

# **SAN BENITO COUNTY BEHAVIORAL HEALTH**



Mental Health Services Act  
Prevention and Early Intervention Component  
Program and Expenditure Plan  
Fiscal Year 2007-2008 and 2008-09

AND

MHSA Fiscal Year 2009-2010 Annual Update  
Prevention and Early Intervention Funding Request

Submitted March 2009  
Revised May 2009

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

Form No. 1

FACE SHEET

County Name: <b>San Benito County</b>	Date: March 14, 2009
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COUNTY'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):

<b>County Mental Health Director</b>	<b>Project Lead</b>
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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 identified funding requirements (in all related programs 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.

<see signed original submission>  
County Behavioral Health Director

\_\_\_\_\_  
Date

Executed at Hollister, California

PEI COMMUNITY PROGRAM PLANNING PROCESS

County: San Benito County

Date: May 14, 2009

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

*a. The overall Community Program Planning Process*

The San Benito County Behavioral Health (SBCBH) community program planning process for the Prevention and Early Intervention (PEI) component of MHSA was managed by Patricia Ayers, Assistant Director. Ms. Ayers provided vision and oversight to the planning process. Her functions consisted of obtaining stakeholder input, guiding the review of the input, working with stakeholders to develop recommendations, and finalizing the PEI Plan for submission to the State Department of Mental Health.

The planning process included the distribution of a PEI survey (in English and Spanish) to key stakeholders; analysis of the survey results; review of the findings; and obtaining stakeholder input into the identification of high-priority populations and the selection of programs for funding. We collected 445 surveys and obtained a broad range of stakeholder input to develop recommendations for PEI funding. Several stakeholder meetings were held to review survey results and provide ongoing input into the final PEI Plan.

San Benito County is a unique county located in the South Bay. Unlike its larger neighboring counties (Santa Clara, Monterey, and Santa Cruz), San Benito is a small agricultural community of 54,699. There are two primary race/ethnicity groups in this county: Latinos (53%) and Caucasian (41%). There are very few persons from other race/ethnicity groups in San Benito County. There are no Native American tribes in this community.

As shown below, the per capita income for Latinos is \$15,707. A few Asians and African-Americans have moved into San Benito in the past 10 years, as a result of the Silicon Valley expansion. However, many of these individuals work in San Jose, have a higher per capita income than other race/ethnicities, and would not likely seek public mental health services.

Per Capita Income by Race/Ethnicity  
2005-2007

African American	\$62,351.00
White	\$35,987.00
Asian	\$28,914.00
Hispanic	\$15,707.00

We held a number of different focus groups across the county; and we offered food and beverages. At some of the meetings, we offered gift cards to those who attended. The race/ethnicity of our focus groups reflected the race/ethnicity of the county and client population.

*b. Coordination and management of the Community Program Planning Process*

The coordination and management of the community program planning process was conducted by Patricia Ayers, Assistant Director; Lynda Yoshikawa, Quality Improvement Coordinator; and Maria Sanchez, Administrative Services Specialist. Stakeholder groups were organized, meetings arranged, and informational groups with key stakeholders held. In addition, our contractor, Nancy M. Callahan, Ph.D., IDEA Consulting, helped to organize and manage the entire planning process. This process was instrumental in ensuring that consumers, family members, staff, allied agencies, and community members had a voice in expressing their vision for PEI funding.

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

The SBCBH PEI planning process was designed to facilitate meaningful participation from a broad range of stakeholders. The community planning process was conducted over a three-month time period and involved county staff, community agencies, clients, and family members.

This planning process was quite comprehensive for a small county. SBCBH developed a survey to obtain information from each stakeholder (see Attachment A for sample survey). This survey was available in English and Spanish, and created a vehicle for obtaining input from individuals attending informational groups, as well as others who were unable to attend an organized event. Input was obtained through a number of different informational groups, presentations, and broadly distributed PEI surveys. In addition, clients who were currently receiving mental health services were invited to complete a PEI survey.

Two PEI community stakeholder meetings were also held: one on August 14, 2008; the second on September 18, 2008. These stakeholder meetings were held in the main clinic; one was held in the morning; the other in the late afternoon. These meetings included a brief explanation of the PEI funding and an explanation of the concept of PEI; participants were then asked to complete the survey. The attendance at both of these meetings was close to 20 individuals at each meeting. Participants included consumers; family members; consumer/family members; youth; caregivers; staff; and representatives from the local senior center (*Jóvenes de Antaño*), Hollister Youth Alliance, TBS service provider, suicide prevention services, and partner agencies. Participants reflected our county population and were predominately Latino and Caucasian.

San Benito County Behavioral Health staff coordinated with other service agencies and clients to publicize these meetings. Participating agencies included education, health, social services, probation, and law enforcement. Specific outreach was made to individuals with serious mental illness (and their families and caregivers), as well as to traditionally underserved and unserved populations (e.g., Latino groups, family with young children, youth, agencies serving older adults). In addition, an informational group was held specifically for partner agencies and community organizations. This group provided an opportunity for individuals who had expressed an interest in this MHSA funding opportunity to have a voice and input into the process.

The PEI surveys were collected and analyzed to help establish PEI priorities for use in planning and selecting the identified PEI programs and services. A total of 445 surveys were collected during this PEI planning process. The survey results (see Attachment B) show that the 445 individuals who completed the surveys reflected all age groups: ages 0-12 (4%), 13-17 (8%), 18-24 (11%), 25-45 (44%), 46-59 (18%), and sixty years and older (14%). These respondents also reflected the cultural diversity of the county with 52% Caucasian, 41% Latino, 1% Asian, 3% African American/ Black, and 3% American Indian or Alaskan Native. This data shows that the individuals who completed the survey closely reflect the cultural diversity of the county.

A wide representation of the community completed the survey, including business/community members (34%), consumers (21%), family members (7%), county staff (12%), and other community members (20%). Six percent of the respondents answered more than one category when answering this question.

Once the informational groups were completed and the survey results were analyzed, the PEI Steering Committee met to discuss possible projects. The PEI Steering Committee is comprised of consumers, family members, allied agency staff, and community representatives. Approximately 30% are consumers and family members, and 40% are Latino. There are two Asians who regularly attend the Steering Committee meetings. Over 20 people attended each PEI Steering Committee meeting.

During the planning meetings, the PEI Steering Committee discussed the PEI Survey results, the priority populations for the county, and options for prevention and early intervention programs. The group had a comprehensive discussion of the potential options and then identified the highest priorities for PEI funding. The PEI stakeholder/community input, results of the informational groups, survey results, and previous information obtained during the initial CSS planning process were used to identify these priorities and develop recommendations for PEI funding.

There were a number of different ideas and priorities identified during the planning process. This group assessed and discussed the community capacity and strengths, identified existing strengths of the county and priority populations, and reviewed the amount of funding available from PEI. These issues were discussed and the group was able to identify the highest priority populations and subsequently select the recommended programs. The results of the PEI Steering Committee were then shared with the Mental Health and Substance Abuse Advisory Board for their input and approval.

There were several priorities identified through this planning process. The highest priorities are outlined below.

- 1. Children and Youth Prevention and Early Intervention – Program 1:** Prevention and early intervention services for children and youth were identified as the highest priority for PEI funding. As a result, we are planning to contract with Hollister Youth Alliance to hire three (3) Case Managers to develop services for high-risk children and youth. Hollister Youth Alliance is a community organization that is committed to assisting youth develop skills so that they can positively affect their community. The lead Case Manager will focus on promoting mental health screening for children and

youth across San Benito County. This individual will offer training to children's agencies, educational settings, health care settings, and providers to help them identify mental health signs and symptoms, as well as make appropriate referrals to SBCBH.

A Mental Health Screening Tool will be used to assist community persons to recognize signs and symptoms of mental health problem behaviors. The Mental Health Screening Tool provides community agencies with an easy-to-use method for identifying early signs and symptoms of mental health concerns and a method for making referrals for early intervention. There are two instruments: one for young children, ages 0-5; and a second for children and youth, 5 years and older. The lead Case Manager will review the completed screening tools and triage each referral to ensure that the child / youth is linked to the most appropriate level of the service delivery system. This Case Manager will also be available to provide services at school during the day, and after school. The services will be focused on providing prevention and early intervention to avoid the need for individuals to utilize medically necessary clinic-based level of services.

Two additional Case Managers will be utilized to provide peer-to-peer support groups at the local high school and family-to-family support groups. A component of this program will be to implement the promising practice program, *El Joven Noble*, a culturally-based youth development and leadership enhancement program. This program is designed to work with youth to develop life skills, cultural identity, character, and leadership skills. It is proven effective in reducing gang activities and providing mentoring and leadership to youth who are considered at risk of using drugs or not graduating. A similar program, CLARITY (Combining Literature Around Reality Including Today's Youth), will also be implemented; this program is designed to develop similar life skills for young females.

In addition, the *El Joven Noble* curriculum has a family component, *Cara Y Corazon*, which will be implemented. Families of youth in the *El Joven Noble* program will meet regularly to participate in activities which promote positive family relationships and provide positive parenting support. The *Cara Y Corazon* component encourages parents to create relationships with the school, visit the campus to understand their youth's academic activities, and assists parents to reinforce the *El Joven Noble* teachings at home. This parenting support component of the program provides mentoring and develops positive parenting skills for the families involved in the program.

- 2. Training for Law Enforcement on Suicide Prevention - Program 2:** This program will offer training for local law enforcement to help them understand suicide risk factors and identify key steps to do when with a suicidal individual. We will contract with a provider to conduct this training for law enforcement. The suicide prevention training program will prepare first responders, such as law enforcement, to recognize warning signs of suicidal behavior, develop techniques for responding to suicidal events, and develop methods for linking individuals to community resources.
- 3. Older Adult Prevention and Early Intervention - Program 3:** This program will utilize a full-time mental health clinician to provide early mental health screening and intervention to older adults receiving services from *Jóvenes de Antaño*, Meals on Wheels, or other community agencies. This program will also train agency partners, including

Public Health and local physicians, in recognizing signs and symptoms of mental illness in older adults. The Older Adult program will provide linkage and support for older adults in accessing needed mental health and health care services.

- 4. Women’s Prevention and Early Intervention – Program 4:** This program will work to address domestic violence and offer mental health prevention and early intervention groups to help reduce stigma and improve access to the Latina community. A women’s support group will be facilitated by a contracted clinician to address domestic violence, promote healthy relationships, and provide supportive services to monolingual and bilingual Spanish speakers in the community.

These areas were considered the highest priority for funding by the PEI Steering Committee. Each of these programs will be developed and/or enhanced to meet the Prevention and Early Intervention objectives of the community.

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

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

The PEI Planning process included discussion groups and informational sessions across the county. This strategy ensured that the opinions of unserved and underserved populations were included in the planning process. We also strived to include family members of unserved and underserved populations. Of the 367 individuals who responded to the question, “Have you or a family member ever received mental health services,” 95 (26%) responded ‘Yes’. This clearly demonstrated that the planning process included our target population.

Staff directly and informally engaged under-represented citizens to solicit their input. To reach un/under-served adults, informational groups were held and surveys distributed to individuals who were in juvenile hall, the jail, physician’s offices, and to individuals participating in substance abuse programs. The surveys were also distributed at Esperanza Center and *Jóvenes de Antaño*, our senior center, to obtain input from these important populations.

Surveys were also available in public locations for the general public to complete. This wide distribution of surveys ensured that we had excellent stakeholder participation.

