screening, parent education and skills training, infant parent psychotherapy, advocacy, resources and referrals, postpartum support groups and father outreach.</p> <p>Early Childhood Mental Health Consultation: Problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and Family Resource staff, preschool teachers, families and programs.</p>	Young children, prenatal to age five, and their families in Santa Barbara County within these priority populations: trauma-exposed individuals, children and youth in stressed families, children and youth at risk for school failure and underserved cultural populations. (185 unduplicated individuals and 40 unduplicated families annually)	\$460,000
4. Prevention and Early Intervention Services for Children and TAY	<p>Component A: Adding Underserved Children and Adolescents to Crisis Service Coverage: 24/7 mental health assessment, screening and treatment, home visits, school collaboration, family interventions, respite, multi-agency linkages, child abuse prevention education.</p> <p>Component B: School-Based Support for Children and Adolescents: A school-based program that offers prevention and early intervention mental health services to students in Carpinteria public schools experiencing emotional and/or behavioral difficulties.</p> <p>Component C: Early Detection and Intervention Teams for TAY: Evidenced-based interventions for adolescents and young adults that help them achieve their full potential without the trauma, stigma and negative effects of a fully-developed mental illness. Elements include family psychoeducation, education and employment support, family-aided assertive community treatment and medication, if needed. One team based in Santa Barbara and one team based in Santa Maria.</p>	Underserved at risk children and TAY; ages 5-25 countywide. (90 unduplicated individuals; 650 unduplicated families)	\$1,150,000

County Name: Santa Barbara

Date:

**MENTAL HEALTH SERVICES ACT (MHSA)
PREVENTION AND EARLY INTERVENTION COMPONENT
OF THE THREE-YEAR
PROGRAM AND EXPENDITURE PLAN
Fiscal Years 2009-10 and 2010-11**

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

County Mental Health Director Name: Ann Detrick, Ph.D. Telephone Number: 805-681-5220 Fax Number: 805-681-5262 E-mail: adetrick@co.santa-barbara.ca.us	Project Lead Name: Cuco Rodriguez Telephone Number: 805-681-4505 Fax Number: 805-681-5262 E-mail: cucorodriguez@co.santa-barbara.ca.us
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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 *Ann Detrick*
County Mental Health Director

February 9, 2010
Date

Executed at *Santa Barbara*, California

PEI COMMUNITY PROGRAM PLANNING PROCESS Form No. 2

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

a. The overall Community Program Planning Process

Under the direction and overall management of Ann Detrick, Ph.D., Director, Santa Barbara County Department of Alcohol, Drug and Mental Health Services (ADMHS), the PEI Community Planning Process featured broad general outreach that included community forums held in all three regions of Santa Barbara County; targeted outreach to ethnic minorities and underserved populations using focus groups and key informant interviews; an online survey and informational and discussion sessions with a variety of stakeholder groups.

One of the key stakeholder groups involving consumers and family members in the PEI pre-planning stage and throughout the PEI planning process is the ADMHS Consumer and Family Member Advisory Committee (CFMAC). CFMAC was founded in 2005 as a mechanism for consumer and family member involvement in the MHSA Community Services and Supports (CSS) process. Stipends and mileage reimbursement support the participation of 11 consumer and 11 family voting members. However, meetings are open to the public, and CFMAC has also included the active involvement of non-voting consumer and family members since its inception.

The PEI Stakeholder Planning Team included:

- Bob Quinn, Consumer, Alcohol, Drug and Mental Health Services (ADMHS) Consumer and Family Member Advisory Committee (CFMAC) and former MHSA Coordinator, South Region, California Network of Mental Health Clients;
- Dianna Graney, ADMHS CFMAC and President, Healing Arts Council of Santa Barbara County
- Ann Eldridge, Family Member, Board Member of NAMI Santa Barbara and Commissioner, Santa Barbara County Mental Health Commission (MHC);
- Margaret Lydon, Retired Teacher, Member of the Juvenile Justice Task Force, Family Advocate, Community Volunteer;
- Tona Wakefield, Family Member & Family Advocate, Mental Health Association in Santa Barbara County, NAMI member;
- Larisa Traga, staff member, ADMHS Alcohol and Drug Program.

b. Coordination and management of the Community Program Planning Process

Ann Detrick, Ph.D., ADMHS Director, provided overall coordination and management. Assisting her were:

- Marianne Garrity, R.N., ADMHS Deputy Director; Ms. Garrity provides oversight of departmental administrative and information systems activities;
- Edwin Feliciano, M.D., ADMHS Medical Director;
- Suzanne Grimmesey-Kirk, MFT, ADMHS Division Chief for Adult and Children's Services. Ms. Grimmesey-Kirk oversees mental health services and has a strong background in evidence-based practices for all age groups;
- Cuco Rodriguez, MA, ADMHS Division Chief, MHSA. Mr. Rodriguez oversees communications with DMH, local stakeholder groups and the implementation of MHSA planning processes.

The following staff provided additional assistance:

- Tom Alvarez, ADMHS Assistant Director, Finance;
- John Truman, CPRC, ADMHS Division Chief of Special Projects;
- Sandra Fahey, MFT, Coordinator, Early Childhood Mental Health Program;
- Lyra Monroe, MPA, ADMHS Department Business Specialist, MHSA;
- Eric Baizer, ADMHS Department Business Specialist, MHSA.

The PEI community planning process was adequately staffed with persons familiar with the diverse needs of all age groups, major ethnicities, regions of the County and experienced in working with a variety of stakeholder groups.

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

As detailed below, stakeholders had numerous opportunities to participate in the community program planning process through the stakeholder planning team, regional community forums, an online survey, focus groups and meeting convened by the Santa Barbara County MHC on November 20, 2009 prior to the public hearing that presented plan highlights, received feedback and answered stakeholder questions.

Table 1, Required and Recommended Sectors and Partner Organizations for Prevention and Early Intervention Planning, appears on pages 16-27 of the *Proposed Guidelines, Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan*, Revised August 7, 2008. To ensure that representatives of these sectors and organizations were provided an opportunity for participation in the PEI planning process, a mailing list of approximately 275 entries was especially researched and created to invite persons to attend the regional PEI stakeholder forums. For entries for which e-mails could not be identified, invitations were sent by postal mail.

The mailing list was not the only tool used to encourage participation in PEI forums. Announcements were made at key stakeholder groups, including the Latino Advisory Committee and the Consumer and Family Member Advisory Committee. Free transportation was offered to consumers and family members interested in attending a PEI stakeholder forum.

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

A brief summary of Santa Barbara County demographics is helpful in understanding the PEI stakeholder participation process.

About Santa Barbara County

According to the 2000 Census, the total population of Santa Barbara County is approximately 400,000. According to the Santa Barbara County Association of Governments, this figure is expected to grow to 430,000 by 2010. Major population centers are the Santa Maria Valley (North County), Lompoc Valley (Central County) and South County, including the cities of Santa Barbara, Goleta and Carpinteria. Half of the County population lives in the North and Central regions of the County, which is geographically separated from the South Coast by the Santa Ynez Mountains.

The North County represents 30% of the County population, including the cities of Santa Maria (population 88,800) and Guadalupe (pop. 6,300). 20% of the County population resides in the Central County including the cities of Lompoc (pop. 42,300), Buellton (pop. 4,600) and Solvang (pop. 5,400). South County makes up 50% of the County population, including the cities of Santa Barbara (pop. 91,000), Goleta (pop. 29,200) and Carpinteria (pop. 14,300). The remainder of the population lives in the vast unincorporated areas of the County.

Spanish is the second threshold language in Santa Barbara County. Approximately 49% of the population of the northern region of the County is Latino; 30% of the population in Central County is Latino and 27% in South County (2000 Census). Latinos are the only ethnic group within the County that is actually growing. From 2000-2005, the percentage of Latinos in the County increased from 34.2% to 37.3%, while other racial groups experienced a decline in actual numbers (www.wikipedia.com retrieved 12-2-09).

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

To ensure feedback from unserved and underserved communities in Santa Barbara County that are typically under-represented in more traditional stakeholder forums, a series of focus groups and key informant interviews were held between March 2009 and July 2009. All meetings were held at sites suggested by the participating individuals or groups. The targeted cultural stakeholder groups identified during the CSS planning as unserved or underserved include the following communities:

- Latino/Spanish-speaking;
- Native American;
- Oaxacan;
- Transition-age youth;

- Lesbian/Gay/ Bisexual/Transgender and Queer/Questioning (LGBTQ).

According to the 2000 Census, about 12,000 people from the "indigenous Hispanics" live in Santa Maria in northern Santa Barbara County. (*Santa Maria Sun*, January 18, 2007.) Some place the estimate as high as 20,000. Individuals who have emigrated from the state of Oaxaca in southern Mexico are typically very low-income agricultural workers without health insurance. The vast majority speak Mixteco, not Spanish. Oaxacans constitute a significantly underserved subgroup within the Latino community.

By engaging these underserved cultural groups at locations of their own choosing and, in the case of Spanish-speaking and Oaxacan individuals, in their own language, ADMHS ensured their participation in providing feedback and advice.

Focus groups were designed to document the needs of communities representing the Santa Barbara County threshold language (Spanish) and other underserved communities prioritized under the CSS planning process, including Native Americans and LGBTQ. According to a 2008 estimate of the U.S. Census Bureau, Asian persons represent 4.5% of the Santa Barbara County population (roughly one third of the overall California percentage) and African Americans make up 2.4% of the population of Santa Barbara County's population (approximately one-third of the overall California percentage). However, ADMHS is committed to serving all ethnic and cultural communities.

Three proposed PEI projects, early childhood mental health services for the 0-5 population, the integration of mental and primary health care through community health clinics and prevention and intervention services for children and transition-age youth, will specifically address issues of disparity among the County's ethnic communities, including Latino, Asian and Pacific Islander (API), Oaxacan, LGBTQ and African American, to ensure that these populations receive prevention and early intervention services. The three PEI components will serve the entire County, including the communities of Lompoc and Santa Maria. Lompoc has the highest concentration of African Americans in the County; Santa Maria has the highest concentration of API.

A committee of cultural brokers from underserved populations, including the API and African American communities, will meet regularly to advise on outreach and engagement to monitor the effectiveness of PEI programs in reaching these populations.

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

- In addition to the focus on underserved cultural and ethnic communities described above, the PEI stakeholder planning process reached out to all regions of the County and engaged representatives of every age group. Representatives from more than 100 County, nonprofit, faith-based and independent agencies representing individuals of all age groups and regions

were invited to PEI stakeholder forums in North, Central and South County. The list of agencies encouraged to participate can be found in the discussion of the Stakeholder Forums below.

- To ensure age-specific feedback, at each Regional Stakeholder Forum, attendees participated in a workgroup for children, transition-age youth, adults or older adults. The workgroup recommendations on narrowing priority populations and community mental health needs were reported back to the entire group and used to develop an online PEI survey to solicit more specific community feedback.
- c) Included outreach to clients with serious mental illness and/or serious emotional disturbance and their family members, to ensure the opportunity to participate.
- The CFMAC is composed of consumers, family members and other community stakeholders. PEI background, guidelines, updates and the stakeholder process were discussed at meetings held 11/20/08, 12/18/08, 1/15/09, 2/19/09 and 3/19/09 and updates have been provided subsequently. An overview of the PEI background and process was translated into Spanish and distributed to interested stakeholders.
 - In addition to including clients and family members in the PEI Stakeholder Planning Group noted in Section 1a, clients and family members, including the CFMAC, were encouraged to attend the three PEI community forums held in Santa Maria, Lompoc and Santa Barbara in March 2009. Free transportation was made available to consumers and family members interested in attending. These forums included a brief overview of the MHSA and PEI Guidelines and funding component, a summary of local research conducted by UCSB and opportunities to weigh in on community mental health needs and priority populations.
 - Clients and family members were also asked to participate in an online survey to provide further input, including an opportunity to make suggestions for specific programs and interventions. Instructions were e-mailed to hundreds of stakeholders. To ensure an opportunity to participate for those without Internet access, hard copies of the surveys and postage-paid return envelopes were distributed at a meeting of the CFMAC.

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

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

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

Information on PEI and the community planning process was provided to the community via e-mail notices and via the ADMHS web site as well as during public meetings, hearings, by direct response to inquiries in person, over the phone and via e-mail. Stakeholders had several opportunities to provide input into the PEI community planning process. As noted below, key PEI constituencies, including consumers, family members and representatives from education, law enforcement, mental and physical health providers, leaders of faith-based communities and others were invited to participate.

The PEI planning process was conducted in five phases:

Phase One: Research Conducted by the University of California, Santa Barbara (UCSB)

To obtain a solid research foundation from which to build the PEI planning process, a team of researchers with the UCSB Gevirtz Graduate School of Education compiled comprehensive information regarding mental health risk factors and prevalence (including national, state and local data). This information was developed to guide ADMHS staff and MHSAs stakeholders in the identification of community mental health needs and priority populations. An executive summary prepared by UCSB appears as Appendix 1. In addition, a 136-page PowerPoint detailing UCSB's research is available online at:

<http://www.education.ucsb.edu/csbyd/csbyd-web/pdf/pei.p>

Phase Two: Regional Stakeholder Forums

In March 2009, three community forums, one in each of the County's major population centers (Santa Maria, Lompoc and Santa Barbara), offered stakeholders:

- 1) Background about MHSAs and PEI guidelines, including a PowerPoint presentation and Frequently Asked Questions handout;
- 2) A summary of the extensive research on Santa Barbara County conducted by Jill D. Sharkey, Ph.D., School Psychology Coordinator; Erin Dowdy, Ph.D., Assistant Professor; and Michael J. Furlong, Ph.D., Professor and Chair, Department of Clinical, Counseling and School Psychology, Gevirtz Graduate School of Education, UCSB;
- 3) Participation in one of four workgroups based on the four age groups (children, TAY, Adults and Older Adults) that prioritized community mental health needs and priority populations.

Stakeholder forum attendees represented many segments of the community, including consumers, family members, advocates, city and County government, faith-based communities and community-based organizations.

Agencies and organizations invited to participate included:

- Allan Hancock College
- Alpha Resource Center
- American Indian Health & Services Corporation
- Antioch College
- Area Agency on Aging
- Boys & Girls Clubs
- Braille Institute
- Carpinteria Cares for Youth
- Carpinteria Unified School District
- Casa Esperanza
- Casa Pacifica
- Child Abuse Listening and Mediation
- City of Guadalupe
- Coast Valley Substance Abuse
- Community Action Commission
- Community Health Clinic
- Community Partners in Caring
- CFMAC
- Cottage Hospital
- Cottage Psychiatry & Chemical Dependency
- Domestic Violence Solutions
- Easy Lift
- El Nuevo Amanecer
- Families ACT
- Family First
- Family Services Agency
- Fielding Graduate University
- Fighting Back
- First Five of Santa Barbara County
- Friendship Centers
- Friendship Manor
- Future Leaders of Santa Barbara County
- Girls Inc
- Glendon Association
- Good Samaritan
- Guadalupe Healthy Start
- Guadalupe Union District
- Head Start Policy Council
- Independent Living Resource Center
- In-Home Care Network
- Jail Treatment Services
- Kids Network of Santa Barbara County
- La Casa de la Raza
- Lompoc Drop-In center
- Lompoc Foursquare Church
- Lompoc Parks & Recreation
- Lompoc Unified School District
- Lompoc Valley Medical Center
- Los Compadres
- Mental Health Association in Santa Barbara County
- NAMI
- New Beginnings
- North County Rape Crisis
- Our Lady of Guadalupe Church
- Pacific Pride
- PathPoint
- Pathway to Healing
- Phoenix of Santa Barbara
- Postpartum Education for Parents
- Santa Barbara County Probation Department
- Project Premie
- Prop 63 4Me
- Recovery Point
- Recovery Way
- Sanctuary Psychiatric Centers
- Santa Barbara Center for Change
- Santa Barbara City College
- Santa Barbara Neighborhood Clinics
- Santa Barbara County Alcohol and Drug Advisory Board
- Santa Barbara County Board of Supervisors
- Santa Barbara County CalWORKS
- Santa Barbara County Child Welfare Services
- Santa Barbara County Department of Alcohol, Drug and Mental Health
- Santa Barbara County District Attorney
- Santa Barbara County Education Office
- Santa Barbara County Law Enforcement Chiefs
- Santa Barbara County Public Defender
- Santa Barbara County Public Health Department
- Santa Barbara County Sheriff's Department
- Santa Barbara County Social Services Department
- Santa Barbara County Superior Court
- Santa Barbara Graduate Institute
- Santa Barbara Housing Authority
- Santa Barbara Neighborhood Clinics
- Santa Barbara Parks & Recreation
- Santa Barbara Police Department
- Santa Barbara Rape Crisis Center
- Santa Barbara Rescue Mission
- Santa Barbara School Districts
- Santa Maria City Council

- Santa Maria Police Dept
- Santa Maria Valley Youth & Family Services
- Santa Maria-Bonita School District
- Santa Ynez Tribal Health Clinic
- Santa Ynez Valley Coalition
- Santa Ynez Valley People Helping People
- Senior Living Consultants
- Senior Planning Services
- Sojourn Services
- St Athanasius Orthodox Church
- St Louis de Montfort Church
- St. Vincent's
- Telecare
- Ten-Year Plan to End Homelessness
- Transition House
- Tri-Counties Regional Center
- University of California, Santa Barbara
- Vandenberg Clinic Health & Welfare Center
- VTC Enterprises
- Welcome Every Baby
- Westmont College
- Workforce Investment Board
- YMCA
- Zona Seca

Two means of informing stakeholders about the PEI Community Forums were used. First, ADMHS announced the forums at a number of major stakeholder groups, including the CFMAC, the Latino Advisory Committee (LAC), the Santa Barbara County Mental Health Commission (MHC) and Latino consumer and family member support groups in North and South County. Second, to ensure widespread coverage, emails were sent to 275 individuals or representatives of various organizations throughout the County reflecting the following key PEI constituencies and all age groups:

- Alcohol and Drug Treatment
- Community Centers
- Individuals with a serious mental illness
- Education
- Employment
- Faith-Based
- Family Members of individuals with a serious mental illness
- Homeless Activists
- Law Enforcement
- Mental Health
- Physical Health
- Social Services
- Underserved Communities

(Note that each individual was assigned only one category, some individuals fit into multiple categories. For example, someone counted as a “consumer” might also represent an “underserved community.”)

Phase Three: Focus Groups and Key Informant Interviews

The third phase of the stakeholder planning process was designed to ensure diversity and representation of underserved and unserved communities with an emphasis on individuals and groups who were unlikely to participate in regional meetings and other conventional stakeholder forums. Consisting of 38 individuals, the focus groups and key informant interviews addressed the concerns of the following under-represented groups:

- Transition-age youth;
- Native Americans;
- Latino/Spanish-speaking individuals;
- Members of the Oaxacan community;
- Members of the LGBTQ community;
- Victims of Crime.

During the CSS planning process, ADMHS identified the following unserved and underserved groups:

Latinos

According to the 2000 Census, 35% of the population of Santa Barbara County is Latino. The population assessment identifies large pockets of Latinos in North County including Santa Maria (47% Latino), New Cuyama (43% Latino) and Guadalupe (83% Latino). Moreover, Latinos constitute a growing population countywide. The Department's current data identify the need for cultural competency initiatives to be implemented across all programs to decrease ethnic and linguistic disparities.

Native Americans

Native Americans have also been identified as a largely unserved group. Very few Native Americans access ADMHS services. Census 2000 indicates that there are approximately 5,000 Native Americans living in Santa Barbara County. Many members of the Santa Ynez Band of Chumash Indians reside in the Central region of the County. Applying serious mental illness/serious emotional disturbance prevalence rates to the Native American community, up to 20% are estimated to have a mild to serious mental illness/serious emotional disturbance. In FY 04-05, ADMHS served a total of 95 Native Americans across all age groups and did not serve any transition-age youth Native Americans. Clearly, Native Americans are an unserved population in the County and in need of outreach and engagement in culturally-bound services.

LGBTQ

ADMHS considers the LGBTQ community to be essentially unserved by the Department. In 2003, there were approximately 4,000 (18 years and over) self-identified lesbian, gay and bisexual residents living in Santa Barbara County (California Health Interview Survey, 2003). This represents 1% of the County population. Three-quarters (75%) of the LGBTQ community were between the ages of 26 and 59, 75% were Caucasian and 25% were Latino, with no evident gender disparity. Unfortunately, no population data are available on children and youth who might be LGBTQ in Santa Barbara County.