- 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.*

A total of 445 surveys were collected during this PEI planning process. The survey results show that the 445 individuals who completed the surveys reflected all age groups: ages 0-12 (4%), 13-17 (8%), 18-24 (11%), 25-45 (44%), 46-59 (18%), and sixty years and older (14%). These respondents also reflected the cultural diversity of the county with 52% Caucasian, 41% Latino, 1% Asian, 3% African American/ Black, and 3% American Indian or Alaskan Native. This data

shows that the individuals who completed the survey closely reflect the cultural diversity of the county.

A wide representation of the community completed the survey, including business/community members (34%), consumers (21%), family members (7%), county staff (12%), and other (20%). Six percent of the respondents answered more than one category when answering this question.

It is important to note that almost 67% of the county's population lives in Hollister; the majority (55%) of these residents are Latino. Our mental health service delivery system meets the needs of this population. Over 50% of our mental health clients are Latino, the second highest proportion in the state. We have bilingual, bicultural Spanish-speaking staff at all levels of our system, including the persons answering the phone, case management and clinical staff, and top management team members. This structure ensures that we offer culturally-sensitive services to our clients.

We also value other cultures, including the LGBTQ community. Staff offer groups specific to LGBTQ youth population and the adult LGBTQ community. We offer these groups at the Esperanza Center to create a welcoming, safe environment.

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

Small and personal informational groups were held with adults with a serious mental illness and youth with a serious emotional disturbance. Informational groups were held at the Esperanza Center. In addition, family members were included in informational group and planning activities and were asked to complete a survey.

Of the 367 individuals who responded to the question, "Have you or a family member ever received mental health services," 95 (26%) responded 'Yes'. This clearly demonstrated that the planning process included our target population.

### **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*

Of the 367 individuals who responded to the question, "Have you or a family member ever received mental health services," 95 (26%) responded 'Yes'. This clearly demonstrated that the planning process included our target population. The PEI Steering Committee also has a number of youth and adult consumer and family member representatives. These committee members were involved in reviewing the data and survey results, discussing the findings, and making the final program selections and recommendations for funding.

Our adult consumer group, *Juntos Podemos*, was also involved in providing input and feedback to the planning process and in the development of the final PEI Plan recommendations.

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

Twelve percent (12%) of the survey respondents were county staff. Informational groups were held at Behavioral Health, Health and Human Services Agency (social services), law enforcement agencies, and probation.

- *Educators and/or representatives of education*

Surveys were also distributed to persons involved in the educational system. Persons working within the schools were involved in the PEI Steering Committee process and provided input into the development of core recommendations for this plan.

- *Representatives of law enforcement*

Surveys were distributed to law enforcement agencies and probation staff when they attended local informational groups. Representatives from law enforcement and probation also participated in the PEI Steering Committee to help review the findings and have a voice in identifying and selecting the recommended programs.

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

Family members and youth and adult clients were asked to complete a survey. In addition, youth in juvenile hall and parents involved in Head Start completed surveys. Transition Age Youth in the community were also asked to complete a survey and participated in an informational group to discuss their ideas and recommendations.

This county also has an exemplary program for older adults, *Jóvenes de Antaño*. The Director of *Jóvenes de Antaño* attended the PEI Steering Committee and was an active participant in identifying and selecting the recommended programs. In addition, surveys were distributed at the center. There were over 50 older adults who completed the survey, demonstrating excellent participation in this planning process.

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

Several SBCBH staff members were involved in facilitating informational groups and providing information on the PEI planning process. These individuals participated in MHSA training activities and PEI information sessions. The Behavioral Health Assistant Director and the PEI Steering Committee has been involved throughout in the MHSA Community Services and Supports planning process and attended numerous MHSA-related training opportunities over the past several years. These individuals provided training for stakeholders during the planning process, the informational groups, and informational sessions.

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

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

We utilized the learning experiences gained in our initial CSS planning process to develop and implement the PEI planning process. The community is now familiar with MHSA planning activities. Our allied agencies and community organizations are willing participants in gathering stakeholders for meetings, distributing and collecting surveys, and providing feedback about proposed programs and services.

Consumers and youth participated in organizing informational groups and assisting individuals to complete the surveys. The experience from the CSS planning process helped us to better inform the community of opportunities for input, as well as identify appropriate locations for holding meetings.

We also have a better understanding of the unserved and underserved individuals in our community. This knowledge helps to improve our outreach efforts and to ensure that we are focused on the inclusion of these individuals in informational groups and distribution of surveys. We have formed stronger relationships with these groups and now have a history of inclusion and collaboration in our efforts to obtain information from these key populations.

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

Our planning process was highly successful. We obtained a total of 445 surveys with broad representation from our clients, family members, community members, and county staff. Of the 445 surveys collected, almost 25% of the respondents were children and TAY; 62% were Adults; and 14% were Older Adults. We also involved stakeholders in the analysis of the data from the stakeholder input process, in finalizing the priorities for the PEI plan, and in providing input into the written PEI Plan.

Once the surveys were collected and analyzed, the PEI Steering Committee met to discuss the findings. Each person came to the group with an intention to advocate for their specific program and age group. Through discussion of the survey results and conversations regarding the needs of the community, everyone came together to create one, coordinated vision for the county. Many participants noted that they had learned a great deal from other committee members and they had a greater appreciation of the needs of different ages and groups. This process was extremely effective at bringing stakeholders together to create one comprehensive PEI Plan for San Benito County.

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

*a. The date of the public hearing:*

The Public Hearing was held at the beginning of the Behavioral Health Board meeting on February 26, 2009.

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

The draft PEI Plan was posted for over 30 days, from January 7 through February 26, 2009. It was distributed to the Behavioral Health Board for review and comment. It was posted on the San Benito County website. The draft Plan was made available across the county in locations consistent with the CSS Plan distribution. In addition, copies of the plan were placed at Esperanza Center, partner agencies, the public library, and a number of public facilities. The plan was also made available to clients, family members, and other interested stakeholders.

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

Presentations were made to the Behavioral Health Board during the Public Hearing by the Family Service Agency of the Central Coast and the Hollister Youth Alliance. The Executive Director of the Family Service Agency of the Central Coast noted that they currently offer Suicide Prevention Services in Santa Cruz, Monterey, and San Benito counties. They have recently received a reduction in funding from the United Way. The agency also presented that there has never been adequate funding to pay for services delivered in San Benito County.

The agency has new plans for hiring a full time position, with 10 hours per week planned to offer supplemental services to San Benito County. With the planned \$4,000 in this PEI Plan, the Director reported that they could not offer all three desired components: Crisis Line, Training, and Outreach. As a result, the Director requested that the dollar amount for Suicide Prevention Services in this PEI Plan be increased to \$20,000 to supplement their existing contract with the San Benito County Board of Supervisors (current contract is for \$5,971). The additional \$20,000 would pay for a person to spend 10 hours per week in Hollister providing grief support and outreach, and responding to the suicide prevention hotline that the agency staffs for the three counties.

The Director for the Hollister Youth Alliance presented the program components that would be funded through the PEI contract, including outreach and case management to at-risk youth and parents; and a culturally-focused, evidence-based program for youth and parents to reduce gang involvement, substance use and mental health trauma, and suicide risk. The programs will be offered at school sites. Other components of the program will offer county-wide training to recognize the early warning signs and symptoms of mental health problems and train stakeholders to utilize a mental health screening tool for making appropriate referrals to mental health services.

Following the presentations, the Behavioral Health Board discussed the public comments and options for funding the different programs. The Behavioral Health Board voted unanimously to maintain for \$4,000 for Suicide Prevention activities with specific recommendation that the \$4,000 funding level be maintained but dedicated to providing training for law enforcement and other first responders in recognition of suicide risk factors and methods to provide appropriate harm reducing response. This component of the PEI Plan will be implemented through a contract with an individual provider who specializes in training first responders. All other components of the PEI Plan and the FY 09/10 PEI Update were approved as outlined.

**Revision note:** While revising this PEI Plan based on initial review input from DMH, SBCBH discovered that PEI community planning funds were still available. SBCBH has decided to fund the Suicide Prevention project with an additional \$5,000 from this planning allocation. A revised budget for FY 08/09 has been included in this document; it also reflects an additional allocation for administration support.

*d. The estimated number of participants:*

There were over 20 people in attendance at the Public Hearing.

**PEI PROJECT SUMMARY**

Form No. 3

County: **San Benito County**

PEI Project Name: **Children and Youth PEI**

Date: **May 14, 2009**

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

**1. PEI Key Community Mental Health Needs**

Select as many as apply to PEI project:	Age Group			
	Children & Youth	TAY	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Youth 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"/>

**2A. PEI Priority Populations**

Note: All PEI projects must address underserved racial/ethnic and cultural populations. Select as many as apply to PEI project:	Age Group			
	Children & Youth	TAY	Adult	Older Adult
1. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Service Psychiatric Illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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 & Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **PEI PROJECT SUMMARY – Children and Youth Prevention and Early Intervention**

### **2B. Summarize the stakeholder input and data analysis that resulted in the selection of priority population(s).**

Our planning process was quite comprehensive for a small county. San Benito County Behavioral Health developed a survey to obtain information from each stakeholder. This survey created a vehicle for obtaining input from individuals attending informational groups, as well as individuals who were unable to attend an organized event. Input was obtained through a number of different informational groups, presentations, and broadly distributed PEI surveys. In addition, every client who is currently receiving mental health services was invited to complete a PEI survey. A number of community stakeholder meetings were also held. These meetings included a brief explanation of the PEI funding and the conceptual intent of PEI. Participants were asked to complete the PEI survey.

When the informational groups were completed and the survey results were analyzed, the final recommendations for the PEI plan were discussed and developed by PEI Steering Committee. The PEI Steering Committee is comprised of community members, staff from education, probation, social services, allied agencies, youth, consumers, and family members.

This group of individuals met to discuss the PEI Survey results, discuss the priority populations for the county, discuss options for prevention and early intervention programs, and discuss and identify the highest priorities for PEI funding. The PEI stakeholder/community input, results of the informational groups, survey results, and previous information obtained during the initial CSS planning process were used to identify these priorities and develop recommendations for PEI funding.

There were 445 individuals who completed the PEI survey. There were a number of different ideas and priorities identified during the planning process, as the PEI Steering Committee reviewed the data and stakeholder input and discussed the needs of the community. This group assessed and discussed the community capacity and strengths, identified existing strengths of the county and priority populations, and reviewed the amount of funding available for local PEI projects. As these issues were discussed, the group was able to identify the five (5) highest priority populations and subsequently selected the recommended programs. The results of the PEI Steering Committee were then shared with the Mental Health Advisory Board for their input and approval.

Survey results illustrated that individuals were interested in having services delivered in the community and to provide early mental health screening and school-based services for children and youth. 65% of the survey respondents identified early screening and school-based services for children and youth as a high priority for PEI funding. Other priorities include programs for children and youth in stressed families, those whose parents have drug and alcohol problems, and those who are abused or neglected. These populations were also a factor in the decision to deliver mental health screening and prevention services in the schools.

### 3. PEI Project Description – Children and Youth Prevention and Early Intervention.

The highest priority population for PEI funding was services for children and youth. As a result, we have developed the Children and Youth program to meet the community's priority for early identification of children with unmet mental health needs through the development of school and community-based services for children and youth. We will contract with the Hollister Youth Alliance to implement this Children and Youth program.

This program will be staffed by three (3) Case Managers. The lead Case Manager will focus on promoting mental health screening for children and youth across San Benito County. This individual will offer training to children's agencies, educational settings, health care settings, and providers. A Mental Health Screening Tool will be used to assist education and care providers in the community to recognize early signs and symptoms of mental health problem behaviors. The Mental Health Screening Tool provides community agencies with an easy-to-use method for identifying mental health signs and symptoms and a method for making referrals for early intervention. There are two instruments: one for young children ages 0-4 and a second for children and youth 5 years and older. The lead Case Manager will review the completed screening tools and triage each referral to ensure that the child / youth is linked to the most appropriate level in the service delivery system. This Case Manager is also available for providing brief intervention services at school during the day and during after school activities.

Two additional Case Managers will be utilized to provide peer-to-peer support groups at the local middle schools and high schools, as well as provide family-to-family support groups to family members. These individuals will be involved in school activities, as well as offering after-school activities. A component of this program will be to implement the promising practice program, *El Joven Noble – Male Rites of Passage*, a Latino youth development and leadership enhancement program. This culturally-based program is designed to work with youth to develop life skills, cultural identity, character, and leadership skills. It is proven effective in reducing gang activities and providing mentoring and leadership to youth who are considered at risk of using drugs or not graduating. A similar program for young females, called CLARITY (Combining Literature Around Reality Including Today's Youth), will also be implemented. This teen pregnancy/youth development program utilizes literature by Latino authors as a focal point for discussing social-cultural identity and life issues, including relationships, sexuality, addictive behaviors, and future planning.

The *El Joven Noble* curriculum also has a family component, *Cara Y Corazon – Family Strengthening Curriculum for Parents*, which will be implemented. Families meet regularly to participate in activities which promote positive family relationships. The *Cara Y Corazon* component encourages parents to create relationships with the school, visit the campus to understand their youth's academic activities, and assists parents to reinforce the *El Joven Noble* and CLARITY teachings at home. These activities help youth develop life skills, resiliency and sense of community. These are core life skills that will assist youth to reach their fullest potential.

We selected the *El Joven Noble* and CLARITY curricula because they were specifically developed to address the needs and cultural distinctions of the Latino community. These prevention programs provide mentoring and role-modeling for Latino youth to help them develop their cultural identity and leadership skills within their own community. They also offer behavior management skill development to parents and other family members.

While youth from other race/ethnicity groups will be invited to participate and can benefit from these programs, we will be cognizant of the importance of not compromising the cultural teachings for Latino youth. These programs will be available to youth throughout San Benito County. All high schools are located in Hollister, or within 8 miles of the city.

The following is an estimated timeline for implementation of this program:

<b>Activity</b>	<b>Time from Initiation of Program (signed contract, budget authority to hire staff)</b>
Contract for Services	2 months
Train staff	3 months
Develop materials, handouts, etc.	3 months
Start training school staff and other service providers to complete the MH screening tool	3 months
Begin delivering early intervention mental health services to school age children and youth	4 months
Involve family members in activities	6 months
Evaluation	6 months and annually

**PEI PROJECT SUMMARY – Children and Youth Prevention and Early Intervention, *continued***

**4. Programs.**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
	Individuals: Families:	Individuals: Families:	
Children and Youth Prevention and Early Intervention	Individuals: 50 Families: 0	Individuals: 30 Families: 15	3 Months
	Individuals: Families:	Individuals: Families:	
<b>TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	Individuals: 50 Families: 0	Individuals: 30 Families: 15	3 Months

**5. Alternate Programs.**

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

## **PEI PROJECT SUMMARY – Children and Youth Prevention and Early Intervention, *continued***

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

The HYA Children and Youth Program staff will be co-located at the middle and high schools and will coordinate with County Mental Health MHSA staff to deliver services at the schools and at Esperanza Center. The County Mental Health Children and Youth staff will work closely with staff employed by Hollister Youth Alliance (HYA). All resources will be shared between HYA and the County Mental Health Children and Youth Program staff. County Mental Health MHSA staff will also be available to provide support services and ensure that youth have access to those services as needed. The Children and Youth Program staff will be knowledgeable of community resources and will assist youth and their families.

The Children and Youth Program will promote early identification of mental health behaviors of concern and link children to supportive services. The *El Joven Noble* and CLARITY programs will create linkages with local Latino community-focused resources and develop opportunities for community members to mentor these high-risk youth. Implementation of new early intervention services and assertive encouragement of parents to become engaged in school activities, develop community relationships, and build strong, cultural bonds will provide the foundation to help build psychological and emotionally strong, healthy families.

### **7. Collaboration and System Enhancements.**

This project builds collaboration between the schools, health services, preschools, community organizations, probation, and mental health services. Through training activities utilizing the Mental Health Screening tool, early identification of behaviors of concern, and development of culturally-relevant activities, this program will promote wellness and recovery for children, youth, and families. As noted above, this is a collaborative project that combines an excellent, early intervention program with the development of a supportive, culturally-relevant early intervention program to promote healthy behaviors for children, youth, and families.

### **8. Intended Outcomes.**

Youth will greatly benefit from this program through early identification of mental health behaviors of concern. Community agency staff will be trained to use the Mental Health Screening Tool to identify problem behaviors and make appropriate referrals for services. In addition, youth involved in the *El Joven Noble* and CLARITY programs will achieve positive outcomes as a result of this program, and prevent inappropriate behaviors, as follows:

Experience the following positive outcomes:

- Stay in school,
- Out of trouble,
- At home, and
- Healthy.

Prevent the following inappropriate behaviors:

- Drop out of school,
- Get arrested,
- In out-of-home placement, and
- In inpatient services, suicidal behavior, diagnosable serious mental illness such as major depression, etc.

This promising practice has demonstrated outcomes which will be utilized in evaluating this program. Parents will demonstrate positive family relationships and positive parenting skills.

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

This program will be closely coordinated with our County MHSA program and with the programs offered by the Hollister Youth Alliance. The County MHSA staff will be co-located with the HYA staff at the schools and will make referrals to the County Mental Health's Esperanza Center for Transition Age Youth. Children and youth will be referred to mental health services when their symptoms and behaviors require this level of treatment.

### **10. Additional Comments.**

All resources and information on community services will be available in both Spanish and English. Whenever possible, bilingual, bicultural staff will be hired to ensure that services are culturally relevant. Many of the staff currently employed at HYA are bilingual and bicultural.

**PEI PROJECT SUMMARY – Suicide Prevention Training for First Responders**

Form No. 3

County: **San Benito County**

PEI Project Name: **First Responders Suicide Prevention Training**

Date: **May 14, 2009**

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

**1. PEI Key Community Mental Health Needs**

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

**2A. PEI Priority Populations**

Note: All PEI projects must address underserved racial/ethnic and cultural populations. Select as many as apply to PEI project:	Age Group			
	Children & Youth	TAY	Adult	Older Adult
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 Service Psychiatric Illness	<input 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 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 & Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **PEI PROJECT SUMMARY – Suicide Prevention Training for First Responders, *continued***

### **2B. Summarize the stakeholder input and data analysis that resulted in the selection of priority population(s).**

Our planning process was quite comprehensive for a small county. San Benito County Behavioral Health developed a survey to obtain information from each stakeholder. This survey created a vehicle for obtaining input from individuals attending informational groups, as well as individuals who were unable to attend an organized event. Input was obtained through a number of different informational groups, presentations, and broadly distributed PEI surveys. In addition, each and every client who is currently receiving mental health services was invited to complete a PEI survey. A number of community stakeholder meetings were also held. These meetings included a brief explanation of the PEI funding and the conceptual intent of PEI. Participants were asked to complete the PEI survey.

When the informational groups were completed and the survey results were analyzed, the final recommendations for the PEI plan were discussed and developed by PEI Steering Committee. The PEI Steering Committee is comprised community members, staff from education, probation, social services, allied agencies, youth, consumers, and family members.

This group of individuals met to discuss the PEI Survey results, discuss the priority populations for the county, discuss options for prevention and early intervention programs, and discuss and identify the highest priorities for PEI funding. The PEI stakeholder/community input, results of the informational groups, survey results, and previous information obtained during the initial CSS planning process were used to identify these priorities and develop recommendations for PEI funding.

There were 445 individuals who completed the PEI survey. There were a number of different ideas and priorities identified during the planning process, as the PEI Steering Committee reviewed the data and input and discussed the needs of the community. This group assessed and discussed the community capacity and strengths, identified existing strengths of the county and priority populations, and reviewed the amount of funding available for local PEI projects. As these priorities and funding limitations were discussed, the group was able to identify the five (5) highest priority populations and subsequently selected the recommended programs. The results of the PEI Steering Committee were then shared with the Mental Health Advisory Board for their input and approval.

The stakeholder data showed strong support for providing additional training for first responders, such as law enforcement, to recognize early warning signs of suicidal behavior. As a result, the PEI Steering Committee allocated funding to provide suicide training to community agencies and programs which are the first responders to an emergency. 80% of the survey respondents identified individuals who have attempted or might attempt suicide as a high priority population for PEI funding.

**3. PEI Project Description - Suicide Prevention Training for First Responders.**

This program will expand the number of suicide prevention trainings available to first responders in the county; we estimate that trainings will increase to one per month at the schools and in the community. These trainings will target first responders, such as law enforcement, and teach them to recognize the warning signs of suicidal behavior, develop techniques to improve response to situations involving suicide threat, and develop methods for safe intervention and linking individuals to community intervention and support resources.

The following is an estimated timeline for implementation of this program:

<b>Activity</b>	<b>Time from Initiation of Program (signed contract, budget authority to hire staff)</b>
Source providers to offer training	2 months
Contract for first responder training	2 months
Identify high-priority groups for training	2 months
Begin delivering training	2 months
Evaluation	6 months and annually

**PEI PROJECT SUMMARY – Suicide Prevention Training for First Responders, *continued***

**4. Programs.**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	<b>Prevention</b>	<b>Early Intervention</b>	
	Individuals: Families:	Individuals: Families:	
<b>Suicide Prevention Training for First Responders</b>	Individuals: 50 Families:	Individuals: 30 Families:	3 Months
	Individuals: Families:	Individuals: Families:	
<b>TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>Individuals: 50</b> Families:	<b>Individuals: 30</b> Families:	3 Months

**5. Alternate Programs.**

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

**PEI PROJECT SUMMARY – Suicide Prevention Training for First Responders, *continued***

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

The contract provider will conduct suicide prevention training for first responders throughout San Benito County. First responders will also be trained to make referrals to Behavioral Health and other providers, as needed

**7. Collaboration and System Enhancements.**

This program builds upon the collaboration between Behavioral Health, law enforcement, education, and social services. As a result of the suicide prevention training, these first responders will improve their ability for early identification of suicide risk and improve their skills to de-escalate suicidal behavior. This program is a collaborative effort that combines the skills and training of first responders with the extensive services available at Behavioral Health to provide early intervention and prevention of suicidal behavior when needed.

**8. Intended Outcomes.**

First responders will benefit from this training through enhanced awareness of suicidal behavior, recognition of signs and symptoms of suicidal ideation, and the development of skills to intervene. Outcomes will be measured using a satisfaction survey for persons attending the first responder training. These surveys will provide information on the quality of the training for first responders.

**9. Coordination with Other MHSA Components.**

This program will be closely coordinated with our other MHSA and core mental health service delivery programs to meet each individual's need.

**10. Additional Comments.**

All resources and information on community services will be available in both Spanish and English. Training of first responders will emphasize a focus on teaching the identification of signs and symptoms and methods of intervention that are culturally sensitive.