Currently, ADMHS does not systematically collect sexual orientation data on child and adult clients. Therefore, ADMHS is unable to determine the level of service to the LGBTQ community, which, essentially, constitutes a disparity. ADMHS recognizes that there are LGBTQ clients currently receiving services, but due to the stigma of mental illness, addiction and/or being LGBTQ, clients may not self-identify. ADMHS believes that creating a welcoming environment for LGBTQ clients is critical and views PEI as an opportunity to improve services to this community.

Phase Four: Online Survey

During the three regional stakeholder forums, attendees discussed and ranked PEI priority populations and community mental health needs. In June 2009, an online

survey solicited further stakeholder input, including suggested programs and interventions. The survey was based on the priorities, recommendations and information gathered from the interviews, focus groups and regional forums. Approximately 700 stakeholders were invited to complete the survey, which was also available in hard copy and in Spanish upon request. Hard copies of the survey and postage-paid return envelopes were distributed at a meeting of the countywide CFMAC. 138 responses were received.

Phase Five: Special Countywide Meeting

After synthesizing the multiple and diverse sources of stakeholder input previously described, a draft plan was developed. The MHC held a meeting on November 20, 2009, prior to initiation of a 30-day public comment period, to receive a summary of the proposed PEI projects, solicit additional feedback and answer stakeholder questions.

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

Training has been critical to the planning process, contributing to full participation of stakeholders and ADMHS staff in creating a successful plan. Numerous training sessions were conducted for ADMHS executives and line staff. Topics covered in these trainings included the ADMHS Model of Care; Cultural Competency; Client and Family-Friendly Culture; Client-Operated Services and PEI Plan Requirements.

Staff Training

- **Adult System of Care:** Approximately 50 ADMHS staff members with the ADMHS Adult System of Care received briefings on PEI at staff meetings and were encouraged to provide feedback in June 2009.
- **Children's System of Care:** Approximately 40 ADMHS staff members with the ADMHS Children's System of Care received briefings on PEI at staff meetings and were encouraged to provide feedback in June 2009.
- **PEI Webcast:** MHSA staff participated in a session devoted to understanding the process of engaging underserved populations on October 22, 2007.
- **PEI Roundtable** held in Universal City July 28-29, 2009.

Stakeholder Training

- **Regional Stakeholder Forums:** 128 stakeholders participated in regional community forums held in Santa Maria, Lompoc and Santa Barbara. Each forum included an overview of PEI guidelines and a summary of research on Santa Barbara County conducted by UCSB. Spanish translation was available.
- **Focus Groups and Key Informant Interviews** also provided opportunities to present information on PEI concepts and guidelines. Targeted populations were TAY, Native Americans, Spanish-speaking individuals (held in Spanish),

members of the Oaxacan community, members of the LGBTQ community and victims of crime.

- **LAC:** On November 19, 2007, background information on PEI was presented to the LAC. Members included mental health clinic staff from all regions of the County, a UCSB faculty member, a Superior Court judge with the Substance Abuse Treatment Court and other individuals committed to providing culturally appropriate services to Latino communities.
- **CFMAC:** This Committee includes consumers, family members and other community stakeholders. Background, guidelines, updates and the stakeholder process were discussed at meetings held 11/20/08, 12/18/08, 1/15/09, 2/19/09 and 3/19/09 and subsequent updates have been provided. An overview of the PEI background and process was translated into Spanish and distributed to interested stakeholders.
- **Clients:** The MHSA Division Chief discussed PEI concepts and guidelines with interested clients on January 30, 2009.
- **Kids Network:** PEI concepts and guidelines were presented to 15 participants in the Kids Network of Santa Barbara County on May 2, 2007. The Kids Network is a countywide umbrella and advisory group on children and family issues.
- **Parent Advisory Council:** Meetings were held in North and South Santa Barbara County, with approximately 25 persons attending both. Most attendees were representatives from Latino communities. Spanish translation was available.
- **MHC:** Background on PEI guidelines and requirements was initially presented to the MHC at its April 18, 2008 meeting, and subsequent updates have been provided. Spanish translation was made available.

Online information supported PEI training and public information initiatives. A Frequently Asked Questions (FAQ) on PEI (posted 2-24-09) and a summary of UCSB research findings (posted 4-23-09) were posted to www.admhs.org. This material was also distributed at the three regional stakeholder forums.

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.

There were several strengths that emerged from the original Santa Barbara County CSS process, including the broad outreach to a wide variety of stakeholders and an interest in addressing a diverse array of alcohol, drug and mental health issues and concerns.

Lessons learned in the CSS planning and development process include:

- (1) Given limited resources, to ensure the best possible outcomes, program design and implementation must a) be consumer and family-focused; b) rely on cost effective approaches; and c) be grounded in evidence-based or emerging best practices.

- (2) There is value in supplementing large group planning with other stakeholder input forums such as small focus groups and key information interviews. The use of more intimate settings helps ensure that the voices of stakeholders who are not used to speaking in large forums are heard.
- (3) Mental Health Commissioners and other stakeholders seek an opportunity to provide feedback once draft plans have taken shape, but before they are posted for public comment.

With these lessons in mind, PEI planning was conducted in large and smaller settings with numerous and varied opportunities for stakeholder input. Three regional forums and several smaller focus groups introduced stakeholders to MHSA and PEI principles and guidelines and solicited feedback on community mental health needs and priority populations. With the benefit of preliminary stakeholder feedback, an online survey was developed to identify the programs, interventions and non-traditional settings that would best meet the community identified mental health needs and priority populations.

The PEI planning team also sought to provide greater opportunities for diverse community participation. First, the process embraced two well-established stakeholder groups created during the original CSS planning process: the LAC and the CFMAC. In addition, to ensure greater diversity in the PEI planning process, focus groups and key informant interviews with underrepresented communities in their language and settings were included.

Finally, at the request of the MHC, a presentation and discussion at the November 20, 2009 MHC meeting afforded stakeholders an opportunity to comment on the draft PEI plan prior to posting for public comment. No significant changes were requested by stakeholders in attendance.

1. 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 TAY.

The PEI community planning process included more targeted outreach than had been conducted during the original CSS planning process. Focus groups solicited feedback from individuals in key unserved and underserved communities. For example:

- A focus group of staff members with the Pacific Pride Foundation that was held in April 2009 underscored issues facing the LGBTQ community, including an elevated suicide risk, the prevalence of co-occurring conditions and isolation faced by many LGBTQ older adults. Recommendations included establishing peer-led activities, outreach and education to both clients and providers and establishing more counseling and support groups.
- A focus group was held in February 2009 with 13 consumers and family members participating in El Nuevo Amanecer, a support group primarily

consisting of Spanish-speaking individuals. The group overwhelmingly identified greater access to services and the reduction of stigma and discrimination as major concerns. The group recommended more health education and information be made available as well as greater accessibility to services that are culturally and linguistically appropriate.

- On March 6, 2009, two key members from the Native American community were interviewed. The principal recommendation was that programs developed under PEI should target Native Americans not living on the Chumash reservation with culturally appropriate programs that address issues of historical trauma and identity.
- On March 9, 2009, key interviews were conducted with three members of the Oaxacan community. The primary recommendation was that PEI initiatives include educating the Oaxaceño community about major mental health issues and associated risk factors. In the past, promotora-led efforts have been effective in reaching this community.
- Participants in a focus group held on March 19, 2009 included 13 Latino youth, two males and 11 females, from all regions of the County who at some point have had involvement with Juvenile Probation and/or Child Welfare Services and have received services from one or more community-based organizations. Participants suggested that programs be developed to assist youth in obtaining employment and in accessing educational opportunities and other services.

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

- b. The date of the public hearing: January 22, 2010.
- c. 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 draft PEI Plan was posted to www.admhs.org on December 14, 2009. Approximately 700 stakeholders were notified of the posting by e-mail. Not relying exclusively on email communications, at the meeting of the MHC on November 20, 2009 focusing on the draft PEI Plan, attendees without Internet access were invited to contact ADMHS staff to request hard copies of the proposal. Similar announcements were made at the CFMAC and the LAC.

- c. A summary and analysis of any substantive recommendations for revisions. No substantive recommendations were made. A summary of public comments appears as Appendix 3 at the end of this plan. The agenda of the Mental Health Commission for January 22, 2010 appears as Appendix 4. The letter of the Mental Health Commission approval appears as Appendix 5.
- d. The estimated number of participants: Approximately 35 attended.

PEI PROJECT # 1 SUMMARY

Form No. 3

County: Santa Barbara

PEI Project Name:

Community Mental Health Education and Support for Culturally Underserved Communities

Date: 10-30-09

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

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

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

The PEI planning process was built on data compiled during the CSS planning process, which clearly identified the need to focus on underserved cultural populations. Within this priority population, specific communities emerged as greatly in need of services:

Spanish-Speaking Communities

Research conducted as part of the CSS planning process identified an ethnic disparity within the uninsured population of Santa Barbara County. Only 8% of the total Caucasian population is uninsured, compared to 25% of the total Latino population. This is consistent with the statewide disparity between Latino and Caucasian uninsured populations (statewide 8% of Caucasians are uninsured while 26% of Latinos are uninsured). This disparity may be partially attributed to economic and social inequities between Latinos and Caucasians.

Further analysis of the uninsured across age groups and ethnicities conducted during the CSS planning process suggested that with the exception of older adults, there is ethnic disparity between children, TAY and adult Caucasians and Latinos. Older adults may have lower uninsured rates due to access to Medicare. The greatest disparity appears to be in the children and TAY groups. The uninsured rate for Latino TAY (43%) is nearly three times higher than Caucasian TAY (15%). Latino children uninsured rates (24%) are three times that of Caucasian children (7%). Furthermore, there are significantly more uninsured Latino adults (34%) than Caucasian adults (12%).

These disparities are alarming and indicate that without insurance of some kind, a large number of Latinos may not have access to needed mental health services. With larger populations of Latinos in North County and higher utilization of services by children in North County, it is likely that many of the Latinos who are uninsured are underserved.

On February 24, 2009, 13 Latino consumers and family members participated in a PEI focus group, and, in addition, the LAC has continued to be involved in providing feedback to the planning team regarding unmet needs. Consumers and family members in the focus group stated that an emphasis on linguistically and culturally appropriate interventions is key to the success of any program and strongly advocated the use of community health educators, or promotores. Participants in focus groups and key informant interviews involving members of the Oaxacan and LGBTQ communities also expressed strong interest in a peer-to-peer service model.

Oaxacan Community

It is impossible to obtain an exact count of Mixtecos, indigenous individuals from Oaxaca, Mexico, who live in Santa Barbara County, because many are undocumented. According to the 2000 Census, about 12,000 "indigenous Hispanics" live in Santa Maria in northern Santa Barbara County (*Santa Maria Sun*, January 18, 2007.) However, some estimates are as high as 20,000.

Most members of the Oaxacan community speak Mixtec, not Spanish. Mixtecos are a significantly underserved subgroup of the underserved Latino community due to the language barrier, cultural differences and lack of financial resources.

Released by Central Coast Environmental Health Project (CCEHP) in the summer of 2006, the first study focusing on indigenous Oaxacan farm workers in the Santa Maria Valley found that 91% of Santa Maria's Oaxacans have no health insurance. (California Agricultural Worker's Health Survey CAWHS, Centro Binacional para el Desarrollo Indigena Oaxaqueño, <http://centrobinacional.org>).

Barriers to mental health services for members of Spanish-speaking and Oaxacan communities include:

- Limited or no English proficiency;
- Lack of information on how to access mental health services; inexperience self-advocating for services and or understanding what qualifies an individual for services;
- Stigma, shame and discrimination associated with mental health symptoms;
- Fear of the consequences of seeking help from the public mental health system;
- Lack of information and education about emotional wellness, mental health issues and behavioral health services;
- An insufficient number of programs providing information and support in the native language and within the culture of the attendees.

Native American Community

The 2000 Census found that there are approximately 5,000 Native Americans living in Santa Barbara County. Many members of the Santa Ynez Band of Chumash Indians reside in the Central region of the County. Native Americans are an unserved population in the County in need of outreach and engagement in culturally appropriate services.

LGBTQ

The LGBTQ community is also an underserved cultural population. In 2003 there were approximately 4,000 (18 years and over) self-identified lesbian, gay and bisexual residents living in Santa Barbara County (CHIS, 2003). This represents 1% of the County population. Three-quarters (75%) of the LGBTQ community were between the ages of 26 and 59, 75% were Caucasian and 25% were Latino. In a PEI focus group conducted in April 2009, Pacific Pride Foundation staff identified suicide risk as a major mental health concern. LGBTQ youth are up to four times more likely to attempt suicide than their heterosexual peers, according to the Massachusetts 2006 Youth Risk Survey. A 2007 San Francisco State University Chavez Center Institute study shows that LGBTQ youth who come from a rejecting family are up to nine times more likely to attempt suicide than their heterosexual peers. (<http://gaylife.about.com/>, retrieved 12-2-09). Other serious mental health concerns for the LGBTQ community include anxiety, drug use, trauma, isolation and poor social support. In addition, many LGBTQ older adults often experience isolation and depression.

Research conducted by UCSB as part of the PEI planning process confirmed that individuals in the LGBTQ population experience anxiety and depression significantly more than the non-LGBTQ population. Nationally, anxiety and depression are listed in the Top 10 health issues for the Gay and Lesbian Medical Association for men and women. (In “Ten things gay men should discuss with their health care providers,” depression and anxiety ranked number three. In “Ten things lesbians should discuss with their health care providers,” depression and anxiety ranked as number two. From the Gay & Lesbian Medical Association web site, <http://www.glma.org/>, retrieved 12-14-09.)

Participants in a PEI focus group supported greater efforts at outreach and education.

The Community Mental Health Education and Support Project has been developed to reach these four culturally underserved groups: Latinos, Oaxaceños, Native Americans and members of the LGBTQ community.

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

Community Mental Health Education and Support in Culturally Underserved Communities

a. Description of the proposed PEI Intervention

Although originally developed in Latin America, the concept of Community Health Educators, or “promotores de salud,” has been accepted as promising practice applicable to other underserved communities such as:

- LGBTQ: “*Promotores*: Developing LGBTQ youth as organizers to create healthy communities, presentation at the American Public Health Association 133rd Annual Meeting, Philadelphia, December, 2005;
- Native American: “Providing internet based health information for underserved populations: A promotora model,” presentation at the American Public Health Association Meeting, Atlanta, October 2001;
- The Oaxacan community: “A Tribute to Shelley Davis,” *Farmworker Justice*, Vol. 24, No. 1, Spring 2009.

This PEI project is designed to educate individuals and families, explain the process of accessing services and foster the empowerment that results from greater awareness. The components will employ a wellness and recovery approach and include activities specifically designed and implemented within the framework of the identified group’s culture and native language. All age groups (children, TAY, adult and older adult) will be supported.

Community Mental Health Educators speak the same language, grew up in the same neighborhood and typically share similar experiences as the persons they serve. Consequently, for members of underserved communities, Community Mental Health Educators bring credibility not typically afforded to most other providers.

The promotora model is well-established and has been extensively used:

- In 2001, the American Public Health Association urged all health and human service professionals to recognize the skills that volunteer and paid Community Health Workers bring to their work and asked the U.S. Congress to appropriate funds to support Community Health Workers.
- In 2003, the American Medical Association supported the use of Community Health Workers and implementation of multidisciplinary treatment and preventive care teams.
- In 2003, the National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control (CDC) recommended the building of stronger support for Community Health Workers and the promotion of sustainability of Community Health Worker models.

(Source: “The Promotores Model to Improve Community Health: A Comparison of Selected U.S. and Latin American Models,” by Martha Londono, MPH, EPY and Betsy Rodriguez, MSN, presented to the CDC Diabetes Translation Conference, Orlando, Florida, May 5-8, 2008.)

Community Mental Health Educators draw on social and cultural characteristics of the population they serve to improve the appropriate use

of prevention and early intervention services. For example, in the case of Latinos, the Community Health Educator may use the network of comadres and compadres (co-mothers and co-fathers) to assist in parenting education and other awareness-building initiatives.

PEI funding will support the hiring of six (6.0) FTE Community Mental Health Educators (promotores), one for each designated underserved population. The Community Mental Health Educators will implement the following project components:

Component A: Outreach & Education

Outreach and Education activities will be conducted throughout the County to reduce mental health disparities for all age groups in the Latino, Native American, Oaxacan and LGBTQ populations. Activities include educational workshops, discussion groups and support groups that address individual and family member mental health as well as various wellness topics. These activities will be offered in community settings frequented by the specific groups. Special effort will be made to publicize and deliver outreach and education in ways that touch hard-to-reach segments of the community, including:

- Individuals in crisis without a prior mental health diagnosis;
- Persons experiencing an emerging mental health condition;
- Families with children who are school age and/or are at risk of multiple systems involvement;
- Families with children who may have experienced trauma or who are at risk of suicide;
- Older adults experiencing emerging mental health conditions.

The settings may include childcare facilities, schools, faith-based organizations, drop-in centers, benefit centers (i.e. social security office) as well as primary health care settings. Home visits will be used to reach isolated individuals, such as those at risk for suicide and family members who may not make contact with community services. Educational activities will employ culturally based learning strategies designed by representatives of each community with expertise on how best to reach the target constituency. Activities and services will be short-term, free and voluntary.

Component B: Community Engagement & Information

To prevent the onset of serious mental illness and/or provide early intervention services for individuals who may experience an emerging mental health challenge, culturally appropriate training sessions will be provided for community leaders and service providers. Trainings will focus on the identification of early signs of mental illness and how to link the individual or family member to local services. The education sessions will

take place in community settings such as schools, community recreation centers, drop-in centers, rehabilitation centers and benefit centers, settings identified by stakeholders in the PEI survey.

To advance community awareness about mental health, ADMHS is considering the addition of one (1.0) FTE to support a countywide Mental Health First Aid Program, a 12-hour training course designed to give members of the public key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it makes people feel more comfortable managing a crisis situation and builds mental health literacy - helping the public identify, understand and respond to signs of mental illness.

The National Council for Community Behavioral Healthcare chose to help bring Mental Health First Aid to the U.S. due to the strong evidence supporting the program. Four detailed studies have been completed in Australia and nearly a dozen journal articles published on Mental Health First Aid's impact on mental health literacy. One trial of 301 randomized participants found that those who trained in Mental Health First Aid have greater confidence in providing help to others, greater likelihood of advising people to seek professional help, improved concordance with health professionals about treatments and decreased stigmatizing attitudes. Unexpectedly, the study also found that Mental Health First Aid improved the mental health of the participants themselves. (Retrieved from: <http://www.preventmentalillnessmi.org/MentalHealthFirstAid.htm>, December 3, 2009)

Component C: Mental Health Case Management and Linkage to Services

The Community Mental Health Educators will provide culturally and linguistically sensitive case management to ensure linkages to appropriate and effective services. They will consult periodically with local leaders to stay informed of community needs and concerns. The leaders may include public health workers, childcare staff, teachers, representatives of faith based/spiritual communities and support group facilitators from all sectors of the identified communities: Latinos, Native American, Oaxacan and LGBTQ.

Component D: Cultural Wellness Practices

Cultural Wellness Practices will be incorporated into outreach and education as well as consultation and early intervention activities. Wellness activities are often culture-specific and these practices will be offered in the identified communities through healing and wellness sessions. Community Mental Health Educators will provide brief interventions, referrals to local resources and culturally appropriate services. Guiding the decisions of the Community Mental Health Educators

will be an orientation to activities that enhance resiliency and protective factors in individuals at risk for serious mental illness or those who have been exposed to trauma.

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

The strategy of deploying Community Mental Health Educators from the selected underserved communities ensures the delivery of culturally and linguistically sensitive services in part because the educators come from the communities they serve and reflect its language and culture.

This project focuses on four underserved communities: Latino, Oaxacan, Native American and LGBTQ identified in the stakeholder process as needing culturally and linguistically appropriate outreach offered in a non-stigmatizing environment. The outreach will focus on all PEI priority populations, which include underserved cultural populations, individuals at risk of developing a serious psychiatric illness, children and youth in stressed families, trauma-exposed individuals and children/youth at risk for school failure and /or at risk for or experiencing juvenile justice involvement.