**PEI PROJECT SUMMARY – Older Adult Prevention and Early Intervention**

Form No. 3

County: **San Benito County** PEI Project Name: **Older Adult Prevention and Early Intervention** Date: **May 14, 2009**

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

**1. PEI Key Community Mental Health Needs**

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

**2A. PEI Priority Populations**

Note: All PEI projects must address underserved racial/ethnic and cultural populations. Select as many as apply to PEI project:	Age Group			
	Children & Youth	TAY	Adult	Older Adult
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Individuals Experiencing Onset of Service Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Children & Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PEI PROJECT SUMMARY – Older Adult Prevention and Early Intervention, *continued***

**2B. Summarize the stakeholder input and data analysis that resulted in the selection of priority population(s).**

Our planning process was quite comprehensive for a small county. San Benito County Behavioral Health developed a survey to obtain information from each stakeholder. This survey created a vehicle for obtaining input from individuals attending informational groups, as well as individuals who were unable to attend an organized event. Input was obtained through a number of different informational groups, presentations, and broadly distributed PEI surveys. In addition, each and every client who is currently receiving mental health services was invited to complete a PEI survey. A number of community stakeholder meetings were also held. These meetings included a brief explanation of the PEI funding and the conceptual intent of PEI. Participants were asked to complete the PEI survey.

When the informational groups were completed and the survey results were analyzed, the final recommendations for the PEI plan were discussed and developed by PEI Steering Committee. The PEI Steering Committee is comprised of community members, staff from education, probation, social services, allied agencies, youth, consumers, and family members.

This group of individuals met to discuss the PEI Survey results, discuss the priority populations for the county, discuss options for prevention and early intervention programs, and discuss and identify the highest priorities for PEI funding. The PEI stakeholder/community input, results of the informational groups, survey results, and previous information obtained during the initial CSS planning process were used to identify these priorities and develop recommendations for PEI funding.

There were 445 individuals who completed the PEI survey. There were a number of different ideas and priorities identified during the planning process, as the PEI Steering Committee reviewed the data and input and discussed the needs of the community. This group assessed and discussed the community capacity and strengths, identified existing strengths of the county and priority populations, and reviewed the amount of funding available for local PEI projects. As these priorities and funding limitations were discussed, the group was able to identify the five (5) highest priority populations and subsequently selected the recommended programs. The results of the PEI Steering Committee were then shared with the Mental Health Advisory Board for their input and approval.

The stakeholder data showed strong support for providing additional services for screening older adults for signs and symptoms of mental illness and providing early intervention for those individuals identified. As a result, the PEI Steering Committee allocated funding to hire a 1.0 FTE Mental Health Clinician I to provide trainings focused on mental health screenings and early intervention for older adults. Survey respondents identified at-risk older adults as a high priority area for PEI funded programs.

### **3. PEI Project Description – Older Adult Prevention and Early Intervention.**

The Older Adult Prevention and Early Intervention Program will provide early mental health screening and intervention for older adults attending *Jóvenes de Antaño*, an older adult drop-in center. We are partnering with this excellent community-based program to support and enhance the services that they offer in this community. *Jóvenes de Antaño* is held in high regard in the community and is led by an executive director known as one of the original Latino community leaders in San Benito County. The Director of the Center has been a champion in this community for those in need, developing this program for seniors. The Director has provided leadership through her work, her position on the city council, and as mayor of Hollister and a recognized community leader that many people in the community confide in.

The senior center provides transportation for seniors to the center for the daily noon meal, as well as assisting seniors to their medical appointments. Vans are also available to transport older adults to appointments in neighboring counties including providing the valuable service of transportation for mental health clients to their appointments for both physical and mental health care.

This older adult PEI program will support and enhance the activities of *Jóvenes de Antaño* by helping center staff and volunteers to recognize the signs and symptoms of depression, suicide, prescription drug abuse, and other mental health issues.

In addition, we will train persons who deliver Meals on Wheels to be able to assess individuals for mental health symptoms. PEI Older Adult services will also train agency partners, including Public Health and local physicians, in recognizing signs and symptoms of mental illness in older adults, as well as signs of alcohol abuse and/or prescription drug addictions. This program will provide linkage and support for older adults to access mental health and health care services.

The Older Adult Prevention and Early Intervention Program will utilize a full-time Clinician to provide prevention and early intervention activities throughout the county to identify older adults who need mental health services. The program will offer comprehensive assessment services to those older adults experiencing mental health problems that may interfere with their ability to remain independent in the community. These individuals will then be linked to resources within the community, including County Behavioral Health services. This program will develop service alternatives for older adults who have been unserved and underserved in this community. Services will be voluntary and client-directed, strength-based, employ wellness and recovery principles, address both immediate and long-term needs of program members, and delivered in a timely manner that is sensitive to the cultural needs of the population served.

The Clinician will collaborate with other agencies that provide services to this population. These agencies include the Health and Human Services Agency, In-Home Supportive Services, Adult Protective Services, local physicians, Public Health, Senior Centers,

nursing homes, Geropsychiatric Partial Hospitalization Program (Senior Connections), home health agencies, home delivery meals programs, and regional organizations which serve the elderly. All agencies will receive training to complete a brief screening tool to help them recognize signs and symptoms of mental illness in older adults

The Clinician will also provide services to older adults who are at risk of hospitalization or institutionalization and who may be homeless or isolated. This individual will offer prevention and early intervention services to older adults in community settings that are the natural gathering places for older adults, such as *Jóvenes de Antaño*, our Senior Center. Older adults who are identified as needing additional services will be referred to Behavioral Health for ongoing treatment.

The Clinician will offer caregiver groups to provide support and early intervention to family members who are caring for an elderly relative. Being a caregiver can be a contributing factor to stress, isolation, anger and guilt. Attending a caregiver support group once or twice a month provides the caregiver time out of the home and an outlet to develop supportive peer relationships with others who are experiencing the same situation. Through recognition of signs of caregiver stress and other warning signs of early mental symptoms of mental illness, the likelihood of diagnosable depression, other health problems, and isolation are reduced.

The following is an estimated timeline for implementation of this program:

Activity	Time from Initiation of Program (signed contract, budget authority to hire staff)
Hire Staff	2 months
Develop materials, handouts, etc.	2 months
Offer training on completing the MH screening tool	3 months
Begin delivering mental health services to older adults	3 months
Offer support groups for care givers	4 months
Evaluation	6 months and annually

**PEI PROJECT SUMMARY – Older Adult Prevention and Early Intervention, *continued***

**4. Programs.**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	<b>Prevention</b>	<b>Early Intervention</b>	
<b>Older Adult Prevention and Early Intervention</b>	Individuals: 60 Families:	Individuals: 30 Families:	3 Months
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
<b>TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>Individuals: 60</b> Families:	<b>Individuals: 30</b> Families:	3 Months

**5. Alternate Programs.**

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

## **PEI PROJECT SUMMARY – Older Adult Prevention and Early Intervention, *continued***

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

The Clinician will be co-located at the Behavioral Health office and at the *Jóvenes de Antaño* Center. The Clinician will work closely with staff at both agencies, ensuring that services are designed and implemented to meet the needs of this population and the community. The Clinician will be bilingual, bicultural to ensure that culturally-competent services are available to the elderly population in San Benito. Over 50% of the population in the County is Latino; it is a priority to have a clinical provider who can provide culturally congruent services for the majority of individuals who attend the Center. In addition, the Clinician will be knowledgeable of other county agencies which provide services to the elderly, including but not limited to the Health and Human Services Agency, In-Home Supportive Services (IHSS), Adult Protective Services, local physicians, Public Health, nursing homes in the region, home health agencies, and Meals on Wheels.

The Older Adult Prevention and Early Intervention Clinician will promote early identification of mental health behaviors of concern and link these individuals to supportive services. In addition, care givers will receive early intervention services focused on promoting healthy environments for their relative.

### **7. Collaboration and System Enhancements.**

This program builds upon the collaboration between Behavioral Health and the *Jóvenes de Antaño* Center, community agencies, and other providers for older adults. Through training on early identification of mental health behaviors of concern, prevention and early intervention for Older Adults, and the development of support groups for caregivers, we will be successful in promoting a healthier environment for the Older Adult community. This project is a collaborative effort that combines prevention and early intervention activities with an excellent existing community center utilized by older adults and their caregivers.

We will invite a local pharmacist to discuss side effects of common prescription medications, as well as review the medications currently prescribed to individuals. By bringing these services to this community program, we will enhance services to this growing population.

### **8. Intended Outcomes.**

Older adults will greatly benefit from this program through early identification of signs and symptoms of mental health behaviors of concern. Community agency staff will be trained to use a screening tool to identify early signs of depression, isolation, and suicidal

behaviors, and to make appropriate referrals for services. In addition, care givers will be invited to participate in support groups to help them understand and manage the stress of caring for a relative. Individuals involved in the support groups will achieve positive outcomes, including developing supportive relationships with other care givers, understanding the signs of stress, and developing skills for coping with and preventing these issues. Surveys will be distributed periodically to older adults and their caregivers to measure satisfaction with services and the accessibility and quality of services delivered.

These surveys will provide information on the usefulness of the activities provided by the PEI Clinician. In addition, the surveys administered to the caregiver group will measure the perceived benefit of the group in helping the individual manage stress and obtain linkage to supportive services and other resources. The results of the surveys will be analyzed and provided as feedback to the Clinician and Behavioral Health managers for ongoing quality improvement.

### **9. Coordination with Other MHSa Components.**

This program will be closely coordinated with our other MHSa programs and with the programs offered by the *Jóvenes de Antaño* Center. Older adults will be linked to the Esperanza Center and other mental health and/or substance abuse staff, as needed. In addition, caregivers will be referred to appropriate programs, as needed.

### **10. Additional Comments.**

All resources and information on community services will be available in both Spanish and English. Efforts will be made to hire bilingual, bicultural staff whenever possible to ensure that services offered are culturally sensitive.

**PEI PROJECT SUMMARY – Women’s Prevention and Early Intervention**

Form No. 3

County: **San Benito County**

PEI Project: **Women’s Prevention and Early Intervention**

Date: **May 14, 2009**

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

**1. PEI Key Community Mental Health Needs**

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

**2A. PEI Priority Populations**

Note: All PEI projects must address underserved racial/ethnic and cultural populations. Select as many as apply to PEI project:	Age Group			
	Children & Youth	TAY	Adult	Older Adult
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Service Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Children & Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PEI PROJECT SUMMARY – Women’s Prevention and Early Intervention, *continued*

### **2B. Summarize the stakeholder input and data analysis that resulted in the selection of priority population(s).**

Our planning process was quite comprehensive for a small county. San Benito County Behavioral Health developed a survey to obtain information from each stakeholder. This survey created a vehicle for obtaining input from individuals attending informational groups, as well as individuals who were unable to attend an organized event. Input was obtained through a number of different informational groups, presentations, and broadly distributed PEI surveys. In addition, each and every client who is currently receiving mental health services was invited to complete a PEI survey. A number of community stakeholder meetings were also held. These meetings included a brief explanation of the PEI funding and the conceptual intent of PEI. Participants were asked to complete the PEI survey.

When the informational groups were completed and the survey results were analyzed, the final recommendations for the PEI plan were discussed and developed by PEI Steering Committee. The PEI Steering Committee is comprised community members, staff from education, probation, social services, allied agencies, youth, consumers, and family members.

This group of individuals met to discuss the PEI Survey results, discuss the priority populations for the county, discuss options for prevention and early intervention programs, and discuss and identify the highest priorities for PEI funding. The PEI stakeholder/community input, results of the informational groups, survey results, and previous information obtained during the initial CSS planning process were used to identify these priorities and develop recommendations for PEI funding.

There were 445 individuals who completed the PEI survey. There were a number of different ideas and priorities identified during the planning process, as the PEI Steering Committee reviewed the data and input and discussed the needs of the community. This group assessed and discussed the community capacity and strengths, identified existing strengths of the county and priority populations, and reviewed the amount of funding available from PEI. As these priorities and funding limitations were discussed, the group was able to identify the five (5) highest priority populations and subsequently selected the recommended programs. The results of the PEI Steering Committee were then shared with the Mental Health Advisory Board for their input and approval.

The stakeholder data showed strong support for providing prevention and early intervention services for women in the community, with a special emphasis on monolingual Spanish speakers and victims of domestic violence. Survey respondents identified prevention and early intervention services for monolingual Spanish speakers as a high priority for PEI funding. The population of San Benito County is 49% Latino; as a result, there is an ongoing need to offer prevention and early intervention activities in the community.

**3. PEI Project Description – Women’s Prevention and Early Intervention.**

The Women’s Prevention and Early Intervention program will offer mental health early intervention groups at the local women’s shelter, *Emmaus House*, and in the community to help victims of domestic violence, reduce stigma, and improve access to the Latino community. Approximately 49% of San Benito’s population is comprised of persons of Latino origin. Many of the Latino families in the county are immigrants or first generation Mexican-Americans. Because of their cultural background, limited English language skills, and limited incomes, they have few opportunities to assimilate into the mainstream community. The Latinas often feel rejected, isolated, and unable to communicate. Some are victims of domestic violence or have children who have been abused. Many of these women have little self-esteem and identity, and have few resources or support systems to help them deal with their abusive family situation.

Generally, domestic violence may be defined as gender-based behavior that is intentional violence by a male partner on a woman. It can be physical, emotional, sexual, and/or economic, and results in the exertion of power and control over another person. Women who are victims of domestic violence have decreased self-esteem, feel powerless, and frequently are unable to protect their children from violence.

A women’s group will be developed to provide prevention and early intervention services for women, with a special emphasis on monolingual Spanish speakers and victims of domestic violence. The group will also function as a support group to promote self-determination, develop and enhance the women’s self advocacy skills, strengths and resiliency, discuss options, and help develop a support system to create a safe environment for her and her children. The group will be held in the community to promote easy access and develop healthy relationships.

The following is an estimated timeline for implementation of this program:

Activity	Time from Initiation of Program (signed contract, budget authority to hire staff)
Contract for services	2 months
Identify high-priority groups for early intervention services	2 months
Begin delivering groups	2 months
Evaluation	6 months and annually

**PEI PROJECT SUMMARY – Women’s Prevention and Early Intervention, *continued***

**4. Programs.**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	<b>Prevention</b>	<b>Early Intervention</b>	
<b>Women’s Prevention and Early Intervention program</b>	Individuals: 10 Families:	Individuals: 10 Families:	3 Months
	Families:	Individuals: Families:	
<b>TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>Individuals: 10</b> Families:	<b>Individuals: 10</b> Families:	3 Months

**5. Alternate Programs.**

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

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

Individuals participating in the women’s group will receive services from a counselor under contract with County Behavioral Health. The counselor will be bilingual, bicultural to ensure that services are culturally sensitive and delivered in the women’s primary language. The clinician will be knowledgeable of other county agencies which provide services to this population, including, but not limited to, the Health and Human Services Agency, Child Protective Services, local physicians, Public Health, and Cal Works. Referrals and linkages to the appropriate services will be made, as needed.

**7. Collaboration and System Enhancements.**

This program builds upon the collaboration between Behavioral Health and the local women’s Shelter, *Emmaus House*, and in other community locations, as needed. This women’s group will provide supportive, harm eliminating, early intervention services to women who are victims of domestic violence. Through early intervention services with these women, we will help develop a support system to promote healthy families. This project is a collaborative effort that combines prevention and early intervention mental

Individuals:

health activities with a strong community program for women seeking safety. This program will provide supportive, culturally relevant services to promote healthy behaviors for women and their families.

**8. Intended Outcomes.**

Women participating in these groups will greatly benefit from early intervention mental health services. These services will promote self-determination, enhance the women's development of self advocacy skills and strengths and resiliency, help them identify life options, and develop a support system to create a safe environment for women and their children. Outcomes for these women will include reduced onset of depression and PTSD, increased support systems, and maintenance of a safe environment for women and their children. Women will complete a brief questionnaire at the beginning and end of the group services. If possible, a follow-up survey will be completed six months after services.

**9. Coordination with Other MHSA Components.**

Women who participate in the support groups will be linked to other MHSA programs, including the Esperanza Center and longer term mental health treatment, when appropriate. Women will also be linked to substance abuse services, as needed.

**10. Additional Comments.**

All resources and information on community services will be available in both Spanish and English. We plan to contract with a bilingual, bicultural clinician to ensure that services are culturally sensitive.

## 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: San Benito Date: 5/14/09  
 PEI Project Name: Children and Yc5. Children and Youth at Risk of or Experiencing Juvenile .  
 Provider Name (if known): Hollister Youth Alliance  
 Intended Provider Category: Ethnic or cultural organization  
 Proposed Total Number of Individuals to be served: FY 07-08 \_\_\_\_\_ FY 08-09 80  
 Total Number of Individuals currently being served: FY 07-08 \_\_\_\_\_ FY 08-09 0  
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 80  
Months of Operation: FY 07-08 0 FY 08-09 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
a. Salaries, Wages	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
b. Benefits and Taxes @ _____ %	\$0	\$0	\$0
<b>c. Total Personnel Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>2. Operating Expenditures</b>			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
<b>c. Total Operating Expenses</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
Hollister Youth Alliance	\$0	\$202,890	\$202,890
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
<b>a. Total Subcontracts</b>	<b>\$0</b>	<b>\$202,890</b>	<b>\$202,890</b>
<b>4. Total Proposed PEI Project Budget</b>	<b>\$0</b>	<b>\$202,890</b>	<b>\$202,890</b>
<b>B. Revenues (list/itemize by fund source)</b>			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
<b>1. Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>5. Total Funding Requested for PEI Project</b>	<b>\$0</b>	<b>\$202,890</b>	<b>\$202,890</b>
<b>6. Total In-Kind Contributions</b>	<b>\$0</b>	<b>\$48,402</b>	<b>\$48,402</b>

**San Benito County Behavioral Health  
Prevention and Early Intervention Plan  
Fiscal Year 2008-09 Budget Narrative**

All budgeted amounts are based on historical averages for other Mental Health programs. Salaries and Benefits amounts are based on the most current pay schedule of the subcontractor.

***Project: Children and Youth Prevention and Early Intervention***

**A. Expenditures**

1. Personnel – No SBCBH expenditures are estimated for this category for this project.
2. Operating Expenditures – No SBCBH expenditures are estimated for this category for this project.
3. Subcontracts/Professional Services – This category includes a subcontract between San Benito County Behavioral Health and the Hollister Youth Alliance (HYA) to provide Prevention and Early Intervention services to youth and their families. The estimated contract is outlined below. Note that personnel will be employed by HYA, not SBCBH.

<b>Hollister Youth Alliance Estimated Expenses</b>	<b>Cost per Unit</b>	<b>Total FY08-09</b>
A. Expenditures		
<b>1. Personnel</b>		
a. Salaries		
1.0 FTE Lead Case Manager	\$49,276	\$49,276
2.0 FTE Case Managers	\$43,035	\$86,070
b. Benefits		
Benefits and Taxes @22%	\$29,776	\$29,776
c. Total Personnel Expenditures		<b>\$165,122</b>
<b>2. Operating Expenditures</b>		
a. Facility Costs		
b. Other Operating Expenses (includes 15% Indirect Cost)	\$24,768	\$24,768
c. Non-recurring Expenses (includes training materials; workstations for new staff)	\$13,000	\$13,000
d. Total Operating Expenditures		<b>\$37,768</b>
<b>3. Total Proposed Subcontract FY 2008-09</b>		<b>\$202,890</b>

***Project: Children and Youth Prevention and Early Intervention, continued...***

**B. Revenues**

SBCBH is not projecting any revenues for this specific project. HYA will provide an in-kind contribution of \$48,402. This contribution includes the HYA Director's time for supervision/mentoring program staff; an administrative assistant's time for general offices duties to support the program; fees for facility space; communication and travel expenses; and general supplies.

## 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: San Benito Date: 5/14/09  
 PEI Project Name: Suicide Prevent 2. Individuals Experiencing Onset of Serious Psychiatric Ill  
 Provider Name (if known): To be determined  
 Intended Provider Category: Mental Health Treatment/Service Provider  
 Proposed Total Number of Individuals to be served: FY 07-08 \_\_\_\_\_ FY 08-09 80  
 Total Number of Individuals currently being served: FY 07-08 \_\_\_\_\_ FY 08-09 0  
 Total Number of Individuals to be served through PEI  
 Expansion: FY 07-08 0 FY 08-09 80  
 Months of Operation: FY 07-08 0 FY 08-09 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
a. Salaries, Wages	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
b. Benefits and Taxes @ _____ %	\$0	\$0	\$0
<b>c. Total Personnel Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>2. Operating Expenditures</b>			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
<b>c. Total Operating Expenses</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
Suicide Prevention Training Provider (TBI)	\$0	\$9,000	\$9,000
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
<b>a. Total Subcontracts</b>	<b>\$0</b>	<b>\$9,000</b>	<b>\$9,000</b>
<b>4. Total Proposed PEI Project Budget</b>	<b>\$0</b>	<b>\$9,000</b>	<b>\$9,000</b>
<b>B. Revenues (list/itemize by fund source)</b>			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
<b>1. Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>5. Total Funding Requested for PEI Project</b>	<b>\$0</b>	<b>\$9,000</b>	<b>\$9,000</b>
<b>6. Total In-Kind Contributions</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**San Benito County Behavioral Health  
Prevention and Early Intervention Plan  
Fiscal Year 2008-09 Budget Narrative**

All budgeted amounts are based on historical averages for other Mental Health programs. Salaries and Benefits amounts are based on the most current pay schedule prepared by the County Department of Finance.

***Project: Suicide Prevention Training for First Responders***

**A. Expenditures**

1. Personnel – No SBCBH expenditures are estimated for this category for this project.
2. Operating Expenditures – No SBCBH expenditures are estimated for this category for this project.
3. Subcontracts/Professional Services – This category includes a contract between San Benito County Behavioral Health and a local provider (to be determined) to offer suicide prevention training to first responders in our county.

**B. Revenues**

SBCBH is not projecting any revenues for this specific project.

## 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: San Benito Date: 5/14/09  
 PEI Project Name: Older Adult PEI 2. Individuals Experiencing Onset of Serious Psychiatric Ill  
 Provider Name (if known): San Benito County Behavioral Health  
 Intended Provider Category: \_\_\_\_\_ County Agency \_\_\_\_\_  
 Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 90  
 Total Number of Individuals currently being served: FY 07-08 0 FY 08-09 0  
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 90  
 Months of Operation: FY 07-08 0 FY 08-09 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
a. Salaries, Wages	\$0	\$0	\$0
MH Clinician I	\$0	\$66,596	\$66,596
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
b. Benefits and Taxes @ _____ %	\$0	\$28,735	\$28,735
<b>c. Total Personnel Expenditures</b>	<b>\$0</b>	<b>\$95,331</b>	<b>\$95,331</b>
<b>2. Operating Expenditures</b>			
a. Facility Cost	\$0	\$6,994	\$6,994
b. Other Operating Expenses	\$0	\$16,401	\$16,401
<b>c. Total Operating Expenses</b>	<b>\$0</b>	<b>\$23,395</b>	<b>\$23,395</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
<b>a. Total Subcontracts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>4. Total Proposed PEI Project Budget</b>	<b>\$0</b>	<b>\$118,726</b>	<b>\$118,726</b>
<b>B. Revenues (list/itemize by fund source)</b>			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
<b>1. Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>5. Total Funding Requested for PEI Project</b>	<b>\$0</b>	<b>\$118,726</b>	<b>\$118,726</b>
<b>6. Total In-Kind Contributions</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**San Benito County Behavioral Health**  
***Prevention and Early Intervention Plan***  
**Fiscal Year 2008-09 Budget Narrative**

All budgeted amounts are based on historical averages for other Mental Health programs. Salaries and Benefits amounts are based on the most current pay schedule prepared by the County Department of Finance.