This project will address the major PEI community mental health needs, with a particular focus on reducing disparities in access to mental health services and reducing stigma and discrimination. While the cultural and linguistic needs of each targeted community are unique, the desired outcomes for all of the targeted communities are:

1. Increase access to services by building awareness of programs and interventions that can prevent or moderate the onset of serious mental illness;
2. Provide consultation, support and linkages to resources in familiar community settings;
3. Reduce stigma and discrimination by offering culturally and linguistically appropriate outreach.

By hiring Community Mental Health Educators who come from the communities they serve, each underserved community will receive education, consultation and service linkages appropriate to their specific needs.

c. Implementation of partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/service site, explain why this site was selected

in terms of improved access, quality of programs and better outcomes for underserved populations.

The project will be implemented by ADMHS in collaboration with community-based organizations which will sponsor the project staff. Services will be delivered in natural community settings that are frequented by members of the target populations, such as schools, community centers, community health clinics, senior settings, childcare sites and faith-based organizations. The selected organizations will reflect the diversity of the communities they will serve, with deep connections to the target populations.

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

- At least 51% of services will be directed to individuals 0-25;
- Services to Oaxacans will be focused in North County, where the vast majority of this community resides;
- Services to Native Americans will be focused on Central County, where the majority of this population resides;
- Services to the LGBTQ and Latino communities will be offered in non-traditional community settings in the County's three major population centers (Lompoc, Santa Maria and Santa Barbara);
- Special emphasis will be placed on hard-to-reach groups such as homebound and isolated LGBTQ seniors, newly arrived immigrants and isolated, trauma-exposed Latinos.

e. Highlights of new or expanded programs.

The deployment of Community Mental Health Educators is a new program for ADMHS. Through CSS, some outreach for TAY and Latinos has been established. Consumer and family member peer-to-peer activities, including recruitment of two bilingual peer recovery specialists and a bilingual family advocate, have been established through the CSS-funded Partners in Hope Program. However, the proposed project focuses on reaching individuals who are not ADMHS clients, or who have not experienced but are at risk of experiencing the onset of a serious mental health condition, or have experienced their first onset of a serious psychiatric illness within the past 12 months. This project marks the first ADMHS outreach effort targeted to members of the Oaxacan, Native American and LGBTQ communities and a considerable expansion of initiatives directed at Latino communities.

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

PEI Project Component	Activities may include	Frequency/Duration
A. Outreach and Education	<ul style="list-style-type: none"> • Provider and community leader training events • Targeted outreach and engagement to specified populations, including older adults • Outreach and engagement at the neighborhood level • Education and information about mental health issues for clergy, educators and non-mental health service providers 	<p>At least two trainings in each region of the County per year</p> <p>Ongoing outreach and engagement to underserved communities, focusing on older adults</p> <p>Ongoing educational engagement</p>
B. Community Engagement and Information	Participation in health fairs	At least two health fairs in each region of the County annually
C. Mental Health Case Management and Linkage to Services	Home visits	At least 5-10 hours per week per FTE
	<ul style="list-style-type: none"> • Support Groups • Resource and referrals to individuals needing mental health services • Serve as liaisons with community health clinics, mental health service providers and County Mental Health 	At least two new active support groups in each of the Native American, Oaxacan, Spanish-speaking and LGBTQ communities per year
D. Cultural Wellness Practices	Offer as needed	250-500 individuals per year

g. Key milestones and anticipated timeline for each milestone.

Month	Milestone
Month 1	Contractors selected
Month 2-3	Staff hired
Month 5	Program startup, including staff recruitment, hiring and training

4. Programs

Program Title: Community Mental Health Education and Support in Culturally Underserved Communities	Proposed number of individuals or families through PEI expansion to be served Annually		Number of months in operation through June 2010
	Prevention	Early Intervention	
Outreach and Education	Individuals:3000 Families:75	Individuals:3000 Families:300	TBD
Community Engagement and Information	Individuals:400 Families:75	Individuals:1200 Families:300	TBD
Mental Health Case Management and Linkage to Services	Individuals:400 Families: 75	Individuals:1200 Families: 300	TBD
Cultural Wellness Practices	Individuals:300 Families:75	Individuals:300 Families:50	TBD
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 3,000 Families: 75	Individuals: 3,000 Families: 300	TBD

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

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

Community Mental Health Educators will provide improved familiarity and access to services which may have been unknown or appeared too intimidating to access for individuals or family members. Individuals in need of services will feel more comfortable in requesting and receiving services because of the personal connection with the “promotora” who is from their own ethnic group and speaks their native language, providing a link to needed services. Individuals and family members will be linked to community-based organizations as well as ADMHS’ Crisis and Recovery Emergency Services (CARES) program and other County and local resources, such as Department of Social Services (DSS) and primary health care services.

The success of the promotora model is similar to that of many peer-to-peer models currently in use. The key to its effectiveness is the hiring of individuals who are from the communities they serve. Consequently, each individual serving a targeted population speaks the same language, understands cultural dimensions of the target community and is familiar with that community’s norms and practices.

Community Mental Health Educators will be trained to understand issues related to mental health, as well as the complexity of the mental health system. These dual competencies will offer Community Mental Health Educators the ability to move with ease between the service and target communities. Their ability to serve as a bridge between these communities is essential to decreasing barriers to care for members of underserved cultural communities.

Describe how the project links individuals and family members to other needed services, including those not traditionally defined as mental health (particularly in the areas of substance abuse treatment, violence prevention and intervention and basic needs.

One of the keys to a successful Community Health Promotion project is knowledge of local resources and building trust among the Community Mental Health Educators and members of the community. Community Mental Health Educators will be familiar with culturally appropriate outreach approaches, well-versed in the variety of available resources and skilled at matching individuals and family members with appropriate programs, activities and services.

Goals of the education component include informing the community about capacity building and access to resources. Referrals will include services such as substance abuse treatment, homeless resources and domestic violence. Community Mental

Health Educators will also be trained in assisting individuals and family members to establish culturally appropriate wellness practices.

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

The Community Mental Health Education and Support project is a highly collaborative program that will tap into existing community resources serving the targeted populations, working closely with community settings such as schools, community agencies, community clinics, faith-based organizations, senior centers and other groups.

Local community-based organizations have historically embraced opportunities to enhance mental health services for their consumers. These agencies are anticipated to help promote community awareness-building activities and host workshops and support groups at little or no cost.

The selection of contracted service providers to sponsor the work of the Community Mental Health Educators will be based on the following criteria:

- Effectiveness in serving the targeted community;
- Staffing that reflects the demographics of targeted populations;
- Historical role in serving the target community;
- Sufficient and appropriate policies appropriate to the specific cultural and linguistic aspects of the targeted community, including cultural competence, staff training and accountability, culturally appropriate evaluation tools and evidence-based or community-proven practices.

6. Collaboration and System Enhancements

Relationships and collaborations with community-based organizations and partner agencies.

The success of the Community Mental Health Education and Support project depends on a series of close collaborations with contract agencies, community clinics, senior sites, faith-based organizations, schools, partner County agencies such as DSS and other organizations. In addition, because many people feel less stigma when seeking help through a primary care provider, this project will work closely with another PEI-funded project, the Integration of Primary and Mental Health Care at Community Clinics.

How the PEI component will strengthen and build upon the community-based mental health and primary care system.

Increased prevention and early intervention services through the Community Mental Health Education and Support Project will enhance community mental health and primary care. This program will provide appropriate services to

individuals with unmet needs who often “fall through the cracks” in the current system of care until they eventually develop acute conditions. PEI interventions to the Native American, LGBTQ, Latino/Spanish-speaking and Oaxacan communities will improve overall system functioning by reducing the demand on acute care services and by making appropriate referrals as needed. The intervention will strengthen the relationship between primary care and mental health with traditionally underserved and underrepresented populations. Disparities in access to prevention and intervention services will be significantly reduced. Furthermore, this intervention will substantially reduce barriers that currently exist in the community related stigma and mental health.

How resources will be leveraged.

This project builds on existing resources made available to this project at no cost including:

- Access to targeted populations and sites for events;
- Expertise of community-based organization (CBO) staff and community leaders;
- Communications networks.

How the programs in this project will be sustained.

Core financial support will come from PEI funding. Individuals and families linked to either ADMHS or community resources will continue to receive those supports as needed beyond initial participation in Community Mental Health Education and Support activities. ADMHS will assess any participating agency’s capacity to provide financial management and sustain this program. Progress reports and follow-up will be scheduled quarterly to address any emergent problems. Program evaluation will address sustainability and progress in achieving pre-identified goals.

7. Intended Outcomes

Component	Individual Outcomes	System/Program/Community Outcomes	Proposed Measures of Success
A. Outreach and Education	<ul style="list-style-type: none"> • Increased access to mental health services and intervention services • Greater awareness of social, emotional and behavioral issues • Increased resilience and protective factors • Reduced risk factors • Increased engagement with support services for alcohol and drug abuse, domestic violence, child abuse, sexual assault/abuse and reduced engagement with law enforcement • Improved health and wellness following brief interventions • De-stigmatization of accessing and using services • Decrease of individuals and family members feeling and being isolated 	<ul style="list-style-type: none"> • Greater collaboration among organizations • Enhanced capacity of collaborating organizations to provide PEI services • Earlier access to mental health and non-mental health services • Increased number of individuals and families who use community supports, because of assistance in accessing resources and systems. • Increased number of individuals and families receiving PEI services • Increased familiarity and comfort by community members in requesting and accessing support services, leading to a decrease in individuals and families seeking mental health treatment due to a reduction of stress and discord. • Increased community awareness of mental illness and increased capacity of community members to identify & respond to the needs of persons who may be at risk of or experiencing mental health conditions 	<ul style="list-style-type: none"> • Number of individuals served by whom and in what language • Number of community members trained by the Mental Health First Aid project • Focus groups of individual and family participants • Satisfaction survey of participating community organizations and leaders • Surveys for target populations assessing baseline attitudes and beliefs, as well as documenting any changes post program period. • Annual evaluations of review teams with the CFMAC • Quarterly reports • Increased number of participants from the target populations in accessing mental health and non-mental health services such as alcohol and drug treatment and domestic violence services • Increased number of support groups and staff which are able to support individuals from the targeted population in the target populations' native language.
B. Community Engagement and Information			
C. Mental Health Case Management and Linkage to Services			
D. Cultural Wellness Practices			

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

The PEI project will provide improved access to services for Spanish-speaking, Oaxacan, LGBTQ and Native American communities. These targeted communities will be better informed about mental health issues and available community and departmental resources. The overall system of care will be substantially strengthened by greater levels of collaboration and increased community awareness that will result from the project implementation. These outcomes will be ascertained using the instruments listed in the Intended Outcomes chart.

8. Coordination with Other MHSa Components

Prevention and Early Intervention (PEI)

Community Mental Health Educators will help link individuals to appropriate follow-up mental health services and other community resources.

CSS

Under the CSS-funded Partners in Hope program, one peer recovery specialist and one family advocate from each region of the County engage in a variety of outreach and engagement activities. In addition, the Partners in Hope Program supports one consumer-driven Recovery Learning Center in each region of the County. These centers provide social support and educational activities for consumers and family members. The PEI Community Mental Health Educators will interface with Partners in Hope staff to ensure coordination of outreach activities and the maintenance of appropriate cross-referrals between the two programs. As needed, Community Mental Health Educators will also coordinate with multiple CSS services, including Mobile Crisis and Assertive Community Treatment (ACT) model services.

Workforce Education and Training (WET)

Individuals meeting criteria established by the WET plan will be encouraged to participate in education and training opportunities.

Information Technology (IT)

Computer workstations for consumers and family members funded under the MHSa IT component will be valuable educational and employment resources for individuals and their families seeking information on mental health, employment, community resources and other topics.

9. Additional Comments (optional)

PEI PROJECT # 2 SUMMARY

Form No. 3

County: Santa Barbara

PEI Project Name:

Integrating Primary and Mental Health Care in Community Clinics

DATE: 10-30-09

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

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

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

Workgroups were convened according to age group during regional PEI forums in Santa Maria, Lompoc and Santa Barbara. Each of the six DMH-recommended PEI priority populations to be served by the Community Health Clinic project found considerable stakeholder support. As with the Community Mental Health Educators project, the integration of mental health services with primary care at community health clinics serves all PEI priority populations.

PEI stakeholder forums identified trauma, disparities in access, discrimination and an increased suicide risk as key mental health needs for all ages in Santa Barbara County. Among the sub-populations prioritized by stakeholders as most in need of prevention and early intervention services, the following groups are served by community health clinics:

- Transition-age youth, adults and older adults in crisis without a diagnosis;
- Transition-age youth, adults and older adults with risk factors for developing mental illness;
- Transition-age youth involved with DSS - Child Welfare Services;
- Transition-age youth and adults involved with the criminal justice system;
- Victims of trauma, including domestic violence.

Respondents to the online PEI survey ranked primary health care settings as the most effective site for PEI service delivery for adults as well as an important setting for prevention and early intervention services to older adults. In addition, the project was discussed with a number of key informants, including Peter Hasler, MD, Medical Director, Santa Barbara County PHD; Neil Sullivan, Director, Santa Barbara Neighborhood Clinics; Bonnie Campbell, Deputy Director, Santa Barbara Neighborhood Clinics; Holland Leon, M.D., American Indian Health Services; Scott Black, Executive Director, American Indian Health Services; and Sara Cress, LCSW, Director of Mental Health Services, Community Health Centers of the Central Coast, Inc.

Two major barriers to care, transportation and stigma, are substantially reduced by this project. Clinic locations are located within or near the communities being served or are easily accessible by transit systems. Clinics also offer an environment that is perceived as not stigmatizing. Therefore, community health clinics are ideal sites to provide prevention and early intervention mental health services to a critical and underserved cultural population.

The demographics of the current client base of community health clinics suggest they are suitable for serving a number of PEI priority populations. For example, integrating prevention and early intervention services in community health clinics will address a major ethnic disparity by increasing access for Latinos. Based on FY 2008-09 data provided by three Santa Barbara area community health clinics, 46% of the 1,440 clients seen that year were Latino; in one of the clinics that number was 59%. Patient demographic data compiled by the Santa Barbara Neighborhood

Clinics suggest that the clinics are also well positioned to deliver prevention and early intervention services to at risk TAY and trauma-exposed patients, including veterans and victims of domestic violence. Of the patients seen in FY 08-09, 21% were TAY or young adults, 56% were between the ages of 35 and 64 and 62% were female.

The community health clinics, especially those located in the North County cities of Lompoc and Santa Maria, serve as an effective framework from which to conduct outreach and linkage to the API and African American communities, predominantly located in North County. The most recently compiled statistics indicate that 4.8% of the clients of the Lompoc community health clinic are African American and 1.3% of the clients of the Santa Maria clinic are African American. Client percentages for individuals of Asian/Pacific Islander ethnicity are 1.6 % in Lompoc and 2% in Santa Maria.

As previously indicated, a committee of cultural brokers representing underserved populations, including API and African American communities, will meet regularly to advise on how the community health clinic can effectively serve the needs of African Americans and API and will monitor project effectiveness.

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

Integrating Primary and Mental Health Care in Community Clinics

a. Description of the proposed PEI Intervention

The focus of this PEI project is to establish integrated mental health and primary care services for children, TAY, adults and older adults in all three regions of Santa Barbara County. The effectiveness of integrating primary and mental health care is cited on pages 24 and 61 of the Early Intervention Resource Materials guide published by the California Department of Mental Health, pp.24 and 61.

In July 2003 The President's New Freedom Commission on Mental Health issued its final report, *Achieving the Promise: Transforming Mental Health Care in America*. The report found: "The Commission suggests that collaborative care models should be widely implemented in primary health care settings and reimbursed by public and private insurers." (P. 73). Recommendation 4.4.of the report is "Screen for mental disorders in primary health care, across the life span, and connect to treatment and supports." (P. 25.)

Mental Health America has found that "Integrated care results in improved access to high quality care, increased patient and provider satisfaction, increased patient adherence, cost effectiveness and cost savings, improved patient health and well-being, and, ultimately, the elimination of health disparities." (Source: Page 2, "Compendium of Primary Care and Mental Health Integration Activities across Various Participating Federal Agencies, January 2008, Mental Health America, retrieved from <http://www.mentalhealthamerica.net/> 12-14-09.)

The project supports early intervention in primary care environments for individuals at risk for serious mental health conditions and/or alcohol or substance use. Community clinics are a natural setting for promoting optimal mental health while caring for individuals' physical health. This project will increase the capacity of community health clinics to offer effective mental health prevention and early intervention services through an expanded screening, education, consultation, treatment and referral process.

This project is a new collaboration for both ADMHS and the community health clinics in Santa Barbara County, the Santa Barbara Neighborhood (South County) and the Community Health Centers (North County). In discussions held between representatives of the community health clinics and the ADMHS Medical Director and Division Chief for MHSA, clinic representatives expressed enthusiasm about collaborating with ADMHS to strengthen the clinic capacity to offer mental health prevention and early intervention services.

The project offers an expansion of mental health services by providing services to individuals with mental health needs who do not fit the public mental health criteria of serious mental illness. Offering prevention and early intervention for mild to moderate mental health conditions ensures that individuals and family members will receive help before their conditions worsen. Education about mental health will help lessen stigma and assist individuals and family members in identifying the need for early intervention for their loved ones. Medical care, health education, early intervention, nutritional instruction and mental health services will all be provided in one location.

The components of this project will be developed and implemented at primary care clinic sites throughout the County. Services will include: trauma screening, consultation, psychiatric evaluations, counseling and prescribing capacity to underserved clinic patients who are referred by their primary care provider. In addition, the project will implement the IMPACT model. The Community Health Centers of the Central Coast (CHC) will provide services at three clinics in Santa Maria and one in Lompoc and the Santa Barbara Neighborhood Clinics (SBNC) will provide services at three Santa Barbara area clinics, including neighboring Isla Vista.

- CHC currently provides mental health services. PEI funding will increase coverage to include enhanced services through the addition of a psychiatrist and bilingual LCSW.
- SBNC will implement a new mental health program as part of this project. PEI funding will enable SBNC to employ a Nurse Practitioner.

As detailed in the budget, funds are allotted to most effectively expand community health clinic-based prevention and early intervention mental health services in each region.

- PEI funding will provide for the addition of one (1.0) FTE Psychiatrist and one (1.0) FTE LCSW to serve the Lompoc and Santa Maria clinics.
- PEI funding will support one (1.0) Nurse Practitioner in the Santa Barbara area clinics.

PEI funding will expand the capacity of the community health clinics to address mental health needs by providing dedicated staff to offer initial assessment, prescribe medications as needed, coordinate treatment plans and conduct follow-ups. Services will be provided in the community clinics, viewed as accessible, non-stigmatized settings. This project will focus on unserved and underserved individuals with emerging mental health conditions, including persons who have been exposed to trauma, with the goal of helping to prevent the onset of serious mental illness. All proposed positions are new and do not in any way constitute supplantation.

Component A: Education and Reduction of Stigma

Each designated site will offer education to clinic patients and others aimed at destigmatizing mental health conditions. All educational components will be provided in English and Spanish, the two threshold languages in Santa Barbara County. Printed material in the form of brochures and/or posters will be displayed throughout the sites. Videos about mental health will be shown on a regular basis in public areas to inform individuals about mental health conditions and how to limit or treat the risk factors and help prevent symptoms from becoming more severe.

At least four times per year, workshops will be offered at no cost to teach individuals of all ages skills to enhance resiliency and recovery-oriented skills and provide information about services such as domestic violence, alcohol and substance abuse.

Clinic staff will be trained about age-specific risk factors, assessment, mental health conditions and interventions by the Psychiatrist or Nurse Practitioner to identify underlying mental health conditions. Clinic staff will receive training regarding the different cultures of individuals served by the clinics, including a focus on members of the API and African American communities, especially in North County.

Component B: Identification & Assessment

To ensure effective screening for mental health and/or substance abuse issues, each site will review and augment its assessment forms and distribute them to individuals who present with physical health problems. This will improve the clinics' capacity to identify individuals of all age groups who may be experiencing depression, anxiety, trauma, other mental health conditions and/or substance abuse.

Parents who may be experiencing a mental health issue will be provided treatment and information regarding the impact of their symptoms on their children. Should a

child be identified as having a potential mental health need, clinic staff will speak with the parent(s) and provide referrals to assist them in obtaining assistance for the child early in the onset of the condition.

Older adults will be specifically identified in order to assess their risk factors and any current mental health condition. Components of the evidence-based IMPACT program will be used to provide age-specific interventions including screening, case management, treatment, education, coaching and symptom monitoring.