***Project: Older Adult Prevention and Early Intervention Services***

**A. Expenditures**

1. Personnel – Expenditures are based on current County Personnel Salary tables. Benefits are calculated at approximately 56%.

Mental Health Clinician I – This individual is responsible for the implementation of prevention and early intervention activities and individual and group services for Older Adults at risk. The Clinician will deliver services in the community or home, as appropriate. This position ensures that the service system is sensitive to, respectful of, and responsive to the mental health needs of the individual participants.

2. Operating Expenditures – Expenditures include costs that support the clinical position, including rent, utilities, office supplies, training, and mileage reimbursement for a personal vehicle for delivering services in the community.
3. Subcontracts/Professional Services – No expenditures are estimated for this category for this specific project.

**B. Revenues**

SBCBH is not projecting any revenues for this specific project at this time. We will be focusing on hiring and training the Mental Health Clinician in this Fiscal Year.

## 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: San Benito Date: 5/7/09  
 PEI Project Name: Women's PEI §1. Trauma Exposed Individuals  
 Provider Name (if known): **(Provider to be determined)**  
 Intended Provider Category: Other  
 Proposed Total Number of Individuals to be served:      FY 07-08 \_\_\_\_\_ FY 08-09 20  
 Total Number of Individuals currently being served:      FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_  
 Total Number of Individuals to be served through PEI  
 Expansion:      FY 07-08 0      FY 08-09 20  
    Months of Operation:      FY 07-08 0      FY 08-09 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
a. Salaries, Wages	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
b. Benefits and Taxes @ _____ %	\$0	\$0	\$0
<b>c. Total Personnel Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>2. Operating Expenditures</b>			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
<b>c. Total Operating Expenses</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
<u>Women's PEI service provider (TBD)</u>	\$0	\$25,000	\$25,000
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
<b>a. Total Subcontracts</b>	<b>\$0</b>	<b>\$25,000</b>	<b>\$25,000</b>
<b>4. Total Proposed PEI Project Budget</b>	<b>\$0</b>	<b>\$25,000</b>	<b>\$25,000</b>
<b>B. Revenues (list/itemize by fund source)</b>			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
<b>1. Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>5. Total Funding Requested for PEI Project</b>	<b>\$0</b>	<b>\$25,000</b>	<b>\$25,000</b>
<b>6. Total In-Kind Contributions</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**San Benito County Behavioral Health  
Prevention and Early Intervention Plan  
Fiscal Year 2008-09 Budget Narrative**

All budgeted amounts are based on historical averages for other Mental Health programs. Salaries and Benefits amounts are based on the most current pay schedule prepared by the County Department of Finance.

***Project: Women's Prevention and Early Intervention***

**A. Expenditures**

1. Personnel – No SBCBH expenditures are estimated for this category for this project.
2. Operating Expenditures – No SBCBH expenditures are estimated for this category for this project.
3. Subcontracts/Professional Services – This category includes a subcontract between San Benito County Behavioral Health and a local organization (to be determined) to implement a women's group for Latina victims of domestic violence in San Benito County at Emmaus House (the local women's shelter). These funds will support the development and implementation of the group, including staff time, materials, activities, and operating expenses.

**B. Revenues**

SBCBH is not projecting any revenues for this specific project.

## PEI Administration Budget Worksheet

**Form No. 5**

County: San Benito

Date: 5/14/2009

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
<b>A. Expenditures</b>					
<b>1. Personnel Expenditures</b>					
a. PEI Coordinator					\$0
b. PEI Support Staff					\$0
c. Other Personnel (list all classifications)					\$0
_____					\$0
_____					\$0
_____					\$0
d. Employee Benefits					\$0
e. Total Personnel Expenditures			\$0	\$0	\$0
<b>2. Operating Expenditures</b>					
a. Facility Costs					\$0
b. Other Operating Expenditures				\$67,058	\$67,058
c. Total Operating Expenditures			\$0	\$67,058	\$67,058
<b>3. County Allocated Administration</b>					
a. Total County Administration Cost			\$0	\$3,626	\$3,626
<b>4. Total PEI Funding Request for County Administration Budget</b>			\$0	\$70,684	\$70,684
<b>B. Revenue</b>					
1 Total Revenue			\$0	\$0	\$0
<b>C. Total Funding Requirements</b>			\$0	\$70,684	\$70,684
<b>D. Total In-Kind Contributions</b>			\$0	\$0	\$0

**San Benito County Behavioral Health**  
***Prevention and Early Intervention Plan***  
**Fiscal Year 2008-09 Budget Narrative**

All budgeted amounts are based on historical averages for other Mental Health programs. Salaries and Benefits amounts are based on the most current pay schedule prepared by the County Department of Finance.

***Administration – Prevention and Early Intervention Projects***

**A. Expenditures**

1. Personnel – No expenditures are estimated for this project.
2. Operating Expenditures – This line item includes expenses for a consultant to perform PEI evaluation activities; it also includes administrative expenses attributable to the PEI projects, such as utilities, communication, travel and transportation, equipment, and other operating expenses.
3. County Allocated Administration – Expenditures include A-87 costs attributable to the PEI projects.

**B. Revenues**

We are not projecting any revenues at this time.

## PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

### Form No. 6

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

<b>County:</b>	San Benito
<b>Date:</b>	5/14/2009

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 07/08	FY 08/09	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	Children and Youth PEI Services	\$0	\$202,890	\$202,890	\$101,445	\$101,445	\$0	\$0
2	Suicide Prevention Training for First Responders	\$0	\$9,000	\$9,000	\$2,000	\$2,250	\$2,500	\$2,250
3	Older Adult PEI Services	\$0	\$118,726	\$118,726				\$118,726
4	Women's PEI Services	\$0	\$25,000	\$25,000			\$25,000	
	Administration			\$70,684				
	<b>Total PEI Funds Requested:</b>	<b>\$0</b>	<b>\$426,300</b>	<b>\$426,300</b>	<b>\$103,445</b>	<b>\$103,695</b>	<b>\$27,500</b>	<b>\$120,976</b>

\*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).

**San Benito County Behavioral Health  
Mental Health Services Act FY 2009-2010 Annual Update  
Prevention and Early Intervention Funding Request**

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*Supplement to the Prevention and Early Intervention Program and Expenditure Plan for Fiscal Years 2007-2008 and 2008-2009*

Per DMH Notice No. 08-28, “counties that have not yet submitted their initial component Work Plans may include the applicable Exhibit E – Funding Requests for FY 2009/10...as part of their initial component plan submission.”

San Benito County Behavioral Health has included “Exhibit E – Funding Requests for FY 2009/10” as a supplemental component of the PEI Program and Expenditure Plan for Fiscal Years 2007/08 and 2008/09. In addition, SBCBH has included “Exhibit D – MHSA Work Plan Description” as a narrative to this supplement. Budget narratives have been included as supporting documentation.

This MHSA PEI 09/10 Update was made available for public review and comment for over 30 days, from January 27 through February 26, 2009. Copies of the PEI Update were distributed to the Steering Committee for review and comment. The draft PEI Update was also made available across the county in locations consistent with the CSS Plan distribution. It was available for viewing on the San Benito County website. In addition, copies of the PEI Update were placed at Esperanza Center, partner agencies, the public library, and a number of public facilities. The PEI Update was available to clients, family members, and other interested stakeholders.

The Public Hearing was held at the beginning of the Behavioral Health Board meeting on February 26, 2009. Please refer to Question 5 in the *Prevention and Early Intervention FY 2007-08 and 2008-09 Program and Expenditure Plan* (above) for information regarding the Public Hearing, feedback, and changes to the PEI Plan.

**COUNTY CERTIFICATION  
MHSA FY 2009/10 ANNUAL UPDATE**

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

<see signed original submission>  
*County Behavioral Health Director*

\_\_\_\_\_  
*Date*

Executed at Hollister, California



**County Name**

San Benito

**Work Plan Title**

Children and Youth Prevention and Early Intervention

**Population to Be Served**

This project will serve children and youth, ages 0-18, and their families. This project has several components and will target various populations, including, but not limited to, males and females, ages 13-18; Latinos; families; monolingual Spanish speakers; and young and very young children.

**Work Plan Description**

This program is staffed by three (3) Case Managers. The lead Case Manager focuses on promoting mental health screening for children and youth across San Benito County. This individual offers training to children’s agencies, educational settings, health care settings, and providers. A Mental Health Screening Tool is used to assist education and care providers in the community to recognize early signs and symptoms of mental health problem behaviors. This Case Manager is also available for providing brief intervention services at school during the day and during after school activities.

Two additional Case Managers are utilized to provide peer-to-peer support groups at the local middle schools and high schools, as well as provide family-to-family support groups to family members. These individuals are involved in school activities, as well as offering after-school activities. A component of this program is the promising practice program, *El Joven Noble – Male Rites of Passage*, a male Latino youth development and leadership enhancement program. This culturally-based program is designed to work with youth to develop life skills, cultural identity, character, and leadership skills. It is proven effective in reducing gang activities and providing mentoring and leadership to youth who are considered at risk of using drugs or not graduating.

A similar program for young females, called CLARITY (Combining Literature Around Reality Including Today’s Youth), will be implemented in this Fiscal Year. This teen pregnancy/youth development program utilizes literature by Latino authors as a focal point for discussing social-cultural identity and life issues, including relationships, sexuality, addictive behaviors, and future planning.

The *El Joven Noble* curriculum has a family component, *Cara Y Corazon – Family Strengthening Curriculum for Parents*, which will also be implemented in Fiscal Year 09/10. Families meet regularly to participate in activities which promote positive family relationships. The *Cara Y Corazon* component encourages parents to create relationships with the school, visit the campus to understand their youth’s academic activities, and assists parents to reinforce the *El Joven Noble* and CLARITY teachings at home.

This project builds collaboration between the schools, health services, preschools, community organizations, probation, and mental health services. Through training activities utilizing the Mental Health Screening tool, early identification of behaviors of concern, and development of culturally-relevant activities, this program promotes wellness and recovery for children, youth, and families. This collaborative project combines an excellent, early intervention program with the development of a supportive, culturally-relevant early intervention program to promote healthy behaviors.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients by Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

90 Total

Number of Clients by Type of Prevention

40 Early Intervention

50 Indicated/Selected

0 Universal



**County Name**

San Benito

**Work Plan Title**

Suicide Prevention Training for First Responders

**Population to Be Served**

This project will ultimately serve children, youth, adults, and older adults who are at risk of suicide, including individuals who have experienced trauma.

Trainings will target law enforcement personnel and other first responders.

**Work Plan Description**

This program will expand the number of suicide prevention trainings available to first responders in the county. These trainings will target first responders, such as law enforcement, and teach them to recognize the warning signs of suicidal behavior, develop techniques to improve response to suicidal events, and develop methods for linking individuals to community resources.

This program builds upon the collaboration between Behavioral Health, law enforcement, education, and social services. As a result of the suicide prevention training, these first responders will be better able to promote early identification and have the appropriate skills to de-escalate suicidal behavior. This program is a collaborative effort that combines the skills and training of first responders with the extensive services available at Behavioral Health to provide ongoing intervention, when needed.

First responders will benefit from this training through enhanced awareness of suicidal behavior, recognition of signs and symptoms of suicidal ideation, and the development of skills to intervene. Outcomes will be measured using a satisfaction survey for persons attending the first responder training. These surveys will provide information on the quality of the training for first responders.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients by Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

90 Total

Number of Clients by Type of Prevention

15 Early Intervention

0 Indicated/Selected

75 Universal



**County Name**

San Benito

**Work Plan Title**

Older Adult Prevention and Early Intervention

**Population to Be Served**

This project will serve older adults, ages 60+ who experience isolation, loss, and medical issues, and who are at risk of mental illness, such as depression. Individuals at risk of hospitalization and/or who are homeless will also be served. Caregivers of older adults will be supported as well.

**Work Plan Description**

The Older Adult Prevention and Early Intervention Program provides early mental health screening and intervention to older adults attending *Jóvenes de Antaño* and/or are receiving Meals on Wheels. This program also trains agency partners, including Public Health and local physicians, in recognizing signs and symptoms of mental illness in older adults. This program provides linkage and support for older adults to access mental health and health care services.

The Older Adult Prevention and Early Intervention Program utilizes a 1.0 FTE full-time Clinician to provide prevention and early intervention activities throughout the county in order to identify older adults who need mental health services. The program offers comprehensive assessment services to those older adults experiencing mental health problems that may interfere with their ability to remain independent in the community. These individuals are then linked to resources within the community, including County Behavioral Health services.

The Clinician also offers caregiver groups to provide support and early intervention to family members who are caring for an elderly relative. Attending a caregiver support group once or twice a month provides the caregiver with some time out of the home and develops supportive relationships with others who are experiencing the same situation. Through recognition of signs of caregiver stress and the warning signs of early symptoms, the likelihood of diagnosable depression, other health problems, and isolation are reduced.

In Fiscal Year 2009-10, we plan to hire a 0.5 FTE Case Manager for this PEI project. This new position will ensure that prevention and early intervention services provided to older adults are focused on individual needs, resulting in improved care for at-risk seniors. This individual will be an advocate for clients and provide assistance to help individuals gain access to needed services and to obtain positive outcomes and maximize their potential. This position will promote the delivery of culturally and linguistically competent services and help engage diverse communities in services.

This program develops service alternatives for older adults who have been unserved and underserved in this community. Services are voluntary and client-directed, strength-based, employ wellness and recovery principles, address both immediate and long-term needs of program members, and are delivered in a timely manner that is sensitive to the cultural needs of the population served.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients by Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

100 Total

Number of Clients by Type of Prevention

50 Early Intervention

50 Indicated/Selected

0 Universal



**County Name**

San Benito

**Work Plan Title**

Women’s Prevention and Early Intervention

**Population to Be Served**

This project serves adult women, ages 18+. Special emphasis is placed on those women who experience or are at risk of domestic violence, and/or are monolingual Spanish speakers.

**Work Plan Description**

This project offers mental health early intervention groups at the local women’s shelter, *Emmaus House*, and in the community, to help victims of domestic violence, reduce stigma, and improve access to the Latino community.

A women’s group will provide prevention and early intervention services for women, with a special emphasis on monolingual Spanish speakers and victims of domestic violence. The group also functions as a support group to promote self-determination, develop and enhance the women’s self advocacy skills, strengths and resiliency, discuss options, and help develop a support system to create a safe environment for her and her children. The group is held in the community to promote easy access and develop healthy relationships.

Individuals participating in the women’s group will receive services from a counselor under contract with San Benito County Behavioral Health. The counselor will be bilingual, bicultural to ensure that services are culturally sensitive and delivered in the women’s primary language. The clinician will be knowledgeable of other county agencies which provide services to this population, including, but not limited to, the Health and Human Services Agency, Child Protective Services, local physicians, Public Health, and Cal Works. Referrals and linkages to the appropriate services will be made, as needed.

This project is a collaborative effort that combines prevention and early intervention mental health activities with a strong community program for women seeking safety. This program will provide supportive, culturally-relevant services to promote healthy behaviors for women and their families.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients by Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

20 Total

Number of Clients by Type of Prevention

10 Early Intervention

10 Indicated/Selected

0 Universal

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

County: San Benito

Date: 3/2/2009

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.	Children and Youth PEI Services	\$191,788				\$95,894	\$95,894		
2.	Suicide Prevention Training for First Responde	\$6,000				\$1,500	\$1,500	\$1,500	\$1,500
3.	Older Adult PEI Services	\$171,747							\$171,747
4.	Women's PEI Services	\$25,000					\$5,000	\$20,000	
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
26.	<b>Subtotal: Work Plans<sup>a/</sup></b>	<b>\$394,535</b>	\$0	\$0	\$0	\$97,394	\$102,394	\$21,500	\$173,247
27.	<b>Plus County Administration</b>	<b>\$44,800</b>							
28.	<b>Plus Optional 10% Operating Reserve</b>	<b>\$28,565</b>							
31.	<b>Total MHSA Funds Required for PEI</b>	<b>\$467,900</b>							

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=

50.64%

San Benito County Behavioral Health  
***Prevention and Early Intervention Plan***  
**Fiscal Year 2009-2010 Budget Narrative**

All budgeted amounts are based on historical averages for other Mental Health programs. Salaries and Benefits amounts are based on the most current pay schedule of the subcontractor.

***Project: Children and Youth Prevention and Early Intervention***

**C. Expenditures**

4. Personnel – No SBCBH expenditures are estimated for this category for this project.
5. Operating Expenditures – No SBCBH expenditures are estimated for this category for this project.
6. Subcontracts/Professional Services – This category includes a subcontract between San Benito County Behavioral Health and the Hollister Youth Alliance (HYA) to provide Prevention and Early Intervention services to youth and their families. The estimated FY09-10 contract is outlined below and reflects a 1% COLA increase for staff salaries. Note that personnel are employed by HYA, not SBCBH. No non-recurring expenses are anticipated in Fiscal Year 2009-10.

<b>Hollister Youth Alliance Estimated Expenses</b>	<b>Cost per Unit</b>	<b>Total FY09-10</b>
B. Expenditures		
<b>4. Personnel</b>		
d. Salaries		
1.0 FTE Lead Case Manager	\$49,768	\$49,768
2.0 FTE Case Managers	\$43,465	\$86,930
e. Benefits and Taxes @22%	\$30,074	\$30,074
f. Total Personnel Expenditures		<b>\$166,772</b>
<b>5. Operating Expenditures</b>		
e. Facility Costs		
f. Other Operating Expenses (includes 15% Indirect Cost)	\$25,016	\$25,016
g. Non-recurring Expenses		
h. Total Operating Expenditures		<b>\$25,016</b>
<b>6. Total Proposed Subcontract FY 2008-09</b>		<b>\$191,788</b>

***Project: Children and Youth Prevention and Early Intervention, continued...***

**D. Revenues**

SBCBH is not projecting any revenues for this specific project. HYA will provide an in-kind contribution of \$48,000. This contribution includes the HYA Director's time for supervision/mentoring program staff; an administrative assistant's time for general offices duties to support the program; fees for facility space; communication and travel expenses; and general supplies.

**San Benito County Behavioral Health  
Prevention and Early Intervention Plan  
Fiscal Year 2009-2010 Budget Narrative**

All budgeted amounts are based on historical averages for other Mental Health programs. Salaries and Benefits amounts are based on the most current pay schedule prepared by the County Department of Finance.

***Project: Suicide Prevention Training for First Responders***

**C. Expenditures**

4. Personnel – No SBCBH expenditures are estimated for this category for this project.
5. Operating Expenditures – No SBCBH expenditures are estimated for this category for this project.
6. Subcontracts/Professional Services – This category includes a contract between San Benito County Behavioral Health and a local provider to offer suicide prevention training to first responders in our county.

**D. Revenues**

SBCBH is not projecting any revenues for this specific project.

**San Benito County Behavioral Health  
Prevention and Early Intervention Plan  
Fiscal Year 2009-2010 Budget Narrative**

All budgeted amounts are based on historical averages for other Mental Health programs. Salaries and Benefits amounts are based on the most current pay schedule prepared by the County Department of Finance.

***Project: Older Adult Prevention and Early Intervention Services***

**C. Expenditures**

4. Personnel – Expenditures are based on current County Personnel Salary tables. Benefits are calculated at approximately 56%.

Mental Health Clinician I – This individual is responsible for the implementation and support of prevention and early intervention activities and individual and group services for Older Adults at risk. The Clinician will deliver services in the community or home, as appropriate. This position ensures that the service system is sensitive to, respectful of, and responsive to the mental health needs of the individual participants.

Mental Health Case Manager – This new half-time position will ensure that prevention and early intervention services provided to older adults are focused on individual needs, resulting in improved care for at-risk seniors. This individual will be an advocate for clients and provide assistance to help individuals gain access to needed services and to obtain positive outcomes and maximize their potential. This position will promote the delivery of culturally and linguistically competent services and help engage diverse communities in services.

5. Operating Expenditures – Expenditures include costs that support the clinical and case manager positions, including rent, utilities, office supplies, and mileage reimbursement for personal vehicles when delivering services in the community.
6. Subcontracts/Professional Services – No expenditures are estimated for this category for this specific project.

**D. Revenues**

As we are still implementing this PEI program, SBCBH had determined not to project revenues for this program until FY 2010-11. This timeframe will provide us with enough experience and data to more accurately project revenues to help maintain the program in future years. SBCBH does, however, intend to collect revenue where and when applicable through this program.

**San Benito County Behavioral Health  
Prevention and Early Intervention Plan  
Fiscal Year 2009-2010 Budget Narrative**

All budgeted amounts are based on historical averages for other Mental Health programs. Salaries and Benefits amounts are based on the most current pay schedule prepared by the County Department of Finance.

***Project: Women's Prevention and Early Intervention***

**C. Expenditures**

4. Personnel – No SBCBH expenditures are estimated for this category for this project.
5. Operating Expenditures – No SBCBH expenditures are estimated for this category for this specific project.
6. Subcontracts/Professional Services – This category includes a continuing subcontract between San Benito County Behavioral Health and a local domestic violence organization (to be determined) to address domestic violence and offer mental health prevention and early intervention to the Latina community through Emmaus House (the local women's shelter). A women's support group will be facilitated by a contracted clinician to address domestic violence, promote healthy relationships, and provide supportive services to monolingual and bilingual Spanish speakers in the community. These funds, increased in FY 2009-2010, will continue to support the project, including staff time, materials, and operating expenses.

**D. Revenues**

SBCBH is not projecting any revenues for this specific project.

**San Benito County Behavioral Health**  
***Prevention and Early Intervention Plan***  
**Fiscal Year 2009-2010 Budget Narrative**

All budgeted amounts are based on historical averages for other Mental Health programs. Salaries and Benefits amounts are based on the most current pay schedule prepared by the County Department of Finance.

***Administration – Prevention and Early Intervention Projects***

**C. Expenditures**

4. Personnel – No expenditures are estimated for this project.
5. Operating Expenditures – This line item includes expenses for a consultant to perform PEI evaluation activities.
6. County Allocated Administration – Expenditures include A-87 costs attributable to the PEI projects.

**D. Revenues**

We are not projecting any revenues at this time.

San Benito County Behavioral Health  
**Prevention and Early Intervention Survey**

REVISED 04/17/08

**Please help us with our mental health Prevention and Early Intervention (PEI) planning activities by giving us your ideas about the different types of mental health PEI programs that are needed in our community:** The California Department of Mental Health and the Mental Health Services Act (MHSA) offer funding to develop PEI activities in our county. PEI focuses on making *preventative mental health care* a regular component of community health and wellness.