As reported in the December 11, 2002 issue of the Journal of the American Medical Association (JAMA), the IMPACT model of depression care more than doubles the effectiveness of depression treatment for older adults in primary care settings. At 12 months, about half of the patients receiving IMPACT care reported at least a 50% reduction in depressive symptoms, compared with only 19% of those receiving primary care services. Analysis of data from the survey conducted one year after IMPACT resources were no longer available shows that the benefits of the IMPACT intervention persist after one year. IMPACT patients experienced more than 100 additional depression-free days over a two-year period than those treated in usual care. (<http://impact-uw.org/about/research.html>, retrieved 12-3-09. A 20-page bibliography highlighting research on the IMPACT model is also available at this web site.)

Component C: Mental Health Case Management, Treatment & Linkages

Three (3.0) FTE, as previously described, will be hired to enhance the care teams based at community clinics operated by CHC and SBNC. The team model will include primary care staff and mental health staff to assess and treat individuals with mild to moderate mental illnesses and co-occurring substance abuse conditions. The teams will provide initial medication evaluation and follow-up support for individuals with emerging mental health conditions or exposed to trauma. Individuals who have additional needs will be referred to the appropriate resources for assistance with domestic violence, substance abuse or other issues. Regular follow-up will be conducted for each client identified as needing mental health treatment.

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

PEI stakeholder forums held throughout the County identified addressing disparities in access as a top community mental health need. Enhancing the capacity of community health clinics to deliver prevention and early intervention mental health services will increase access to services for individuals who are underserved. Priority populations particularly well-served by this project include underserved cultural populations and trauma-exposed individuals, including women impacted by domestic violence. In addition, stakeholders participating in an online PEI survey identified primary health care settings as the best location for services that address disparities in access for adults.

c. Implementation partners and type of organization/setting that will deliver the PEI program and interventions.

- South County: The East Side and West Side Neighborhood Clinics in Santa Barbara and the Isla Vista Neighborhood Clinic in neighboring Isla Vista will deliver PEI programs and interventions. SBNC provides care to nearly 16,000 unduplicated low-income patients a year. In 2008, SBNC was responsible for nearly 62,000 patient and health education visits.
- In North County, two Community Health Centers in Santa Maria will provide prevention and early intervention mental health services to underserved individuals. The sites are operated by the Community Health Centers of the Central Coast, Inc., a 501(c)(3) non-profit network of community health centers serving the residents of the Central Coast. The two Santa Maria clinics saw more than 10,000 patients in 2009.
- In Central County, the Lompoc Community Health Center will provide prevention and early intervention mental health services to underserved individuals. This community health clinic is also operated by the Community Health Centers of the Central Coast, Inc. The Lompoc Community Health Center saw more than 3,000 patients in 2009.

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

Clinics will serve underserved individuals in North County (Santa Maria), Central County (Lompoc) and South County (Santa Barbara and Isla Vista). Large numbers of underserved and unserved Latinos, as previously described, are expected to be served by this program.

e. Highlights of new or expanded programs.

Integrating primary and mental health care in community clinics is a new program marking ADMHS' first collaboration with community health clinics in North, Central and South County.

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

PEI Project Component	Activities may include	Frequency/Duration
A. Education and the Reduction of Stigma	1. Provide training and educational materials about mental health prevention and early intervention in English and Spanish.	At least four events per year

	2. Provide videos and/or written materials about mental health conditions, prevention and early intervention at all clinic waiting rooms.	Daily
B. Identification & Assessment	1. Inclusion of age-specific and mental health related questions on medical intake forms to identify the need for further follow-up including.	Patient will complete form during intake; data will be updated at least one time per year.
C. Mental Health Case Management, Treatment and Linkages	1. Provide appropriate services and/or linkages for patients identified as needing mental health services.	As needed

g. Key milestones and anticipated timeline for each milestone

Month	Milestone
Months 1-2:	Complete provider contracts.
Months 2-3:	Recruit and hire staff
Months 4-5:	Train staff in IMPACT, assessment of universal populations, etc.
Month 6:	Initiate ongoing community outreach and information

4. Programs for PEI Project #2

Program Title: Integrating Primary and Mental Health Care in Community Clinics	Proposed number of individuals or families through PEI expansion to be served Annually		Number of months in operation through June 2010
	Prevention	Early Intervention	TBD
A. Education and Reduction of Stigma	Individuals: 2250 Families:0	Individuals: 150 Families: 0	TBD
B. Identification and Assessment	Individuals: 563 Families: 0	Individuals: 300 Families: 0	TBD
C. Mental Health Case Management, Treatment and Linkages	Individuals: 337 Families:0	Individuals: 300 Families:0	TBD
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 2250 Families:0	Individuals: 750 Families:0	

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

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

The primary focus of this project is to provide mental health prevention and early intervention services in a primary care setting to individuals prior to the onset of serious mental illness. Individuals with indications of serious mental illness will be referred to ADMHS CARES unit for further screening, treatment and referrals to appropriate mental health services, such as outpatient clinics, network providers, ACT programs or crisis care.

Describe how the project links individuals and family members to other needed services, including those not traditionally defined as mental health (particularly in the areas of substance abuse treatment, violence prevention and intervention and basic needs.

Referrals will also be made to community-based organizations as needed, to address appropriate concerns, such as substance abuse, counseling, domestic violence, vocational assistance and legal resources.

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

The participating organizations on this project, SBNC and the CHC, are well-established programs that see thousands of patients per year. PEI funding will expand their capacity to offer prevention and early intervention mental health services. The clinics already have infrastructure in place including programs, policies and activities to achieve the desired outcomes.

6. Collaboration and System Enhancements

Relationships and collaborations with community-based organizations and partner agencies.

This project is a collaboration among ADMHS and the two primary care service providers, CHC and SBNC, to improve their capacity to provide mental health services to individuals who are at risk of serious mental illness and/or trauma-exposed individuals. The contracted service providers will also collaborate with community resources such as substance abuse and domestic violence service providers. This program will work closely with the PEI Community Mental Health Education project to ensure appropriate service coordination for clients.

How the PEI component will strengthen and build upon the community-based mental health and primary care system.

This project is based at community health clinics and will coordinate with primary care providers to expand mental health screening, treatment and referrals to individuals who might otherwise not seek assistance for mental health conditions. Providing a substantially greater integration of mental and primary health care represents a transformational change in the system of care in Santa Barbara County.

How resources will be leveraged.

This project strengthens mental health prevention and early intervention services within a network of well-established community health clinics throughout the County. These nonprofit clinics offer facilities, patient bases that include substantial numbers of underserved individuals in PEI priority populations, medical and clerical staff and data management systems.

How the programs in this project will be sustained.

Core funding for this project will be provided by PEI. The community health clinics are well-established organizations that will continue to be sustained by grants, fees and other revenue sources.

7. Intended Outcomes

Component	Individual Outcomes	System/Program/Community Outcomes	Proposed Measures of Success
A. Education and Reduction of Stigma	<ul style="list-style-type: none"> • Symptom stability, wellness and prevention of disability for the targeted population • Reduction of involvement with CWS or the criminal justice system among TAY • Reduction in depression among older adults • Greater use of community resources through linkages to long-term services outside of PEI 	<ul style="list-style-type: none"> • Increased awareness and recognition of mental health issues by primary care providers. • Increase in screenings and referrals for mental health issues by primary care staff in a non-stigmatizing environment. • More cost-effective allocation of resources. • Increase in penetration rates for underserved ethnic and cultural communities. 	<ul style="list-style-type: none"> • Surveys or focus groups to measure change in knowledge and attitudes • Key informant interviews • Tracking logs measuring number of mental health screenings per client
B. Identification and Stigma			
C. Mental Health Case Management, Treatment and Linkages			

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

By increasing the capacity of community health clinics to treat individuals with emerging mental health concerns, consumers, family members and the community will see increased access to mental health services, especially for members of the Latino community and other groups that have traditionally been underserved. The countywide mental health and physical health system of care will be significantly improved by this collaboration.

8. Coordination with Other MHSA Components

Staff with the PEI Community Health Education and Support project will assist individuals seen in Community Health Clinics with referrals and linkages to other appropriate MHSA programs, such as the Recovery Learning Centers or Workforce Education and Training (WET) programs.

9. Additional Comments (optional)

Form No. 3

PEI PROJECT # 3 SUMMARY

County: Santa Barbara

PEI Project Name:

Early Childhood Mental Health Services

DATE: 10-30-09

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

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

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

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

Recent developments in neuroscience, infant mental health, attachment, as well as prenatal and perinatal psychology and health show that the optimal, most cost effective time to make positive interventions in human development is from the beginning of life. New research demonstrates that many life enhancing or life-diminishing patterns are found to originate in the pre- and perinatal period including resiliency and health or chronic disease, self-regulation and attachment issues. The best outcomes occur when mothers and families are supported in their mental and physical well being during pregnancy, birth, infancy and early childhood.

A review of Santa Barbara County demographics revealed there are approximately 35,000 children age zero to five years in Santa Barbara County. Research from the Zero to Three Organization (www.zerotothree.org) as well as national data from the Administration for Children and Families and the National Institute for Mental Health indicates that between 10-15% of the population, including children aged birth to five years, have a mental health/social emotional condition severe enough to warrant medical necessity for treatment of services.

Extrapolating this data to Santa Barbara County indicates that between 3,500 and 5,250 infants and preschool age children need mental health and/or social emotional/developmental intervention. Among all current providers for early mental health services for Medi-Cal eligible children, Santa Barbara County is currently serving approximately 500 children age birth to five annually. This suggests that over 80% of the children who need services have not yet been identified.

Annual births to immigrant mothers are 46% of all births in the County. County-wide, 45% of children in Santa Barbara County are living below 200% of the federal poverty level.

Some of the organizations that comprised the Children's PEI regional stakeholder forums included representatives from First 5 Children and Families Commission, the Early Childhood Mental Health-Special Needs (ECMH-SN) Collaborative, Public Health Department, preschool programs, parents and community leaders. These existing networks have conducted extensive work in identifying the prevention and early intervention needs of young children and their families in the County. The stakeholder processes and data analysis used this information while remaining responsive to group members and new ideas. This work was used as a platform to develop this project.

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

Early Childhood Mental Health

a. Description of the proposed PEI Intervention

The Early Childhood Mental Health (ECMH) Project will address the needs of young children prenatal to age five and their families in Santa Barbara County within these priority populations: trauma-exposed individuals, children and youth in stressed families, children and youth at risk for school failure and underserved cultural populations. The proposed components build on existing services and programs throughout the County and support a community continuum of care that serves children and caregivers and supports a framework for success beyond a single program or strategy. This project will further the ongoing system development and integration of ECMH into the broader system of care and build on the work done by the Statewide First 5 and the ECMH Collaborative partners.

Project 3 proposes PEI funding to sustain programs identified by participants during the stakeholder process as integral to the children's mental health system. The birth to five population was identified as highly vulnerable and in need of early childhood mental health services. As a result, ADMHS has prioritized funding for three initiatives that serve this population. There are a limited number of evidence-based practices serving the birth to five population available in this community. Several initiatives serving this target population are currently funded through First 5. They provide critical services to underserved communities, are evidence-based and/or community-tested models. Therefore, we will consider using existing providers as potential PEI partners. However, current programs serving this target population may not adequately meet the guiding principles of MHSA in terms of addressing disparities, demonstrating cultural competency related to the County's threshold languages and reflecting sensitivity to the client- and family-driven imperative. All PEI programs will embody these qualities.

In addition, PEI funding will enhance the services available to children birth to five years by adding staff to provide services to Lompoc and Santa Maria in the North County. A new Mental Health Consultation component is also part of this project.

This is a selective prevention and early intervention parenting and support program targeting families whose children are or would be at the greatest risk for development of behavioral problems. Services for women experiencing perinatal mood disorders may include medication, individual counseling and group counseling. This project will address the needs of children who are not eligible or covered through other systems and help parents navigate systems through enhanced referrals and support for follow-up.

This project includes in-home support, health and development screening, parent education and skills training, infant parent psychotherapy, advocacy, resources and referrals, postpartum support groups and father outreach. Activities will provide parents and caregivers the skills, knowledge and support they need to oversee their children's healthy development and resiliency.

1. The Great Beginnings program is composed of a multidisciplinary team which uses a strengths-based approach to provide home and center-based services to: low-income families of children prenatal to age five with a focus on the Latino population countywide. In addition, special outreach efforts will be targeted to the African American community in Lompoc and the Asian and Pacific Islander community in Santa Maria. The program promotes the health, growth and development of children birth to five years and their families and will expand to serve the North County communities of Lompoc and Santa Maria. The program uses the following evidence-based practices:

- Healthy Families America Model. "Healthy Families America is based upon a set of critical program elements, defined by more than 20 years of research. Over the past several years, states across the country have embraced the critical elements of HFA and are working toward implementing statewide home visitation policies and programs. The critical elements represent the field's most current knowledge about how to implement successful home visitation programs." (Source: www.healthyfamiliesamerica.org)
- Incredible Years. This model has been shown to significantly enhance the effects of parent training, resulting in significant improvements in peer interactions and behavior in school. (Source: Mental Health Services Act Prevention and Early Intervention Resource Materials, California Department of Mental Health, p.9)
- PCIT. PCIT has been demonstrated to increase the number of positive verbal communication skills (i.e., praises and descriptions/reflections) and a decrease in the negative verbal communication skills (questions, commands, critical statements) among participants. In addition, the percent of children with behavior problems in the clinical range (as measured by the Eyberg Child Behavior Inventory) decreased significantly. (Source: Mental Health Services Act Prevention and Early Intervention Resource Materials, California Department of Mental Health, p.11).

This proposed project adds a Mental Health Consultation component to the Great Beginnings program. Mental Health Consultation will provide problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and Family Resource staff, preschool teachers, families and programs. Trained child behavioral health professionals based at ADMHS' regional clinics will provide on-site behavioral health consultation to community based childcare and pre-school programs. Service activities will include:

- Professional development;
- Child observation and individual/group consultation to teachers and staff;
- Service linkage;
- Limited direct services to children and families.
- Mental Health Consultation.

Early Childhood Mental Health Consultation is an evidence-based practice. Teachers in classrooms with ECMHC services reported that children had fewer problem behaviors after these services were implemented. Positive social skill development also accelerated for children with ECMHC services in several studies. (Source: Research Synthesis: Early Childhood Mental Health Consultation. The Center on the Social and Emotional Foundations for Early Learning. Vanderbilt University. www.vanderbilt.edu/csefel) A prevention-based model provides staff and parents the opportunity to identify and address mental health issues or developmental delays before children enter school. This component interfaces with First 5 efforts to implement developmental and social emotional screening for children age birth to five countywide through Family Resource Centers and health care providers.

PEI funding will support the following staff for the expanded Great Beginnings program: One (1.0) FTE Program Director/Therapist; Three (3.0) FTE Home Visitors; One (1.0) FTE Parent-Child Interaction Therapy (PCIT)/Parenting Program Specialist; Half-time (0.5) FTE Data Base Manager.

2. ECMH Special Needs counseling is provided to low-income monolingual Spanish children and families in the Santa Ynez Valley, located in Central County. Services are based at four school sites and parents can access services in their neighborhood and in their homes. This component provides needed response in an area of the Central County where resources are limited. One (1.0) FTE ECMH counselor who is bilingual English/Spanish and bicultural will be funded through PEI.
3. A countywide program (CATCH) assists preschoolers who exhibit challenging behaviors and do not qualify for special education. This program includes a component that uses an evidenced-based curriculum to train teachers and to support parents of preschoolers with challenging behaviors. This program accepts referrals for any “at risk” child exhibiting behavioral challenges. Services support children to be successful in their preschool setting and include direct support to the child, support for all the children in the school and teacher and parent consultation. A three-quarter time (0.75 FTE) counselor will be funded through PEI.

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

In each of the three PEI regional stakeholder forums, participants identified services to at risk children and youth as the number one community mental health need. In addition, respondents to the online PEI survey specifically recommended a number of the programs and interventions included in this proposal

c. Implementation partners and type of organization/setting that will deliver the PEI program and interventions.

The organizations that will participate in this project provide support to children age birth to five years by helping to prevent, assess and treat child abuse by providing comprehensive, culturally appropriate services for children, adults and families; support special populations of students; help teachers improve their professional development and provide individuals and families resources that help them to achieve self-sufficiency.

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

The project targets parents and providers serving children aged birth to five living in high-risk neighborhoods or with Spanish/Oaxacan speaking parents or in stressed families (parents with mental illness or developmental delays, homelessness, domestic violence, abuse or neglect and substance abuse). All programs will provide culturally and linguistically appropriate staff with sensitivity to special needs of parents and children.

In addition, to ensure that outreach and services are available to members of the API and African American communities, a committee of cultural brokers, including representatives of these communities, will meet regularly to provide ongoing consultation and monitoring.

e. Highlights of new or expanded programs.

This project expands and links into the existing ECMH Collaborative that was developed with the vision of building an integrated, accessible, culturally competent and nurturing countywide system of care for children prenatal to age five and their families. Priority will be given to high-risk neighborhoods or children with Spanish/Oaxacan speaking parents or in stressed families (parents with mental illness or developmental delays, homelessness, domestic violence, abuse or neglect and substance abuse).

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

PEI Project Component	Activities may include	Frequency/Duration
A. Early Childhood Education Mental Health Services	<ul style="list-style-type: none"> • Assessments • Developmental and social emotional screenings • Home visits • Postpartum Depression treatment • Consultation with pre-school and childcare centers including child observations and individual and group consultation to teachers and staff. • Direct service to children and their families, i.e., therapeutic groups, individual or family sessions and service linkage 	<p>As needed over 6-9 months</p> <p>Ongoing, less than 12 months duration</p>

g. Key milestones and anticipated timeline for each milestone.

Month	Milestone
Months 1-2:	Hire new staff
Month 3:	Train staff
Month 4:	Services begin

4. Programs for PEI Project #3

Program Title: ECMH Services	Proposed number of individuals or families through PEI expansion to be served Annually		Number of months in operation through June 2010
	Prevention	Early Intervention	
A. Early Intervention Mental Health	Individuals: 80 Families: 40	Individuals: 185 Families: 40	TBD
TOTAL PEI PROJECT ESTIMATED <i>UNDUPLICATED</i> COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 80 Families:40	Individuals: 185 Families:40	

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

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

This project builds on an existing initiative, the ECMH Collaborative which has established linkages with County and community providers of mental health, childcare and other services. Project staff, based in each of the County's three regions will also be trained in the behavioral health resources available. Each of the agencies providing services as part of this project will be community-based behavioral health agencies that offer varying degrees of behavioral health and other core services.

Describe how the project links individuals and family members to other needed services, including those not traditionally defined as mental health (particularly in the areas of substance abuse treatment, violence prevention and intervention and basic needs.

This project expands and links into the existing ECMH Collaborative that was developed with the vision of building an integrated, accessible, culturally competent and nurturing countywide system of care for children age birth to five years and their families. Members of the Collaborative include non-traditional mental health programs such as schools, domestic violence services, pre-schools, Family Resource Centers and early intervention services. In addition, the Mental Health Consultants will build the capacity of childcare staff and families to identify and respond to the behavioral health needs of young children. This involves training, modeling and coaching and a significant amount of linkage and referral to a range of services. Further, this project will also interface with the Community Mental Health Educators Project and Integration of Primary and Mental Health Care in Community Clinics Project, detailed earlier in this Plan.

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

This project draws on the expertise within well-established community-based organizations that use evidence-based practices with a track record of achieving desired outcomes.

6. Collaboration and System Enhancements

Relationships and collaborations with community-based organizations and partner agencies.

The ECMH project fits into the larger ECMH Collaborative which has been in existence since 2002 and meets regularly to coordinate services, provide training, system navigation and cross agency case management. Partners within this Collaborative have built strong relationships and are committed to creating a community that embraces the mental well being of all of its residents.

How the PEI component will strengthen and build upon the community-based mental health and primary care system.

This project is designed to build on and expand the impact of the local community-based behavioral health system. For example, the Mental Health Consultants will provide training, education and early intervention to pre-schools, childcare settings and family resource centers and partner with their staff to refer children and families to appropriate resources. The project will also coordinate with programs funded by First 5 to build on partnerships and share resources.

How resources will be leveraged.

The project will leverage Medi-Cal funding when appropriate. In addition, First 5 funding will be leveraged in a variety of ways to maximize the use of training opportunities and funding for services in their new Community Collaborative Initiatives. Many funding streams require collaborative participation and the ECMH provides a strong base to leverage resources.

How the programs in this project will be sustained.

This proposed project will be an ongoing PEI initiative and ADMHS will provide continued assessment of the extent to which the project meets the identified individual, program and system outcomes.

7. Intended Outcomes

Component	Individual Outcomes	System/Program/Community Outcomes	Proposed Measures of Success
A. Parent Support, Education and Early Intervention	<ul style="list-style-type: none"> • Decrease in depression rates for mothers. • Children with emerging mental health and/or developmental problems and their families will learn new skills and strategies to address and ameliorate these problems. • Increase parent/caregiver confidence in parenting skills. • Increased knowledge of resources available for young children and families. • Children will be exposed to age-appropriate learning materials, positive child-teacher interactions and a healthy environment. • Children will develop social competence and exhibit age-appropriate behaviors. • Increased knowledge among pre-school teachers and childcare workers of social emotional and behavioral issues impacting young children. • Families will be linked with 	<ul style="list-style-type: none"> • Expanded capacity of the mental health system to serve identified prevention and early intervention needs of young children and their families. • Increased number of children and families in underserved populations who are identified and served • Earlier access to mental health services • Enhanced social emotional health among young children • .Reduced incidence of child neglect and abuse, out of home placements and behavioral problems • Increased ability to identify and treat emerging mental health disorders in young children before the disorders become more severe, chronic and disabling. • Shorter duration of untreated mental illnesses • Decreased disparities regarding access to mental health prevention and intervention services. • Reduced stigma. 	<ul style="list-style-type: none"> • ASQ-SE • Edinburgh Postnatal Survey • Parental Stress Index • Pre/post surveys

	<p>appropriate resources</p> <ul style="list-style-type: none"> • Mental health disorders in children ages birth to five will be prevented or identified early and treated, thus reducing the burden of mental illness within Santa Barbara County families 		
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What will be different as a result of the PEI project and how will you know it?

ADMHS expects that substantially increased numbers of children and families from the underserved cultural groups previously described will receive prevention and intervention services, as measured through outcomes measurement described above.

8. Coordination with Other MHSA Components

As appropriate, children, transition-age youth and parents may be referred to other MHSA programs and services, such as the SPIRIT wraparound program, the New Heights Program for TAY, and Recovery Learning Centers funded through CSS; Community Mental Health Educators; mental health services at community health clinics through PEI; computer support via the Technological Needs Plan; and vocational assistance through Workforce, Education and Training (WET).

9. Additional Comments (optional)

**Form No. 3
PEI PROJECT # 4 SUMMARY**

County: Santa Barbara

**PEI Project Name: Prevention and Early Intervention Services for
Children and TAY**

DATE: 10-30-09

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

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	<input 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 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 checked="" type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Research conducted for the PEI Planning Process by UCSB underscored a number of the risks faced by many school-age children, noting that:

- Approximately 20% of children in the United States experience behavioral, emotional or mental symptoms that would qualify them for a psychiatric diagnosis;
- On average, between 5-7% of all young people receive mental health care each year;
- Of the 3-5% of school children with serious behavioral or emotional disabilities, less than 2% receive services.
- Abused females are 10.2 times more likely to have Post Traumatic Stress Disorder (PTSD) than the general population;
- Victims of childhood sexual abuse are 7.2 times more likely to have conduct disorders than the general population.

PEI Stakeholders participating in regional forums, focus groups and key informant interviews confirmed the need to improve access to services for children and TAY, particularly for members of underserved cultural populations:

	Top Mental Health Needs	Top Priority Populations
Children’s Workgroups in Three Regional Forums	1. At risk youth 2. Trauma	1. Early childhood 2. Children at risk of CWS involvement
TAY Workgroup in Three Regional Forums	1. At risk youth and young adults 2. Disparities in access	1. Youth and young adults in crisis w/emerging mental health conditions or w/o mental health condition 2. School age children
Native American, Spanish-Speaking and Oaxacan Focus Groups	Diminish the disparities in access to mental health services	Underserved cultural populations.
LGBTQ Focus Group	Suicide and psychosocial impact of trauma, stigma and discrimination	1. Youth in stressed families 2. Trauma-exposed 3. Children at risk for school failure 4. Individuals experiencing on-set of serious psychiatric illness 5. Individuals with

		HIV/AIDS
Primary Care Physician Key Informant	1. Psychosocial impact of trauma 2. Disparities in access to mental health services	1. Underserved cultural populations 2. Individuals experiencing onset of serious psychiatric illness 3. Trauma-exposed
Victim Services Key Informant	Disparities in access to mental health services	Underserved cultural populations

Improved access to prevention and early intervention crisis services for children and youth in crisis is critical to preventing the escalation of emotional and behavioral problems into serious mental illness. This project responds to needs identified in research and confirmed by stakeholders.

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

Prevention and Early Intervention Services for Children and TAY

a. Description of the proposed PEI Intervention

This project consists of three components:

1. Crisis Service Coverage for Underserved Children and Adolescents;
2. School-Based Support for Children and Adolescents; and
3. Early Detection and Intervention Teams for TAY.

Component A: Crisis Service Coverage for Underserved Children and Adolescents

The availability of mental health prevention and early intervention crisis services for children and adolescents is essential for a safe community. In Santa Barbara County, children and families who live below the poverty level yet do not qualify for governmental assistance have few resources available when faced with crisis situations. As a result, an escalation of individual and family emotional stress and challenges often occur. Without an immediate and comprehensive intervention, some children enter foster care or other out-of-home placement or fail in school.

The community has identified youth and young adults in crisis with emerging mental health conditions or at risk of mental health conditions as one of the priority populations. In addition, children at risk of entering the Child Welfare Services system were identified as needing additional services and resources. The Department maintains close working relationships with Probation and CWS to ensure timely response to referrals.

The U.S. Surgeon General's Report on Mental Health suggested that emergency services for youth delivered by mobile crisis teams at the scene of a

crisis prevented emergency department visits and out-of-home placements. (From Matrix of Children's Evidence-Based Interventions, Center for Mental Health Quality and Accountability, April 2006.)

PEI funding will support three (3.0) FTE Crisis Specialists to expand crisis and follow-up services to underserved children and youth. These are new, not existing positions that will address issues of disparities concerning unserved ethnic communities by expanding outreach to these communities.

This component has four major objectives:

1. Provide underserved children, adolescents and families in crisis the supports and services needed to prevent emerging mental health conditions from worsening;
2. Assist at risk children and youth to stay in their homes;
3. Help children and adolescents succeed in school;
4. Prevent and/or reduce involvement in the juvenile justice system.

This component will achieve these objectives by extending crisis services to unserved and underserved children and youth in crisis and their families. This target population has had limited or no access to mental health prevention and early intervention services in the past. The proposed project will extend crisis services and short term family stabilization to these underserved individuals, including:

- 24/7 mental health assessment and screening;
- Mental health professionals to treat clients and family members;
- School collaboration in public, private and home school environments including assessment, intervention, treatment, referral services, counseling, education and linkages to community based organizations or other governmental agencies for children and families;
- Family interventions including home visits and depression treatment and will contribute to improving the child's health and help decrease child abuse;
- Home visits for children and family, including screening, parental guidance and linking children and families to services;
- Family/parent and child intervention/support including child and parent psychotherapy, early childcare and education and response that can prevent placing a child into the care of Child Welfare Services;
- In-home and out-of-home respite for children and families providing linkages to mentoring programs such as Big Brothers and Big Sisters;
- Linkages to appropriate resources and facilitating connections between multiple service agencies.
- Training and education in child abuse prevention.

Crisis services will be available to underserved children and adolescents and their families on a 24/7 basis. All services will be provided within cultural competency guidelines; service providers will reflect the native language and

ethnicity of the individuals and families they serve. All services, interventions and plans will reflect a culturally competent and culturally compassionate understanding of the individuals and family members.

Following a crisis response call and phone assessment, an immediate “face-to-face” response will be provided by a Crisis Care Specialist as needed. The Crisis Care Specialist will assess the child/youth and family situation, de-escalate the situation and provide follow up to ensure that additional necessary services are provided by the responding agency or other resources.

A primary focus of the program will be on preventive services. The Santa Barbara County Children’s System of Care will also refer clients at high risk of experiencing crises which may lead to out of home or hospital placement. A treatment meeting will quickly follow-up on the referral in order to provide interventions and solutions before other difficulties may occur. At the treatment meeting, a crisis response plan will be drafted. The crisis plan will build on the information gathered during the initial call and the crisis assessment and incorporate the following components: immediate alternatives, natural supports, formal supports and crisis calls. The program manager/clinical supervisor will approve all crisis plans.

Relationship building before any further crises occur will be a significant part of the program. “Pre-crisis” relationships will be developed to build connections among provider staff, children and youth and family members as well as other individuals that are part of the child’s and family’s “natural” supports and representatives from other agencies. This aspect of the “pre-crisis” plan is essential to building a stronger more solution oriented response to other stressors in the lives of the children and families served. When a crisis occurs and is resolved, more intense services will be provided if necessary. The goal of the program is to provide the children, youth and family with new tools and new resources to minimize the volatility of the crisis and the impact of the crisis.

Component B: School-Based Support for Children and Adolescents

ADMHS provides school-based mental health services at many school sites in the three main population areas of the County. Carpinteria has been deemed an underserved area in South County. Advancing mental health in Carpinteria schools requires maintaining a comprehensive, multifaceted approach that maximizes learning and well-being, strengthening students, families and schools.

ADMHS has developed Carpinteria-based resources with a special focus on meeting the needs of children and youth. Under ADMHS’ supervision, school-based mental health services are available to assist underserved at risk children and adolescents at all public schools in Carpinteria through the Support, Treatment, Advocacy and Referral Team (START) program.

PEI funding is proposed to support services to children and youth in the Carpinteria schools that are uninsured and for whom such services would not be otherwise accessible. Of the population of Carpinteria, approximately 43% are Latino, which as described earlier in this proposal, have higher rates of uninsured individuals.

(Source: www.muninetguide.com/states/california/municipality/Carpinteria.php. Retrieved December 14, 2009.) PEI will also help to strengthen the co-occurring conditions component within the START mental health treatment teams, located within each school throughout the Carpinteria community.

START is a school-based program that offers mental health services to students experiencing emotional and/or behavioral difficulties and who may benefit from counseling and other supports. The program will offer counseling, support, advocacy, treatment and referrals, including services to clients experiencing mental health and substance abuse challenges. The program follows evidence-based practices developed by the UCLA Center for Mental Health in Schools, <http://smhp.psych.ucla.edu/>.

Program staff members work as a team with school staff and parents to address clients' social-emotional development, prevent mental health and psychological problems from becoming acute, enhance the client's ability to adapt and cope with changing life circumstances, increase clients' protective factors and minimize risk factors. A START team is assigned to each school that includes experts in substance abuse and mental health prevention and treatment. START is available to provide intervention, referrals, programs and services to intervene as early as possible to address learning, behavior and emotional problems. The overall goals of this component are:

- Maintain children and adolescents in school;
- Teach children improved decision-making skills to reduce instances of disciplinary action and/or expulsion;
- Create strong linkages among school, family and community by developing a comprehensive, multifaceted and cohesive continuum of care that promotes health development.

The objectives of the START program are:

- Enhance the mental health of families by building the capacity of school staff to surmount barriers to learning, thereby promoting healthy development.
- Address challenging school issues such as anxiety, bullying, alienation and disengagement from classroom learning.
- Make appropriate referrals to community services, thereby developing a cohesive continuum of school-community interventions that promote learning and healthy development.

The START program is guided by a vision of a children's system of care characterized by doing whatever it takes, developing individualized, strengths-

based plans and providing unconditional care. Service delivery is creative and team-based. Highly individualized planning processes help children and families meet previously unmet needs both within and outside of formal services, while children remain in their homes and community whenever possible. This project is expected to serve approximately 150 youth during the school year.

Component C: Early Detection and Intervention Teams for Transition-Age Youth

Two new teams specializing in early detection and prevention of serious mental illness in transition-age youth, ages 16-25, will enhance the North County (Santa Maria) and South County (Santa Barbara) mental health crisis and intake centers (CARES).

The program will serve transition-age youth who are in the pre-illness phase, at risk for serious mental illness, or were diagnosed within the past 12 months. The target population will include individuals who are homeless and/or experiencing co-occurring mental health and substance abuse conditions.

This component will serve the entire County, including the communities of Lompoc and Santa Maria. Lompoc has the highest concentration of African Americans in the County; Santa Maria has the highest concentration of API.

A committee of cultural brokers from underserved populations, including the API and African American communities, will meet regularly to advise on outreach and engagement to monitor the effectiveness of PEI programs in reaching these populations.

The objectives of this component are:

- Provide early identification of transition-age youth at risk of or showing early signs of psychosis or mood disorders or those diagnosed within the last 12 months;
- Reduce barriers to and disparities in treatment, especially stigma;
- Apply clinical services to engage and treat at risk transition-age youth.

The Early Detection and Intervention Team project is adapted from the evidence-based PIER model which has been shown to dramatically reduce morbidity for young persons at risk of the onset of psychosis. (Source: Mental Health Services Act Prevention and Early Intervention Resource Materials, California Department of Mental Health, p.11). A combination of four activities will form the core of the treatment program:

- Family psychoeducation;
- Family-aided assertive community treatment;
- Supported education;
- Employment and medication, as needed.

Two regional teams, one in North County and one in South County, will each consist of four (4.0) FTEs, including two (2.0) FTE master's level Clinicians, one (1.0) FTE AOD specialist, a half time (0.5) FTE Consumer Peer Recovery Specialist and a half time (0.5) FTE Family Peer Recovery Specialist. These teams will be responsible for implementing assessment, treatment and community outreach.

Community outreach will be a key foundation of these teams. Staff will reach out to community members including health care providers to provide information about early detection and intervention. The goal is to develop a network of individuals who can serve as "early identifiers." Team members will engage potential participants who have been identified as at risk or having early onset of a mental health condition. Strong communications and extensive information exchanges between the referring professional and the team are essential. The "early identifiers" become advocates for early intervention, promote ongoing dialogue about early intervention and build acceptance among others in their organization.

For transition-age youth who need continued support, these young people will receive the following services from the team, based on individual need:

- Care management;
- Crisis assessment and intervention;
- Housing services and supports;
- Activities of daily living support;
- Employment and educational support;
- Community integration;
- Peer and support services;
- Symptom assessment/self management;
- Individual support;
- Substance abuse/co-occurring conditions support;
- Medication management;
- Coordination with primary care and other services.

The team will continuously provide active outreach, engagement and consultation to individuals involved in participants' lives including family, school counselors/personnel, Probation Officers and others based on the principles and practices of supported education.

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

During the three regional PEI stakeholder forums, the problems of at risk children and youth were identified as a top community mental health need. In particular, TAY involved, or at risk of involvement with multiple agencies, including human

services agencies and the criminal justice system, were identified as a priority population for PEI programs and services. An equally strong concern from stakeholders Countywide was addressing the needs of youth in crisis, with or without an emerging mental health condition.

Further, according to research conducted by UCSB, approximately 20% of school-aged children have significant mental health symptoms warranting intervention. Although school-based services are the most commonly accessed mental health services, the majority of children are underserved. Services for this population fit within a variety of state-identified priority populations and allow for both prevention and early intervention.

To ensure that outreach and services are available to members of the API and African American communities, a committee of cultural brokers, including representatives of these communities, will meet regularly to provide ongoing consultation and monitoring.

c. Implementation partners and type of organization/setting that will deliver the PEI program and interventions.

- A community-based organization that operates children and adolescent crisis services throughout the County will provide follow-up services and linkages to underserved youth. This contracted provider will create direct linkages for the children, TAY and family members with organizations and service providers. These organizations may include services to help individuals and family members to manage and respond to situations such as domestic violence, alcohol and drug use, child abuse, conflict, juvenile justice, lack of food, shelter, medical care and mental health care;
- The START component, providing services in Carpinteria schools, will be operated by community-based organizations;
- The Early Detection and Intervention Teams for TAY will operate from ADMHS CARES North (Santa Maria) and CARES South (Santa Barbara) facilities.

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

Component A, the extension of crisis coverage to underserved children and adolescents will reach low-income individuals and those whose coverage may not cover crisis response countywide.

Component B will serve unserved and underserved children and adolescents in the South County community of Carpinteria.

Component C, the Early Detection and Intervention Teams for TAY will serve TAY in South County (Santa Barbara) and North County (Santa Maria). All of these components are expected to serve Latinos who have traditionally been underserved.

e. Highlights of new or expanded programs.

Component A, the provision of follow-up, post-crisis services to underserved children and youth is an expansion of a crisis program that previously could not offer follow-up services to underserved children and adolescents.

Component B, the school-based program supporting children and adolescents, will ensure services in Carpinteria-area schools, including those with co-occurring conditions.

Component C, the early detection and intervention teams for TAY, is a new program.

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

PEI Project Component	Activities may include	Frequency/Duration
A. Crisis Service Coverage for Underserved Children	24/7 Mental Health Assessment and Screening	Approximately 570 per year
	Home visits	Average length of stay for proactive work (home visits) is 31 days
	Link families to agency or agencies	Of the new referral/calls that come to the children and adolescent crisis service program, approximately 50% are without a current support and are linked to services.
	Child abuse training prevention	All families considered at risk for child abuse are provided tools, support and linkage to additional supports
B. School-Based Support for Children and Adolescents	Individual and small group counseling	The average student receives weekly individual or group counseling or both.
	Crisis response	Two hours per week
	Classroom presentation on PEI topics	One hour per week
	Parent consultation	Three hours per week
	Individual and/or group substance abuse counseling	Four to five hours per week
	Peer conflict mediation	Two hours per week
	Referral and linkage	Two hours per week
	Life skills education	10 hours per week
	Support for teachers	Two hours per week

C. Early Detection and Intervention Teams for TAY	Educate and train the healthcare community, school professionals and others who encounter young people in the early stages of psychosis.	Two outreach trainings per month.
	Identify and help others identify young people who are showing prodromal (early) symptoms and signs of schizophrenia or other major psychotic or mood disorders.	Client contact approximately twice a week for 12-18 months
	Evaluate individuals' risk for actual psychosis and/or mood disorders or those diagnosed within the last 12 months and treat them with psychosocial and psychopharmacological interventions as needed.	Med management appointments one time per month on average for 12-18 months.

g. Key milestones and anticipated timeline for each milestone.

Month	Milestone
Month 2	Crisis response begins for underserved population.
Month 2	School-based services reflect enhancement to students in need of co-occurring service support.
Month 3	TAY staffing complete
Month 4	TAY program training complete and referrals begin

4. Programs for PEI Project #4

Program Title: Prevention and Early Intervention Services for Children and TAY	Proposed number of individuals or families through PEI expansion to be served Annually		Number of months in operation through June 2010
	Prevention	Early Intervention	
A. Crisis Service Coverage for Underserved Children	Individuals: 0 Families: 0	Individuals: 0 Families: 500	4
B. School-Based Support for Children and Adolescents	Individuals: 0 Families: 150	Individuals: 0 Families: 150	4
C. Early Detection and Intervention Teams for TAY	Individuals: 54 Families: 0	Individuals: 36 Families: 0	4

	Proposed number of individuals or families through PEI expansion to be served Annually		
TOTAL PEI PROJECT ESTIMATED <i>UNDUPLICATED</i> COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 90 Families: 150	Individuals: 90 Families: 650	

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

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

Linking children, TAY and their families to appropriate services and resources is an element embedded into all three components of this project. Staff will help children, youth and parents or guardians link to traditional and non-traditional services and will follow-up to ensure a connection has been made that provides the intended benefit.

Describe how the project links individuals and family members to other needed services, including those not traditionally defined as mental health (particularly in the areas of substance abuse treatment, violence prevention and intervention and basic needs.

Individuals who have additional needs will be referred to the appropriate service providers for assistance with trauma, substance abuse and other situations. Individuals who are identified as needing or wanting more support will be invited to attend individual or group therapy or capacity-building groups. Regular follow-up will be conducted for each client identified as needing mental health treatment. The team will have direct access to the psychiatrists and other mental health professionals at the ADMHS Department as needed.

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

The project will be carried out by a combination of County and community-based organizations with a demonstrated track record and competence for providing effective programs and services for children and TAY experiencing mental health challenges. These components will leverage the resources of contracted service

providers including community connections and credibility, staff and facilities, communications and local networks.

6. Collaboration and System Enhancements

Relationships and collaborations with community-based organizations (CBO's) and partner agencies.

Providers will be selected based on their expertise, ability to work with target populations and track record of effective provision of services.

ADMHS also has longstanding relationships with other health care and social service providers and community-based agencies throughout the County. The proposed crisis services for underserved children and TAY, the START component and the Early Detection and Intervention component will draw on these relationships to provide the collaboration and coordination needed to ensure that these programs are successful.

How the PEI component will strengthen and build upon the community-based mental health and primary care system.

By strengthening prevention and early intervention programs for at risk children and TAY, youth served by this project will receive appropriate levels of service, diverting them from more acute services. The result is the more efficient functioning of the overall system of primary and mental health care.

How resources will be leveraged.

Components A and B will rely on the staffing and infrastructure of contracted service providers that have a track record of providing effective services in the County. Component C, early detection and intervention teams for TAY, will be based at ADMHS CARES, a unit supported by a combination of core and MHSA CSS funding. All three components will rely on pre-existing infrastructure such as support staff, office space, etc.

How the programs in this project will be sustained.

Although the components of this project will be sustained with PEI funding, the participating providers will continue to be supported by multiple funding sources.

7. Intended Outcomes

Component	Individual Outcomes	System/Program/Community Outcomes	Proposed Measures of Success
A. Crisis Service Coverage for Underserved Children	<ul style="list-style-type: none"> Increased access to mental health prevention and early intervention services 	<ul style="list-style-type: none"> Greater collaboration among organizations Enhanced capacity of collaborating organizations to provide PEI services 	<ul style="list-style-type: none"> Focus groups of individual and family participants Satisfaction survey of participating community organizations and leaders
B. School-Based Support for Children and Adolescents	<ul style="list-style-type: none"> Greater awareness of social, emotional and behavioral issues 	<ul style="list-style-type: none"> Earlier access to mental health and non-mental health services 	<ul style="list-style-type: none"> Surveys for target populations assessing baseline attitudes and beliefs, as well as documenting any changes post program period.
C: Early Detection and Intervention Teams for TAY	<ul style="list-style-type: none"> Increased resilience and protective factors Reduced risk factors Increased engagement with support services for alcohol and drug abuse, domestic violence, child abuse, sexual assault/abuse and reduced engagement with law enforcement Improved health and wellness following brief interventions De-stigmatization of accessing and utilizing services Decrease of individuals and family members feeling and being isolated 	<ul style="list-style-type: none"> Increased number of individuals and families who use community supports, resulting from assistance in accessing programs and resources. Increased familiarity and comfort by community members in requesting and accessing support services, leading to a decrease in individuals and families seeking crisis services. Decrease disparities in access to services. 	<ul style="list-style-type: none"> Annual evaluations of review teams with the CFMAC Quarterly reports Increased number of participants from the target populations in accessing mental health and non-mental health services such as alcohol and drug treatment and domestic violence services Number of individuals served by whom and in what language

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

Children, youth, parents/guardians from unserved and underserved communities will gain access to services as well as specific tools to de-escalate crisis. A decrease of calls to law enforcement by the children, youth and families will illustrate the success of the program. An increase in bilingual/bi-cultural staff and service provision will increase effective, culturally competent services for underserved cultural communities. The targeted underserved cultural communities

will be better informed about mental health issues and available community and departmental resources. The overall system of care will be substantially strengthened by greater levels of collaboration.

8. Coordination with Other MHSA Components

Clients and family members will be linked to appropriate MHSA programs and services, on a case-by-case basis. This may include assistance from Community Mental Health Educators (PEI), job readiness assistance (WET) and/or referrals to appropriate CSS programs and services.

9. Additional Comments (optional)

Form No. 7
Local Evaluation of a PEI Project

County: Santa Barbara

Date: February 1, 2010

- Check this box if this is a “very small county” (see glossary for definition) and the county is electing the option to waive the requirement to conduct a local evaluation of a PEI project. Very small counties electing this option do not need to complete the remainder of this form.

PEI Project Name: IMPACT Depression Screening for Older Adults

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

Santa Barbara County has selected the IMPACT Program for Older Adults for evaluation. This program will be conducted as part of the Integrating Primary and Mental Health Care in Community Clinics Project, Component B: Identification and Assessment.

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

The IMPACT program was selected because of the Department's interest in better serving homebound and isolated older adults with emerging mental health conditions. The Older Adult Workgroups convened at the regional PEI Community Forums expressed a strong interest in strengthening prevention and early intervention outreach to this population.

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

Expected outcomes for individuals include reduction in depressive symptoms, fewer hospitalizations for physical or emotional disorders and a reduced rate of suicide among older adults with depression. On a program/system level, the IMPACT program has been shown to reduce health care costs substantially.

3. Describe the numbers and demographics of individuals participating in this intervention. Indicate the proposed number of individuals under each priority population to be served by race, ethnicity and age groups. Since some individuals may be counted in multiple categories, the numbers of persons on the chart may be a duplicated count. For “other”, provide numbers of individuals served for whom a category is not provided (i.e., underserved cultural populations; e.g., gay, lesbian, bisexual, transgender, questioning;

hearing impaired, etc.). Please indicate at the bottom of the form an estimate of the total *unduplicated* count of individuals to be served. If the focus of the intervention is families, count each person in the family.

PERSONS TO RECEIVE INTERVENTION

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/ YOUTH STRESSED FAMILIES	CHILD/ YOUTH SCHOOL FAILURE	CHILD/ YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/ DISCRIMINATION
ETHNICITY/ CULTURE							
African American		1				2	
Asian Pacific Islander							
Latino	4	15*				30	
Native American		1*				3	
Caucasian	1	3*				15	
Other (Indicate possible) if							
AGE GROUPS							
Children & Youth (0-17)							
TAY (16-25)							
Adult (18-59)							
Older Adult (>60)	5	20*				50	
TOTAL	5	20*				50	
Total PEI project estimated <i>unduplicated</i> count of individuals to be served 75							

* Older adults with emerging mental health issues.

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

The PHQ-9 is the nine-item depression scale of the Patient Health Questionnaire. This scale assists clinicians with diagnosing depression and monitoring treatment response. The nine items of the PHQ-9 are based directly on the nine diagnostic criteria for major depressive disorder in the DSM-IV (Diagnostic and Statistical Manual Fourth Edition). This can help track patients' overall depression severity as well as whether or not treatment is improving specific symptoms.

5. How will data be collected and analyzed?

- Data will be collected starting with an initial medical intake form. Each older adult will be screened for depression and/or risk factors such as isolation and loneliness, reduced sense of purpose, health problems, use of medications and recent bereavement. Positive screens will receive a follow-up diagnosis.
- After an initial diagnosis of depression (identified by using PHQ-9) a treatment plan will be designed. Monitoring and outcomes tracking will occur by in-person or phone follow-up interviews initially conducted at least once every two weeks during the initial phase of treatment (if medications have been prescribed the patient will receive a follow-up call within one week of starting the medication).
- During the maintenance phase, in-person or phone follow-up will be conducted at least once per month during the maintenance phase of treatment. Designated staff will track and analyze information to ensure patients do not fall through the cracks.
- The community health clinics will track and assess the response to treatment of current patients and a quarterly review of all patients in the IMPACT program will be conducted and reported to the County of Santa Barbara ADMHS Department (ADMHS).

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

Community Mental Health Educators, or Promotores, from the Latino, Native American, LGTBQ and Oaxacan communities will take the lead role in conducting outreach to older adults and linkage to community health clinics throughout the County. The evaluation will be expected to show increased levels of participation from underserved cultural communities.

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

The IMPACT Fidelity Scale published by the University of Washington in 2008 will be used.

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

Presentations will be made to major stakeholder groups, including the CFMAC, the LAC, the Santa Barbara County Mental Health Commission and the Area Agency on Aging. At these meetings, an announcement will be made that a hard copy of the report is available to anyone who requests it. In addition, approximately 700 stakeholders will be emailed a link they may use to download the report from www.admhs.org.

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: Santa Barbara Date: 12/14/2009
 PEI Project Name: Community Mental Health Education and Support in Culturally Underserved Communities
 Provider Name (if known): To be determined
 Intended Provider Category: Ethnic or cultural organization
 Proposed Total Number of Individuals to be served: FY 09-10 1,166 FY 10-11 3,500
 Total Number of Individuals currently being served: FY 09-10 - FY 10-11
 Total Number of Individuals to be served through PEI Expansion: FY 09-10 1,166 FY 10-11 3,500
 Months of Operation: FY 09-10 4 FY 10-11 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 09-10	FY 10-11	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
7 Community Mental Health Educators	\$87,360	\$262,080	\$349,440
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
b. Benefits and Taxes @ % 30%	\$26,208	\$78,624	\$104,832
c. Total Personnel Expenditures	\$113,568	\$340,704	\$454,272
2. Operating Expenditures			
a. Facility Cost	\$4,667	\$14,000	\$18,667
b. Other Operating Expenses	\$11,765	\$35,296	\$47,061
c. Total Operating Expenses	\$16,432	\$49,296	\$65,728
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$130,000	\$390,000	\$520,000
B. Revenues (list/itemize by fund source)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$130,000	\$390,000	\$520,000
6. Total In-Kind Contributions	\$0	\$0	\$0

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: Santa Barbara Date: 12/14/2009

PEI Project Name: Integrating Primary and Mental Health Care in Community Clinics
Community Health Clinics of the Central Coast; Santa Barbara

Provider Name (if known): Neighborhood Clinics

Intended Provider Category: **Primary Health Care Provider**

Proposed Total Number of Individuals to be served: FY 09-10 833 FY 10-11 2,500

Total Number of Individuals currently being served: FY 09-10 - FY 10-11

Total Number of Individuals to be served through PEI

Expansion: FY 09-10 833 FY 10-11 2,500

Months of Operation: FY 09-10 4 FY 10-11 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 09-10	FY 10-11	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
1 Psychiatrists	\$51,307	\$153,920	\$205,227
1 Psych Nurse	\$31,893	\$95,680	\$127,573
1 LCSW	\$27,733	\$83,200	\$110,933
b. Benefits and Taxes @ % 30%	\$33,280	\$99,200	\$132,480
c. Total Personnel Expenditures	\$144,213	\$432,000	\$576,213
2. Operating Expenditures			
a. Facility Cost			
	\$2,667	\$8,000	\$10,667
b. Other Operating Expenses			
	\$20,000	\$60,000	\$80,000
c. Total Operating Expenses	\$22,667	\$68,000	\$90,667
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$166,880	\$500,000	\$666,880
B. Revenues (list/itemize by fund source)			
	\$0	\$0	\$0
	\$0	\$0	\$0
		\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$166,880	\$500,000	\$666,880
6. Total In-Kind Contributions	\$0	\$0	\$0

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: Santa Barbara Date: 12/14/2009
 PEI Project Name: Great Beginnings
 Provider Name (if known): To be determined
 Intended Provider Category: Mental Health/ Treatment Provider

Proposed Total Number of Individuals to be served:	FY 09-10 <u>0</u>	FY 10-11 <u>175</u>	
Total Number of Individuals currently being served:	FY 09-10 <u>0</u>	FY 10-11 <u></u>	
Total Number of Individuals to be served through PEI Expansion:	FY 09-10 <u>0</u>	FY 10-11 <u>175</u>	
Months of Operation:	FY 09-10 <u>0</u>	FY 10-11 <u>12</u>	

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 09-10	FY 10-11	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
1 Therapist / Program Manager	\$0	\$70,000	\$70,000
3 Home Visitors	\$0	\$129,000	\$129,000
1 PCIT Parenting Program Specialist	\$0	\$45,000	\$45,000
.5 Data Base Manager	\$0	\$18,000	\$18,000
b. Benefits and Taxes @ % 30%	\$0	\$78,600	\$78,600
c. Total Personnel Expenditures	\$0	\$340,600	\$340,600
2. Operating Expenditures			
a. Facility Cost			
	\$0	\$0	\$0
b. Other Operating Expenses			
	\$0	\$29,400	\$29,400
c. Total Operating Expenses	\$0	\$29,400	\$29,400
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$0	\$370,000	\$370,000
B. Revenues (list/itemize by fund source)			
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$370,000	\$370,000
6. Total In-Kind Contributions	\$0	\$0	\$0

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: Santa Barbara Date: 12/14/2009
 PEI Project Name: Early Childhood Mental Health - Special Needs Counseling
 Provider Name (if known): To be determined
 Intended Provider Category: **Mental Health/ Treatment Provider**
 Proposed Total Number of Individuals to be served: FY 09-10 0 FY 10-11 30
 Total Number of Individuals currently being served: FY 09-10 0 FY 10-11 _____
 Total Number of Individuals to be served through PEI Expansion: FY 09-10 0 FY 10-11 30
 Months of Operation: FY 09-10 0 FY 10-11 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 09-10	FY 10-11	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
_____	\$0		\$0
_____	\$0		\$0
.5 Therapist	\$0	\$37,440	\$37,440
b. Benefits and Taxes @ % 30%	\$0	\$11,060	\$11,060
c. Total Personnel Expenditures	\$0	\$48,500	\$48,500
2. Operating Expenditures			
a. Facility Cost			
	\$0	\$0	\$0
b. Other Operating Expenses			
	\$0	\$1,500	\$1,500
c. Total Operating Expenses	\$0	\$1,500	\$1,500
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$0	\$50,000	\$50,000
B. Revenues (list/itemize by fund source)			
	\$0	\$0	\$0
	\$0	\$0	\$0
		\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$50,000	\$50,000
6. Total In-Kind Contributions	\$0	\$0	\$0

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: Santa Barbara Date: 12/14/2009
 PEI Project Name: CATCH
 Provider Name (if known): To be determined
 Intended Provider Category: **Mental Health / Treatment Provider**
 Proposed Total Number of Individuals to be served: FY 09-10 0 FY 10-11 30
 Total Number of Individuals currently being served: FY 09-10 0 FY 10-11
 Total Number of Individuals to be served through PEI Expansion: FY 09-10 0 FY 10-11 30
 Months of Operation: FY 09-10 0 FY 10-11 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 09-10	FY 10-11	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
_____	\$0		\$0
_____	\$0		\$0
.75 FTE Community Mental Health Counselor	\$0	\$28,080	\$28,080
b. Benefits and Taxes @ % 30%	\$0	\$8,420	\$8,420
c. Total Personnel Expenditures	\$0	\$36,500	\$36,500
2. Operating Expenditures			
a. Facility Cost	\$0	\$3,500	\$3,500
b. Other Operating Expenses	\$0	\$0	\$0
c. Total Operating Expenses	\$0	\$3,500	\$3,500
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$0	\$40,000	\$40,000
B. Revenues (list/itemize by fund source)			0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____		\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$40,000	\$40,000
6. Total In-Kind Contributions	\$0	\$0	\$0

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: Santa Barbara Date: 12/14/2009
 PEI Project Name: Early Detection & Intervention Program (EDIP)
 Provider Name (if known): Santa Barbara County Alcohol Drug and Mental Health Services
 Intended Provider Category: County Provider

Proposed Total Number of Individuals to be served:	FY 09-10	27	FY 10-11	80
Total Number of Individuals currently being served:	FY 09-10	0	FY 10-11	
Total Number of Individuals to be served through PEI Expansion:	FY 09-10	27	FY 10-11	80
Months of Operation:	FY 09-10	4	FY 10-11	12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 09-10	FY 10-11	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
2 ADP Specialists	\$45,128	\$135,384	\$180,512
.8 Psychiatrist	\$55,385	\$166,154	\$221,539
2 Peer Staff (1 FTE Consumer, 1 FTE Family Member)	\$34,025	\$102,076	\$136,101
2 Licensed Clinicians	\$53,154	\$159,461	\$212,615
2 Community Support Workers	\$41,025	\$123,076	\$164,101
b. Benefits and Taxes @ % 30%	\$68,615	\$205,849	\$274,464
c. Total Personnel Expenditures	\$297,332	\$892,000	\$1,189,332
2. Operating Expenditures			
a. Facility Cost	\$2,667	\$8,000	\$10,667
b. Other Operating Expenses	\$5,333	\$16,000	\$21,333
c. Total Operating Expenses	\$8,000	\$24,000	\$32,000
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$305,332	\$916,000	\$1,221,332
B. Revenues (list/itemize by fund source)			0
Projected Medi Cal Revenue	\$0	\$60,000	\$60,000
	\$0	\$0	\$0
		\$0	\$0
1. Total Revenue	\$0	\$60,000	\$60,000
5. Total Funding Requested for PEI Project	\$305,332	\$856,000	\$1,161,332
6. Total In-Kind Contributions	\$0	\$0	\$0

PEI Administration Budget Worksheet

Form No. 5

County: Santa Barbara

Date: 12/14/2009

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2009-10	Budgeted Expenditure FY 2010-11	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator	0				\$0
b. PEI Support Staff	0				\$0
c. Other Personnel (list all classifications)	0				\$0
_____					\$0
_____					\$0
_____					\$0
d. Employee Benefits					\$0
e. Total Personnel Expenditures			\$0	\$0	\$0
2. Operating Expenditures					
a. Facility Costs					\$0
b. Other Operating Expenditures					\$0
c. Total Operating Expenditures			\$0	\$0	\$0
3. County Allocated Administration					
a. Total County Administration Cost			\$104,311	\$375,000	\$479,311
4. Total PEI Funding Request for County Administration Budget			\$104,311	\$375,000	\$479,311
B. Revenue					
1 Total Revenue			\$0	\$0	\$0
C. Total Funding Requirements			\$104,311	\$375,000	\$479,311
D. Total In-Kind Contributions			\$0	\$0	\$0

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 6

Instruction: Please provide a listing of all PEI projects submitted for which PEI funding is being requested. This form provides a PEI project number and name that will be used consistently on all related PEI project documents. It identifies the funding

County:	Santa Barbara
Date:	12/14/2009

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 09/10	FY 10/11	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	Community Mental Health Education and Support in Culturally Underserved Communities	\$130,000	\$390,000	\$520,000	\$0	\$0	\$390,000	\$130,000
2	Integrating Primary and Mental Health Care in Community Clinics	\$166,880	\$500,000	\$666,880	\$100,032	\$100,032	\$333,440	\$133,376
3	Early Childhood Mental Health Services							
3a	Great Beginings	\$0	\$370,000	\$370,000	\$370,000			
3b	Early Childhood Mental Health-Special Needs Counseling program	\$0	\$50,000	\$50,000	\$50,000			
3c	SBCEO Catch Program	\$0	\$40,000	\$40,000	\$40,000			
4	TAY Services							
4a	Crisis Services for Underepresented TAY	\$33,115	\$114,000	\$147,115		\$147,115		
4b	School Based Support Services for Children and TAY	\$60,080	\$180,000	\$240,080	\$60,020	\$180,060		
4c	Early Detection and Intervention for TAY	\$305,332	\$856,000	\$1,161,332		\$1,161,332		
5	Administration	\$104,311	\$375,000	\$479,311				
	Total PEI Funds Requested:	\$799,718	\$2,875,000	\$3,674,718	\$620,052	\$1,588,539	\$723,440	\$263,376

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

**FY 2009/10 Mental Health Services Act
Summary Funding Request**

County: Santa Barbara

Date: 12/14/2009

	MHSa Component				
	CSS	CFTN	WET	PEI	Inn
A. FY 2009/10 Planning Estimates					
1. Published Planning Estimate ^{a/}	\$10,474,700	\$0	\$0	\$0	\$0
2. Transfers ^{b/}					
3. Adjusted Planning Estimates	\$10,474,700	\$0	\$0	\$0	\$0
B. FY 2009/10 Funding Request					
1. Required Funding in FY 2009/10 ^{c/}	\$10,474,700	\$2,218,909		\$2,317,190	
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds ^{d/}	\$651,196		\$61,544		
b. Adjustment for FY 2008/09 ^{e/}	\$651,196		\$61,544		
c. Total Net Available Unspent Funds	\$0	\$0	\$0	\$0	\$0
3. Total FY 2009/10 Funding Request	\$10,474,700	\$2,218,909	\$0	\$2,317,190	\$0
C. Funding					
1. Unapproved FY 06/07 Planning Estimates					
2. Unapproved FY 07/08 Planning Estimates		\$2,218,909		\$1,306,800	
3. Unapproved FY 08/09 Planning Estimates				\$1,010,390	
4. Unapproved FY 09/10 Planning Estimates	\$10,474,700				
5. Total Funding ^{f/}	\$10,474,700	\$2,218,909	\$0	\$2,317,190	\$0

a/ Published in DMH Information Notices

b/ CSS funds may be transferred to CFTN, WET and Prudent Reserve up to the limits specified in WIC 5892b.

c/ From Total Required Funding line of Exhibit E for each component

d/ From FY 2007/08 MHSa Revenue and Expenditure Report

e/ Adjustments for FY 2008/09 additional expenditures and/or lower revenues than budgeted

f/ Must equal line B.3., Total FY 2009/10 Funding Request, for each component

**FY 2009/10 Mental Health Services Act
Prevention and Early Intervention Funding Request**

County: Santa Barbara

Date: 12/14/2009

PEI Work Plans		FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Type of Intervention			Estimated MHSA Funds by Age Group				
No.	Name		Universal Prevention	Selected/ Indicated Prevention	Early Intervention	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult	
1.	1	Community Mental Health Education and Support in Culturally Underserved Communities	\$130,000	\$104,000	\$26,000			\$97,500	\$32,500	
2.	2	Integrating Primary and Mental Health Care in Community Clinics	\$166,880	\$66,752	\$33,376	\$25,032	\$25,032	\$83,440	\$33,376	
3.	3A	Great Beginings	\$0	\$0	\$0	\$0				
4.	3B	Early Childhood Mental Health- Special Needs Counseling program	\$0		\$0	\$0				
5.	3C	SBCEO Catch Program	\$0		\$0	\$0				
6.	4A	Crisis Services for Underepresented TAY	\$33,115	\$26,492	\$6,623		\$33,115			
7.	4B	School Based Support Services for Children and TAY	\$60,080		\$60,080	\$15,020	\$45,060			
8.	4C	Early Detection and Intervention for TAY	\$305,332	\$244,266	\$61,066		\$305,332			
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										
24.										
25.										
26.	Subtotal: Work Plans^{a/}		\$695,407	\$66,752	\$441,509	\$187,145	\$40,052	\$408,539	\$180,940	\$65,876
27.	Plus County Administration		\$104,311							
28.	Plus Optional 10% Operating Reserve		\$79,972							
31.	Total MHSA Funds Required for PEI		\$879,690							

a/ Majority of funds must be directed towards individuals under age 25--children, youth and their families and transition age youth . Percent of Funds directed towards those under 25 years= 64.51%

Mental Health Services Act (MHSA)
Community Services and Supports (CSS) and Prevention and Early Intervention (PEI)
FY 2009/10 Prudent Reserve Funding Request

County: Santa Barbara

Date: 12/14/2009

Instructions: Utilizing the following format please provide a plan for achieving and maintaining a local Prudent Reserve.

Most Recent Annual Approved Funding Level

A. CSS Annual Funding Level for Services	\$	<u>\$7,630,053</u>	
B. PEI Annual Funding Level for Services	\$	<u>\$2,500,000</u>	
Total (A + B):			\$ <u>\$10,130,053</u>

C. Less: Total Non-Recurring Expenditures CSS and PEI - \$0
Subtract any identified non-recurring expenditures for CSS and/or PEI, included in A and B above.

D. Plus: Total Administration CSS and PEI + \$1,519,508
Enter the total administration funds requested for CSS and/or PEI.

E. Sub-total \$11,649,561

F. Maximum Prudent Reserve (50%) \$5,824,781
Enter 50%, or one-half, of the line item E sub-total. This is the estimated amount the County must achieve and maintain as a local Prudent Reserve by June 30, 2011.

G. Prudent Reserve Balance from Prior Approvals \$4,387,281
Enter the total amounts previously approved through Plan Updates for the local Prudent Reserve.

Amounts Requested to Dedicate to Local Prudent Reserve

H. Plus: CSS Component
Enter the Sub-total amount of funding requested for CSS in H.

*FY 2009/10	Unapproved Funds	\$	<u>\$0</u>	
	Unspent Funds	\$	<u>\$0</u>	
*FY 2008/09	Unapproved Funds	\$	<u>\$0</u>	
	Unspent Funds	\$	<u>\$0</u>	
FY 2007/08	Unapproved Funds	\$	<u>\$0</u>	
	Unspent Funds	\$	<u>\$0</u>	
	Sub-total:			+ <u>\$0</u>

I. Plus: PEI Component
Enter the Sub-total amount of funding requested for PEI in I.

FY 2007/08	Unapproved Funds	\$	<u>\$1,306,800</u>	
	Unspent Funds	\$	<u>\$0</u>	
	Sub-total:			+ <u>\$1,306,800</u>

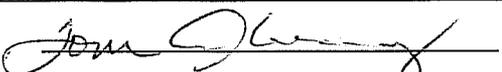
J. Total Amount Requested to Dedicate to Local Prudent Reserve \$1,306,800
Enter the sum of lines H and I.

K. Prudent Reserve Balance \$5,694,081
Enter the sum of G and J.

L. Prudent Reserve Shortfall to Achieving 50% (Describe below) -\$130,700

Subtract line K from line F. A positive amount indicates that the County has not dedicated sufficient funding to the local Prudent Reserve. Please describe how the County intends to reach the 50% requirement by June 30, 2011; for example indicate future increases in CSS planning estimates that will be dedicated to the local Prudent Reserve before funding any program expansion.

The shortfall in Prudent Reserve funding for FY 09-10 can be allocated from the CSS Operating reserve if sufficient funds remain available.

Signature 
Name and Title Tom Alvarez, Asst. Director

*Per WIC Section 5892 (b), Counties shall not exceed 20% of the average amount of funds allocated to the County for the previous five years.

APPENDIX I:

Mental Health Services Act: Prevention and Early Intervention

University of California, Santa Barbara
Gevirtz Graduate School of Education
Department of Counseling, Clinical and School Psychology

Executive Summary

The California State Department of Mental Health and the Mental Health Services Oversight and Accountability Commission are currently in the process of developing Prevention and Early Intervention (PEI) guidelines for the Mental Health Services Act (MHSA). UCSB provided consultation and information regarding risk factors and prevalence data associated with mental illness.

Purpose of Report: Comprehensive information regarding mental health risk factors and prevalence (including national, state and local data) was collected. Information is to be utilized to assist Mental Health Directors (ADMHS in this case) develop a local plan to utilize the PEI funds, with stakeholder input. In conjunction with state requirements, local mental health needs and priority populations will be considered when making decisions regarding PEI funds.

Selecting Priority Populations: State identified priority populations include: underserved cultural populations, individuals experiencing onset of mental illness, children/youth in stressed families, trauma exposed, children/youth at risk for school failure and children/youth at risk for involvement with juvenile justice. To assist with determination of local needs, UCSB identified: mental disorders amenable to early intervention, prevalence rates (national, state, local), risks associated with mental illness and populations at increased risk for mental illness. Then, at risk groups were categorized within state identified priority populations. The following **research-based** priority populations and information that led to their inclusion as a potential local priority is included:

Post-partum women: Multiple risk factors are associated with post-partum depression impacting trauma-exposed, underserved cultural populations and children/youth in stressed families. With a 10-15% prevalence rate, at least 600 moms experience post-partum depression annually in Santa Barbara.

Early childhood: With 30-50,000 children (birth to five) in Santa Barbara (SB) and estimates suggesting 10-15% will have a mental health (MH) condition significant enough to warrant treatment, approximately 3-5,000 children (birth to five) will require treatment in SB. Significant research suggests the value of early intervention and services fit within the state identified priority populations of trauma exposed, underserved and children/youth in stressed families and at risk for school failure and juvenile justice.

School-aged children: Approximately 20% of school-aged children have significant MH symptoms warranting intervention. Although school-based services are the most commonly accessed mental health services, the majority of children are underserved. Services for this population fit within a variety of state identified priority populations and allow for both prevention and early intervention.

Child welfare/domestic violence: Children involved in welfare services and/or victims of domestic violence are at significantly increased risk for developing MH problems including PTSD, conduct disorders, anxiety and depression. Adults are also at increased risk of abuse.

Juvenile probation: Youth involved in juvenile probation are at increased risk of experiencing MH problems (including conduct/oppositional defiant disorder, PTSD, anxiety) with more than 57% of SB probation youth requiring mental health referral upon initial screening.

Veterans: Veterans experience mental health problems at a much higher rate than the general population. Services fit within state identified priority populations of trauma exposed and individuals experiencing the onset of serious psychiatric illness.

Homeless: Based on the 1.5 national homelessness rate there are estimated to be 6,500 homeless in SB. The lifetime prevalence of mental health disorders among homeless is between 72-88% and they fit within the priority populations of trauma exposed and persons experiencing onset of a psychiatric disorder.

LGBTQ: LGBTQ individuals experience depression, anxiety and suicide (among other MH disorders) at a higher rate than the general population. Services are appropriate for children, TAY, adults and elderly and fit within state identified priority populations identified.

APPENDIX II: PEI Focus Groups

- I. Introduction
 - a. Welcome
 - b. Purpose – Selection of Key Community Health Needs and Priority Populations
 - c. Provide everyone an overview of the guidelines to follow during interview
- II. Warm-Up/Open Discussion
 - a. Provide group with overview of PEI focus and Objectives/Guidelines
 - b. Set participants at ease by reminding them that their perspectives are important in establishing priorities for this process.
- III. Clarification of Terms and Guidelines
 - a. Establish the knowledge base of key terms through questions
 - b. Provide definitions of key terms and concepts related to PEI
- IV. Establish Questions
 - a. Initial questions related to Key Community Health Needs and Priority Populations
 - b. Follow up questions
- V. Wrap up
 - a. Identify and organize the major themes from the participants responses
 - b. Ensure that any conversational points not completed are mentioned
- VI. Member Check in
 - a. Determine how each member perceives the selected issues
- VII. Closing statements
 - a. Remind the group of anonymity of information
 - b. Answer any remaining questions or listen to any additional comments
 - c. Close and thank participants for their feedback

MHSA PEI
Key Informant interview
February 24, 2009

Interviewer: Refugio Rodriguez-Rodriguez

Interviewed: Nuevo Amanecer Spanish Speaking Consumer and Family Group (13 members present)

On February 24, 2009 I met with a group of thirteen (13) parents and family members of the Nuevo Amanecer Group, at the Garden Street Hub in Santa Barbara, California. All participants of the group were Spanish-speaking men and women. This group is an ongoing support and advocacy group that has been meeting for the past two and a half years. This group has approximately 60 members from Southern Santa Barbara County. This focus group was conducted in Spanish and lasted approximately 2.5 hours.

I provided an overview of MHSA, described the PEI stakeholder process and asked them to provide perspectives about their potential recommendations for PEI. In particular, participants were asked to comment on priority areas related to Key Mental Health Needs and Priority Populations. Additional questions for this focus group also included:

- 1) What services or interventions are needed in the Latino Community related to Prevention and Early Intervention?
- 2) What types of programs or models would you recommend to accomplish this?
- 3) Where should these services be provided?

Key PEI Priorities

The participants identified the following Key Community Mental Health Needs and Priority Populations:

Children

MH Needs - At risk children, youth and young adults; Disparities in access to mental health services;

Priority Population – Underserved cultural populations; Children at risk of school failure; children at risk of experiencing juvenile justice involvement; Youth in foster care

TAY

MH Needs - Disparities in access to mental health services; Stigma and discrimination;

Priority Population – Underserved cultural populations; Children at risk of school failure; children at risk of experiencing juvenile justice involvement; Youth in foster care.

Adults

MH Needs - Disparities in access to mental health services; Stigma and discrimination;

Priority Population – Trauma-exposed individuals (victims of domestic abuse); Underserved cultural populations (single mothers; families involved in alcohol/drugs; adults in criminal justice)

Older Adults

MH Needs - Disparities in access to mental health services; Stigma and discrimination;

Priority Population – Individuals exposed to trauma (victims of abuse or neglect);

Overwhelmingly, issue of disparities in access to mental health and stigma and discrimination were identified as key needs across all age groups. Participants also shared some of their stories related to mental health services. Some of the relevant perspectives of the group are outlined below.

Latino Experience and Perspectives on Mental Health Services

Several participants shared that, in the Latino Community, mental health issues are viewed and defined very differently. Furthermore, members indicated that their shared experience was one in which significant signs of mental illness were present prior to an appropriate diagnosis. One family member indicated that her teenager was exhibiting clear signs of mental health issues for a significant period of time before she realized that this was a mental health issue. In part, the group agreed that this was due to a significant lack of information relating to mental health issues. Most related that when they sought assistance from school systems, they received limited or no assistance. Although members requested guidance from school systems, many indicated that they felt school personnel were as ill equipped to recognize mental health issues, as they were.

In most cases, their primary source of information and guidance was through primary care providers. Once families had come to accept or recognize that they were dealing with a potential mental health issue, parents and clients shared that they had difficulty accessing services in their primary language. As a consequence, the overwhelming consensus of the group was that as a community, Latinos receive less quality and quantity services than their Caucasian counterparts. Some shared that they were on medication-only tracks because there were no other services available in their language. Some indicated that even when they attempted to access providers, Spanish services were seldom available.

Recommendations

The group felt that the issue of mental health education/information should be a priority. Information should be provided to families, schools and systems that Latinos come in contact with to increase awareness and decrease the stigma and discrimination that is associated with mental health issues. This was an issue that applied across all age groups. The group agreed that culturally rooted interventions to accomplish this should be employed. Promotora models were discussed as a vehicle for reaching the Latino community, as well as other systems. Their emphasis of linguistic and culturally appropriate interventions was identified as key to the success of any program. Many pointed out that the existing models have not been successful and therefore, a new approach, like the promoter/a model, should be implemented.

Participants made it very clear that there should be access points for Latinos in what ever programs were created by PEI funds. Consequently, the group recommended that services created via PEI funding should include multilingual capabilities and interventions that are culturally relevant. The group added that the menu of services and programs developed under PEI should be accessible to all.

MHSA PEI
Key Informant interview
March 9, 2009

Interviewer: Refugio Rodriguez-Rodriguez

Interviewed: Noemí Velásquez, Unidad Popular Benito Juárez; Natalia Bautista, Unidad Popular Benito Juárez; Jesús Estrada, Frente Indígena Oaxaqueño Binacional (FIOB)

Introduction

The key informants, cultural brokers for the Oaxaqueño community, were provided with a brief overview of the MHSA PEI stakeholder process and asked them to provide perspectives about their potential recommendations for PEI Community Health Needs and Priority Populations. Additional questions for the participants included: 1) what services or interventions are needed in the Oaxaqueño Community related to Prevention and Early Intervention? 2) What types of programs or models would you recommend to accomplish this? 3) Where should these services be provided?

Their importance as stakeholder to the process was also discussed. Both participants were pleased that Native American perspectives were to be included and valued in this process and also requested to review this report. Below is a summary of their perspectives.

Key PEI Priorities

Children

MH Needs – Disparities in access to mental health services; At risk children, youth and young adults;

Priority Population – Underserved cultural populations (children in foster care); Children from mothers suffering from Post Partum

TAY

MH Needs - Disparities in access to mental health services; At risk children, youth and young adults;

Priority Population –Underserved cultural populations (gang involved youth); children at risk of experiencing juvenile justice involvement (youth in foster care)

Adults

MH Needs - Disparities in access to mental health services; Psycho-Social impact of trauma (including trauma due to migration)

Priority Population – Victims of trauma; Underserved cultural populations (men and women who are isolated)

Older Adults

MH Needs - Disparities in access to mental health services; Psycho-Social impact of trauma;

Priority Population – Underserved cultural populations; Victims of trauma (Victims of abuse/neglect)

Oaxacan Experience and Perspectives on Mental Health Services

The informants shared that due to the level of poverty and multiple risk factors faced by families in the Oaxaqueño community, issues of mental health are prevalent. However, language, cultural and legal status issues severely effect the ability of families in need to access needed services. Many families, according to the informants, rarely access services due to fear of deportation. Families or individuals, who do access mental health or other services, do so through crisis situations. Additionally, it is not uncommon for individuals that receive mental health services to also receive traditional “indigenous” treatment.

The Oaxaqueño community experience also is one in which mental health is not necessarily recognized or defined in the same way as western medicine defines it. For these indigenous communities, there may be internal structures, practices and traditions that exist to address these issues. These practices should be used to compliment whatever intervention is developed. Furthermore, the community needs a significant amount of education on how to identify many of the risk factors and signs that other communities may already know. Therefore, education is key to the success of any engagement strategy.

Informants indicated that there are approximately 16 different languages and multiple dialects that members of the Oaxaqueño community may speak. Furthermore, many members of this community may not speak Spanish; if they do speak Spanish, it is not their primary language. Consequently, services for this community should be linguistically and culturally appropriate.

Recommendations

Informants recommended that programs created under PEI should educate local communities about mental health risk factors. Currently, efforts exist in the Oaxacan community that deal with education regarding health issues or pesticide use. These efforts are in the form of a promotor or promotora model and have been successful in reaching the community, as well as in providing information. Informants recommended that the same strategy should be employed in addressing issues of mental health. These strategies ensure that candidates that speak indigenous languages and who are bicultural are employed to provide educational information regarding issues of mental health.

The individuals interviewed also suggested that efforts be made to work with existing community structures. For example, elders in the community that provide guidance to families or individuals should be included in this intervention.

MHSA PEI
Key Informant interview
March 6, 2009

Interviewer: Refujio Rodriguez-Rodriguez

Interviewed: Karen Evangelista, Guadalupe Cultural Arts and Education Center

Linda Billey-Sevedge, PhD, Elder, Guadalupe Cultural Arts and Education Center

Introduction

Both key informants (cultural brokers), who represented the local Native American Community, were given a brief overview of the MHSA PEI stakeholder process and asked to provide perspectives and recommendations for PEI Community Health Needs and Priority Populations. Additional questions for the participants included:

- 1) What services or interventions are needed in the Latino Community related to Prevention and Early Intervention?
- 2) What types of programs or models would you recommend to accomplish this?
- 3) Where should these services be provided?

Their importance as stakeholder to the process was also discussed. Both participants were pleased that Native American perspectives were to be included and valued in this process and also requested to review this report. Below is a summary of their perspectives.

Key PEI Priorities

Children

MH Needs - At risk Children, Youth and Young Adults; Trauma Exposed (including trauma related to historical oppression/discrimination)

Priority Population – Native American children not living on the reservation; children experiencing multiple risks including involvement in juvenile justice involvement and foster care (Indian Child Welfare), children exposed to alcohol drugs, children exposed to violence

TAY

MH Needs - Disparities in Access to Mental Health Services; Stigma and Discrimination;

Priority Population – Underserved Cultural Populations; Children at risk of school failure; children at risk of Experiencing Juvenile Justice Involvement; Youth in Foster Care

Adults

MH Needs - Disparities in Access to Mental Health Services; Stigma and Discrimination;

Priority Population – Victims of Domestic Abuse; Single Mothers; Families involved in alcohol/drugs; adults in criminal justice

Older Adults

MH Needs - Disparities in Access to Mental Health Services; Stigma and Discrimination;

Priority Population – Victims of Abuse; isolated Older Adults

Native American Experience and Perspectives on Mental Health Services

In the course of the conversation, which spanned approximately 2.5 hours, the participants made it quite clear that re-connecting native populations to each other and their traditions is a major need. This is critical because of cultural isolation. Many native families face multiple risk factors that need to be addressed in a culturally appropriate fashion. Furthermore, many Native American families may not follow up with services if they feel that they are not culturally appropriate.

Both participants emphasized the need to acknowledge the mental health benefits of connecting individuals to “traditional native ways.” Ms. Evangelista pointed out that the greatest trauma suffered by Native people is that many are disconnected from traditional culture and language. She also added that the majority of native families don’t live on the reservations and may not have easy access to the resources and services offered on the reservation. Furthermore, it was pointed out by both participants, that trauma resulting from discrimination, although not recognized by traditional mental health systems, has significant effect on an individuals well being.

These cultural brokers also stressed that traditional healing practices also need to be employed when addressing mental health issues. Sweat lodges and other forms of traditional and spiritual traditions were identified. In many cases individuals seek out traditional customs and practices to heal physically, emotionally and spiritually. In native communities, these healing practices have significant benefits and should be viewed as a resource that exists in the Native American Community.

Recommendations

Programs developed under PEI should target Native American populations not on the reservation. These programs should be culturally appropriate and must address the issue of historical trauma and identity. The consistent theme across all ages is the issue of connecting those populations with high risk factors, with culturally appropriate services and intervention. Furthermore, it was recommended that services and programs are needed to provide Native American families access to traditional healing as well as other interventions. However, central to any program is the identification of these families and reconnecting them to traditional practices and healing. At this time, many of these families don’t have access to culturally appropriate interventions other than through the reservation or the Guadalupe Cultural Arts and Education Center.

MHSA PEI
Key Informant interview
March 19, 2009

Interviewer: Refujio Rodriguez-Rodriguez

Interviewed: Terri Zuniga, Victim Witness, Terry Lopez, Victim Witness

Introduction

The key informants, who represented the County of Santa Barbara's Victim Witness Program, were given a brief overview of the MHSA PEI stakeholder process and asked them to provide perspectives about their potential recommendations for PEI Community Health Needs and Priority Populations. Additional questions for the participants included:

- 1) What services or interventions are needed in the Latino Community related to Prevention and Early Intervention?
- 2) What types of programs or models would you recommend to accomplish this?
- 3) Where should these services be provided?

Their importance as stakeholder to the process was also discussed. Victim Witness staff were selected because they have intimate working relationships with underserved Latino communities. Below is a summary of their perspectives.

Key PEI Priorities

Children

MH Needs - Disparities in access to mental health services; Trauma exposed

Priority Population – Victims of sexual abuse; Children involved in multiple systems

TAY

MH Needs - Disparities in access to mental health services; Stigma and discrimination;

Priority Population – Underserved cultural populations; Children at risk of school failure; children at risk of experiencing juvenile justice involvement; Youth in foster care

Adults

MH Needs - Disparities in access to mental health services; Psycho social impact of trauma

Priority Population - Victims of trauma (in crisis); Disparities in access to services

Older Adults

MH Needs - Disparities in access to mental health services; Stigma and discrimination;

Priority Population – Victims of abuse; Isolated older adults

Latino Experiences and Perspectives on Mental Health Services

The interview lasted approximately 1.0 hour. The key informants provided important information related to their work in the Latino Community, which included working with Oaxacan community members.

Both participants focused on the need to provide information to Latino Communities. In their experience, both informants pointed out that the majority of community members that they served often have limited access to any services and limited information or education about services. Furthermore, most community members served by Victim Witness were

often reluctant to follow up with referral services. It was pointed out by both participants that services to victims of trauma and individuals who may be in crisis are critical. Victim witness serves a broad spectrum of individuals who have been victims of trauma.

Recommendations

Programs developed under PEI should target Latino populations and other underserved communities, including a special focus on services to the Oaxacan community. The Oaxacan Community, it was pointed out, face additional struggles that may not be faced by other communities. Oaxacan communities are indigenous individuals within the Latino (Mexican) community. These indigenous people may speak one of approximately 16 different indigenous languages, have traditional cultural traditions and often share spiritual perspectives rooted in indigenous tradition.

The informants made recommendations that Latino communities need considerable amount of information and education about services. It was pointed out that language and cultural barriers need to be overcome in order to appropriately reach these communities. They also noted that programs should be developed that provide education and information in Spanish and Mixteco or Zapotec. Mixteco and Zapotec, according to the informants, tend to be the most prominent Oaxacan languages spoken in Santa Maria.

MHSA PEI
Key Informant interview
March 19, 2009

Interviewer: Refujio Rodriguez-Rodriguez

Interviewed: Maria Gutierrez, Health Educator, Community Action Commission and 13 Latino Youth (2 Males, 11 Females)

Introduction

This focus group was conducted at the offices of the Community Action Commission and included youth from Santa Barbara, Santa Maria and Lompoc. These youth also represented individuals who, at one point or another in their life, had been involved with Juvenile Probation, Child Welfare Services and some type of community based organization service. Youth and staff were given a brief overview of the MHSA PEI stakeholder process and asked them to provide perspectives about their potential recommendations for PEI Community Health Needs and Priority Populations for TAY. Additional questions for the participants included:

- 1) What services or interventions are needed in the Latino Community related to Prevention and Early Intervention?
- 2) What types of programs or models would you recommend to accomplish this?
- 3) Where should these services be provided?

Their importance as stakeholder to the process was also discussed. Below is a summary of their perspectives.

Key PEI Priorities

TAY

MH Needs - Disparities in access to mental health services; Stigma and discrimination;
Priority Population – Underserved cultural populations; Children at risk of school failure; children at risk of experiencing Juvenile Justice involvement; Youth in foster care

Adults

MH Needs - Disparities in Access to mental health services;
Priority Population - Disparities in access to services

TAY Experiences and Perspectives on Mental Health Services

This interview lasted approximately 1.5 hour. Transition-age youth (TAY) interviewed provided important information related to services and programming. Although the focus was on services and perspectives targeting TAY in Santa Barbara County, youth emphasized services and education for adults (their parents). Overall, youth indicated that significant services to TAY were needed. These services ranged from assistance in accessing jobs and educational opportunities to support and assistance in completing the requirements of probation. Essentially, most of these young people truly emphasized the need for assistance in participating in activities which would be considered main stream by most adults. However, many of these youth had to contend with navigating multiple stressors such as gang violence, drug use, probation status (personal and family) and

other risk factors associated with poverty. Transportation was also identified as a major barrier to accessing services in the community. However, the youth also pointed to barriers.

The members of the focus group provided examples of how many existing services or facilities designed for youth were not necessarily welcoming to them. A particular youth recreation facility, it was stated, often excluded young people due to “inappropriate” dress. Youth felt that this facility as well as many services in the community lacked the perspectives necessary to understand Youth Culture and in particular Latino youth. Participants clearly expressed the need to have staff who understood Latino youth and their perspectives as well as their experiences. Several youth indicated that when they accessed services, many of them felt that the providers lacked the cultural experience to truly understand their situation.

Recommendations

Transition-age youth participants requested that programs be developed to assist youth in obtaining employment, accessing educational opportunities and accessing other services that might be needed by youth. TAY participants described the need for comprehensive services that were youth focused and culturally relevant. Other services identified also included the need to provide information to adults in the community.

Focus Group with Pacific Pride Foundation Staff

Facilitator: Lyra Monroe (MHSA Analyst) & Nancy Vasquez (ADMHS Consultant)

Location and Date: April 1, 2009; Pacific Pride Office in Santa Barbara

On April 1, 2009 Lyra Monroe and Nancy Vasquez met with a group of three (3) staff of the Pacific Pride Foundation office in Santa Barbara, California. Pacific Pride Foundation serves the LGBTQ population. All 3 participants of the group were males and included the Executive Director, the Program Coordinator and an additional staff person.

Lyra provided an overview of MHSA, described the PEI stakeholder process and asked them to provide perspectives about their potential recommendations for PEI from the LGBTQ perspective. In particular, participants were asked to comment on priority areas related to Key Mental Health Needs and Priority Populations. Additional questions for this focus group also included:

- 1) What services or interventions are needed in the LGBTQ Community related to Prevention and Early Intervention?
- 2) What types of programs or models would you recommend to accomplish this?
- 3) Where should these services be provided?

Key PEI Priorities

The participants identified the following Key Community Mental Health Needs and Priority Populations:

Children

MH Needs – Suicide and Psycho-Social impact of trauma;
Priority Populations – Underserved cultural populations; Youth in stressed families;
Trauma-exposed; and children at risk for school failure

TAY

MH Needs - Suicide and Psycho-Social impact of trauma;
Priority Population – Underserved cultural populations; Individuals experiencing on-set of serious psychiatric illness; Youth in stressed families; and trauma-exposed

Adults

MH Needs - Psycho Social impact of trauma; Stigma & discrimination
Priority Population - Underserved cultural populations; Individuals experiencing on-set of serious psychiatric illness; Trauma-exposed; and Individuals with HIV/AIDS

Older Adults

MH Needs – Disparities in Access; Psycho Social Impact of Trauma
Priority Population – Underserved cultural populations; Individuals experiencing on-set of serious psychiatric illness; Trauma-exposed; and Individuals with HIV/AIDS

Overwhelmingly, the issue of trauma was identified as a key community mental health need across all age groups and as a priority population. Staff also overwhelmingly identified the LGBTQ population as an underserved cultural population within all age groups for mental health services. Some of the relevant perspectives from the LGBTQ focus group are outlined below.

LGBTQ Experience and Perspectives on Mental Health Services

Pacific Pride staff shared that in the LGBTQ community, mental health issues are significant. Suicide is perhaps one of the greatest mental health issues, with the LGBTQ population being 3 times at greater risk than the general population. Individuals who are LGBTQ have other serious mental health issues, including trauma, alcohol and drug use, depression, anxiety, isolation and poor social support. They felt that the LGBTQ population experiences more trauma as a result of discrimination and stigma related to their sexual orientation. Regarding the children and TAY populations, they felt that many individuals are “unidentified” as needing support, unless they have parents that have recognized their needs and have addressed them. Pacific Pride provides services countywide and has an office in Santa Maria. They shared that they have a larger population in Santa Maria and that that may be due in part to the lack of resources in the northern part of the County. Regarding ethnic demographics, they predominately serve the Caucasian and Latino populations, with higher representation from the Latino community in the north. Regarding age, they have a very small older adult population. They felt the LGBTQ older adult is often isolated, experiences depression and other health conditions.

Pacific Pride staff shared the barriers to serving the LGBTQ population. They shared that it's difficult to reach out to the LGBTQ population – some may not be public about their sexual orientation. They have events, but they have no drop in center. We discussed that our County lacks a “community” for the LGBTQ population, much like they have in Hollywood, Long Beach or San Diego. Other than a bar, there are few places in which the LGBTQ population can go for social activities and support.

Recommendations:

Staff discussed several ideas for programs that would benefit the LGBTQ population regarding mental health. They include:

- Peer led activities
- Outreach and education – to both providers of services on the needs of the LGBTQ population re: mental health (i.e. AOD providers) as well as directly with clients
- Support groups
- Counseling (they currently have a wait list of 14in SB alone), including longer term support
- Project 10 – is a project for youth in school and was developed by the state
- Empowerment – is another youth program; occur in SLO

Focus Group with Nuevo Amanecer - Spanish Speaking Parents and Consumers

Facilitator: Refugio Rodríguez-Rodríguez (MHSA Coordinator)

Location and Date: February 24, 2009; Santa Barbara

On February 24, 2009 Mr. Rodríguez met with a group of thirteen (13) parents and family members of the Nuevo Amanecer Group, at the Garden Street Hub in Santa Barbara, California. All participants of the group were Spanish-speaking men and women. This group is an ongoing support and advocacy group that has been meeting for the past two and a half years.

I provided an overview of MHSA, described the PEI stakeholder process and asked them to provide perspectives about their potential recommendations for PEI. In particular, participants were asked to comment on priority areas related to Key Mental Health Needs and Priority Populations. Additional questions for this focus group also included:

- 1) What services or interventions are needed in the Latino Community related to Prevention and Early Intervention?
- 2) What types of programs or models would you recommend to accomplish this?
- 3) Where should these services be provided?

Key PEI Priorities

The participants identified the following Key Community Mental Health Needs and Priority Populations:

Children

MH Needs - At risk children, youth and young adults; Disparities in access to mental health services;

Priority Population – Underserved cultural populations; Children at risk of school failure; children at risk of experiencing Juvenile Justice involvement; Youth in foster care

TAY

MH Needs - Disparities in access to mental health services; Stigma and discrimination; Priority Population – Underserved cultural populations; Children at risk of school failure; children at risk of experiencing Juvenile Justice involvement; Youth in foster Care

Adults

MH Needs - Disparities in access to mental health services; stigma and discrimination; Priority Population – Victims of domestic abuse; Single mothers; families involved in alcohol/drugs; adults in criminal justice

Older Adults

MH Needs - Disparities in access to mental health services; Stigma and discrimination; Priority Population – Victims of abuse;

Overwhelmingly, issue of disparities in access to mental health and stigma and discrimination were identified as key needs across all age groups. Participants also shared some of their stories related to mental health services. Some of the relevant perspectives of the group are outlined below.

Latino Experience and Perspectives on Mental Health Services

Several participants shared that in the Latino Community; Mental Health issues are viewed and defined very differently. Furthermore, members indicated that their shared experience was one in which significant signs of Mental Illness were present prior to an appropriate diagnosis. One person indicated that her teenager was exhibiting clear signs of mental health issues for a significant period of time before she realized that this was a mental health issue. In part, the group agreed that this was due to a serious lack of information relating to mental health issues. Most related that when they sought assistance from school systems, they received limited or no assistance. Although members requested guidance from school systems, many indicated that they felt school personnel were as ill equipped to recognize mental health issues, as they were.

In most cases, their primary source of information and guidance was through primary care providers. Once families had come to accept or recognize that they were dealing with a potential mental health issue, parents and clients shared that they had difficulty accessing services in their primary language. As a consequence, the overwhelming consensus of the group was that as a community, Latino's receive less quality and quantity services than their Caucasian counterparts. Some shared that they were on medication-only tracks because there were no other services available in their language. Some indicated that even when they attempted to access providers, Spanish services were seldom available.

Recommendations:

The group felt that the issue of mental health education/information should be a priority. Information should be provided to families, schools and systems that Latino's come in contact with to increase awareness and decrease the stigma and discrimination that is associated with mental health issues. This was an issue that applied across all age groups. The group agreed that culturally rooted interventions to accomplish this should be employed; promotor and promotora models were discussed as a vehicle for reaching the Latino community. Their emphasis of linguistic and culturally appropriate interventions was identified as key to the success of any program. Many pointed out that existing models have not been successful and therefore, a new approach should be considered.

Participants made it very clear that there should be access points for Latinos in what ever programs were created by PEI funds. They also asked that systems not ask for input, create programs with that input and then make those programs inaccessible due to language, cultural or residential status reasons.

Consequently, the group recommended that services created via PEI funding should include Multilanguage capabilities and interventions that are culturally relevant; the group added that the menu of services and programs developed under PEI, should be accessible to all.



COUNTY OF SANTA BARBARA
Making a Difference Since 1962
Alcohol, Drug & Mental Health Services
Administration
300 North San Antonio Road, Bldg.3, Santa Barbara, CA 93110-1332
Telephone: (805) 681-5220 Facsimile: (805) 681-5262

Ann Detrick, PhD
Director

Appendix 3 Summary of Public Comment: Prevention & Early Intervention

December 14, 2009 - January 13, 2010

- A private psychiatrist would like acupuncture used in prevention and early intervention programs. Acupuncture keeps people relaxed and balanced and for some persons can decrease the amount of medication needed. Project Recovery provides an example of how acupuncture may be used. PEI programs could draw on a variety of acupuncturists in private practice in Santa Barbara County who are joining the Medical Reserve Corps, which establishes teams of local volunteer medical and public health professionals.
- An ADMHS clinician feels that budget cuts have resulted in the deterioration of Children's Services, which will result in long-term deleterious effects for children, families and the community.
- The Executive Director of an agency serving the 0-5 population countywide would like her agency considered for implementation of the proposed expanded PEI programs in North County. She detailed the agency's qualifications, accomplishments and capabilities.
- A community advocate feels that the community has been excluded from the PEI planning process.
- Six family members expressed concern about how individuals with dual diagnoses are treated, especially upon their release from jail. Workers should be trained to treat these persons with compassion and respect. Suggestions included providing special mentors, counselors, life coaches and a transition house.

- The leader of a family advocacy organization urges ADMHS to work more closely with Probation, Law Enforcement, the Jail, the Courts and a family advocacy organization's Task Force on Co-Occurring Disorders to create ways to encourage, empower, protect and provide treatment for our youth and young adults who are dealing with mental health and substance use disorders rather than treat them like criminals, and to consult with the families on how to do this.
- A member of a family advocacy organization asked to participate in the PEI funding process to represent transition-age youth.
- The following petition was signed by 46 community members:

"We, the undersigned are family members, community advocates and professionals dealing with the effects of untreated mental health and substance use disorders in Santa Barbara County.

"We wish to have an input into the PEI funding process in order to represent the needs of Transitional Age Youth and young adults at high risk for incarceration, homelessness, suicide and death by overdose as well as gang violence in Santa Barbara County.

"We see a critical need for coordination and collaboration between mental health providers, ADMHS and especially the CARES Unit and Mobile Crisis Teams and Probation, Parole, Law Enforcement, the Sheriff's Department and the Courts.

"We see a critical need in Santa Barbara County for more effective and compassionate crisis intervention protocols and services oriented toward treatment and recovery rather than criminalization, including acute hospitalization beds, detox beds, step-down and long-term residential treatment in our county.

"We wish to be at the table when TAY PEI programs are being designed and wish to be involved in the delivery of services as well as in an oversight capacity."

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County of Santa Barbara *MENTAL HEALTH COMMISSION*

300 North San Antonio Road, Bldg. 3, Santa Barbara, CA 93110
TEL: (805) 681-4742 FAX: (805) 681-5262

As authorized by the Welfare & Institutions Code 5604 of the State of California, the Mental Health Commission shall review and evaluate the mental health services and contractual agreements of the Department of Alcohol, Drug & Mental Health Services which benefit the residents of Santa Barbara County.

Appendix 4 Mental Health Commission Public Hearing AGENDA

The Santa Barbara County Mental Health Commission will conduct a Public Hearing on the Prevention Early Intervention Plan Fiscal Year 2009-10 and 2010-11 and the Technological Needs Project Three Year Plan from 2:00 p.m. to 4:00 p.m. on Friday, January 22, 2010, in the **Central Coast Water Authority, 255 Industrial Way, Buellton, CA.**

(Please sign in at the front desk; Parking on street only)

Any item on the agenda may be subject to action

- I. Welcome and Introductions**
- II. Roll Call -Establish quorum**
- III. Public Hearing –**
Prevention Early Intervention Plan Fiscal Year 2009-10 and 2010-11 and the Technological Needs Project Three Year Plan
Ann Detrick, Ph.D., ADMHS Director
Marianne Garrity, Deputy Director
Refugio Rodriguez, MHSA Division Chief
- A. Public Comment on the Plan Update**
(Up to 5 minute time limit per speaker. Submit Request to Speak form to chairperson prior to start of meeting)
- IV. Adjournment**

Board of Supervisors

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Doreen Farr-3rd District
Joni Gray-4th District
Joseph Centeno-5th District

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Chhitu Patel – 4th District
Chas. Huffines – 5th District

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Karen Kegg-2nd District
Roger Thompson-3rd District
Tracey Taylor-4th District
Teresa Menchaca-5th District

Commission Staff

Maria Xique

Advisory Board on Drug & Alcohol Problems (ABDAP)

Liaison
James M. Rohde

Latino Advisory Board

Liaison
Manny Casas

Governing Board

Joe Centeno-Member
5th District Supervisor

Janet Wolf-Alternate
2nd District Supervisor

The Mental Health Commission is committed to ensuring access to meeting rooms and anyone requiring special accommodations due to a functional disability may request assistance prior to the meeting date by calling Maria Xique at 681-5232. We are dedicated fostering a positive meeting environment for our clients and the people with whom we share a common goal. When speaking before the Mental Health Commission, personal attacks and other disruptive language and/or behavior are not permitted.



SANTA BARBARA COUNTY
MENTAL HEALTH COMMISSION

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Authorized by the California Welfare & Institutions Code 5604, the purpose of the Mental Health Commission is to review and evaluate mental health services and contractual agreements of the Department of Alcohol, Drug & Mental Health Services to meet the needs of the residents of the county.

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Patrick Bergin -5th District

Alternates

Jan Winter-1st District
Karen Kegg-2nd District
Vacant-3rd District
Vacant-4th District
Charles Huffines-5th District

Commission Staff

Marcia Carstensen

Advisory Board on Drug & Alcohol Problems (ABDAP)

Liaison
James M. Rohde

Governing Board

Joe Centeno-Member
5th District Supervisor

Janet Wolf-Alternate
2nd District Supervisor

February 8, 2010

Ms. Nicole Davis
California Department of Mental Health
MHSA Plan Review
1600 9th Street, Room 100
Sacramento, CA 95814

Dear Ms. Davis:

The County of Santa Barbara Mental Health Commission met on Friday, February 5, 2010 and approved the Mental Health Services Act (MHSA) Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan, Fiscal Years 2009-10 and 2010-11 for the Department of Alcohol, Drug and Mental Health Services in Santa Barbara County.

Sincerely,


Margie Lopez
Chairperson

ML/mx

Cc: Ann Detrick, Ph.D., Director
Alcohol, Drug & Mental Health Services