**SERVICES: Prevention and Early Intervention**

Please select **THREE** of the following community issues that you think are most important for Prevention and Early Intervention in San Benito County:

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

Please select **THREE** of the following settings that you think would be the most effective for identifying San Benito County residents with a need for Prevention and Early Intervention services:

- |   |   |
|---|---|
| <input type="checkbox"/> Doctor's offices or clinics  | <input type="checkbox"/> Workplace (e.g., Employee Assistance Programs) |
| <input type="checkbox"/> Healthcare settings (e.g., hospitals)                                      | <input type="checkbox"/> Unemployment/employment centers                |
| <input type="checkbox"/> Schools (e.g., public, private, trade)                                     | <input type="checkbox"/> In-home (e.g., postal carriers, family)        |
| <input type="checkbox"/> Faith-based organizations  | <input type="checkbox"/> Other _____                                    |
| <input type="checkbox"/> Law enforcement (e.g., jails, courts, probation)                           |   |
| <input type="checkbox"/> Social services (e.g., WIC program, CalWORKS)                              |   |
| <input type="checkbox"/> Community organizations (e.g., community centers, family resource centers) |   |

Please select **TWO** of the following as the best approaches for addressing mental illness Prevention and Early Intervention in San Benito County:

- Provide early screening, diagnosis, and treatment for mental illness (at primary health care, school/college, pre-school, child care, and workplace settings)
- Provide education and support services for parents, grandparents, and caregivers at community centers, churches, and other community settings
- Provide resource and referral information (at primary health care, school/college, pre-school, child care, nursing home, and workplace settings)
- Train educators, law enforcement, emergency responders, doctors, nurses, and nursing home staff on early recognition and response to mental illness
- Incorporate PEI into work-based programs (e.g., Employee Assistance Programs, Workplace Health Promotion Programs)
- Other \_\_\_\_\_

## POPULATIONS: Prevention and Early Intervention

Please rate the following groups to indicate which ones you think have the greatest need for Prevention and Early Intervention services in San Benito County: (circle one score per line)

1=Very Low Need	2=Low Need	3=Moderate Need	4= High Need	5=Very High Need	
People who start to show serious signs of mental illness.	1	2	3	4	5
Children/youth in stressed families, at high risk for mental illness.	1	2	3	4	5
People at-risk of being arrested or put in jail.	1	2	3	4	5
People facing trauma (e.g., loss of a loved one, home, or employment; isolation; repeated abuse; domestic violence; refugees).	1	2	3	4	5
People who often do not get the mental health services they need (e.g., based on race, culture, language, age, gender, lifestyle, or beliefs).	1	2	3	4	5
People with a family history of mental health problems and/or use of substances.	1	2	3	4	5
People who have attempted or might attempt suicide.	1	2	3	4	5

Please check which populations below you think are the highest priorities for Prevention and Early Intervention services. Check all that apply, and write-in any suggestions you may have.

### Children and Youth in Stressed Families

- |  |   |
|--|---|
| <input type="checkbox"/> Children who are adopted and/or in foster care          | <input type="checkbox"/> Children of first generation immigrants    |
| <input type="checkbox"/> Children and youth who are abused /neglected            | <input type="checkbox"/> Children and youth who are homeless        |
| <input type="checkbox"/> Children living in poverty                              | <input type="checkbox"/> Children whose parent has lost his/her job |
| <input type="checkbox"/> Children from diverse cultures                          |   |
| <input type="checkbox"/> Children whose parent(s) have drug and alcohol problems |   |
| <input type="checkbox"/> Other suggestions/comments _____                        |   |
| <input type="checkbox"/> Other suggestions/comments _____                        |   |

### Children and Youth At-Risk of School Failure

- |  |  |
|--|--|
| <input type="checkbox"/> Youth at-risk of school violence          | <input type="checkbox"/> Middle school youth at-risk of failure    |
| <input type="checkbox"/> Children/youth who are abused / neglected | <input type="checkbox"/> Children / youth in gangs                 |
| <input type="checkbox"/> Children in foster care                   | <input type="checkbox"/> Children from diverse cultures            |
| <input type="checkbox"/> Children with severe behavior problems    | <input type="checkbox"/> Children suspended, expelled, dropped out |
| <input type="checkbox"/> Other suggestions/comments _____          |  |
| <input type="checkbox"/> Other suggestions/comments _____          |  |

### Children and Youth At-Risk of or Experiencing Juvenile Justice Involvement

- |  |  |
|--|--|
| <input type="checkbox"/> Middle school age youth at-risk of violence | <input type="checkbox"/> Children/youth who are violent/aggressive |
| <input type="checkbox"/> Children/youth who bully                    | <input type="checkbox"/> Children / youth in gangs                 |
| <input type="checkbox"/> Children / youth who abuse substances       | <input type="checkbox"/> Siblings of youth in juvenile hall        |
| <input type="checkbox"/> Siblings of gang members                    | <input type="checkbox"/> Youth at-risk of gang involvement         |
| <input type="checkbox"/> Children with severe behavior problems      | <input type="checkbox"/> Children from diverse cultures            |
| <input type="checkbox"/> Youth at-risk of school violence            | <input type="checkbox"/> Youth/Parent with conflicts               |
| <input type="checkbox"/> Other suggestions/comments _____            |  |
| <input type="checkbox"/> Other suggestions/comments _____            |  |

**Trauma Exposed Individuals**

- Victims of sexual assault or domestic violence
- Refugees and immigrants
- Siblings of gang members
- Children/youth who experience traumatic life events
- Military personnel returning home
- Other suggestions/comments \_\_\_\_\_
- Other suggestions/comments \_\_\_\_\_
- Parents of out-of-control children/youth
- Parents whose children abuse substances
- Adults who experience traumatic life events

**High-risk Adults and Older Adults**

- Persons who are home-bound
- Persons who are addicted to prescription meds
- Persons who experience immigration stressors
- Women who are pregnant and abuse substances
- Persons returning to the community from jail
- Native Americans who experience historical and other emotional trauma
- Other suggestions/comments \_\_\_\_\_
- Other suggestions/comments \_\_\_\_\_
- Persons who have lost a loved one
- Persons who are chronically ill
- Military personnel returning home
- Persons who abuse substances

**Suicide Prevention**

- Youth who do not have a support system
- Youth who are homeless
- Youth who are isolated from their social network
- Youth who have lost their boyfriend / girlfriend
- Persons who have lost a significant relationship (spouse)
- Persons who have significant medical / health problems
- Persons who have experienced rejection over long periods of time
- Other suggestions/comments \_\_\_\_\_
- Other suggestions/comments \_\_\_\_\_
- Males who have lost employment
- Persons who abuse substances

Comments:

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Condado de San Benito Departamento de Behavioral Health  
**Encuesta de Prevención y Intervención Temprana**

**Por favor ayúdenos a planear nuestras actividades de Prevención y Intervención Temprana (PEI) de Salud Mental al darnos sus ideas acerca de diferentes programas que se necesitan en nuestra comunidad:** El Departamento de Salud Mental de California y el Acta de Servicios de Salud Mental (MHSA) ofrecen fondos para desarrollar actividades de (PEI) en nuestro condado. PEI se enfocara en hacer que *cuidado preventivo de salud mental sea* un elemento regular de la salud y bienestar de nuestra comunidad. .

**SERVICIOS: Prevención e Intervención Temprana**

Por favor seleccione **TRES** de los siguientes problemas en la comunidad que usted cree son los más importantes para Prevención e Intervención Temprana en el Condado de San Benito:

- |   |   |
|---|---|
| <input type="checkbox"/> Suicidio                         | <input type="checkbox"/> Violencia domestica en la comunidad                            |
| <input type="checkbox"/> Arresto y detención en la cárcel | <input type="checkbox"/> Niños distanciados de su casa/familia                          |
| <input type="checkbox"/> Fallar o Dejar la escuela        | <input type="checkbox"/> Numero de problemas de salud mental no detectados              |
| <input type="checkbox"/> Sin Hogar                        | <input type="checkbox"/> Estigma/discriminación relacionada a problemas de salud mental |
| <input type="checkbox"/> Desempleo                        | <input type="checkbox"/> Problemas enfrentados por veteranos y familias militares       |
| <input type="checkbox"/> Sufrimiento prolongado/trauma    | <input type="checkbox"/> Otro _____   |

Por favor seleccione **TRES** de los siguientes lugares que usted cree que serian más efectivos para identificar a los residentes que tienen más necesidad de servicios de Prevención e Intervención Temprana en el Condado de San Benito:

- |  |  |
|--|--|
| <input type="checkbox"/> Oficinas de doctor o clínicas   | <input type="checkbox"/> Lugar de Empleo (por. Ej. Programas de Asistencia paral Trabajadores) |
| <input type="checkbox"/> Centro de Cuidado de salud (por Ej., hospitales)  | <input type="checkbox"/> Centros de Empleo/Desempleo   |
| <input type="checkbox"/> Escuelas (por. Ej., publicas, privadas, de profesión)   | <input type="checkbox"/> En- Casa (por Ej. carteros, familia)                                  |
| <input type="checkbox"/> Iglesias, organizaciones de fe  | <input type="checkbox"/> Otro _____  |
| <input type="checkbox"/> Ejecución de Ley (por Ej., cárcel, corte, Dept. de Probación)                                 |  |
| <input type="checkbox"/> Servicios Sociales (por Ej., programa de WIC CalWORKS)  |  |
| <input type="checkbox"/> Organizaciones de la Comunidad (por Ej., centro de comunidad, Centro de Recursos de familia ) |  |

Por favor seleccione **DOS** de los mejores métodos para aplicar Prevención e Intervención Temprana de salud mental en el Condado de San Benito.

- Proveer evaluación temprana, diagnosis, y tratamiento de salud mental (con su medico primario, escuela/colegio, educación pre-escolar, cuidado infantil, y lugar de empleo)
- Proveer educación y servicios de apoyo para padres, abuelos, y cuidadores en centros de la comunidad, iglesias, y otros lugares en la comunidad
- Proveer recursos y información de servicios (a su doctor primario, escuela/colegio, educación PRE-escolar, cuidado infantil, clínica de reposo/enfermería y lugar de empleo)
- Entrenar a educadores, personal de ejecución del ley, personal de emergencia, doctores, enfermeras(os), y personal de clínicas de reposo y enfermería a reconocer síntomas tempranos de

enfermedad mental.

- Incorporar PEI en programas basados en empleo (por. Ej., Programas de Asistencia par Trabajadores, Programas de Promoción de Salude el Empleo)
- Otro \_\_\_\_\_

**POPULACION: Prevención e Intervención Temprana**

Por favor valore los siguientes grupos par indicar cuales cree que tienen la mayor necesidad par Prevención y Intervención Temprana en le Condado de San Benito. (Circule uno por línea)

1=Necesidad Muy Baja	2=Necesidad Baja	3=Necesidad Moderada	4= Necesidad Alta	5=Necesidad Muy Alta	
Personas que empiezan a demostrar señales de enfermedad mental.	1	2	3	4	5
Niños/Jóvenes en familias tensionadas, con alto riesgo para enfermedad mental.	1	2	3	4	5
Personas con riesgo de arresto o de ser encarceladas.	1	2	3	4	5
Personas enfrentando trauma (por Ej., pérdida de un ser querido, su casa, o empleo, aislamiento; abuso repetido; violencia domestica; refugiados).	1	2	3	4	5
Personas que a menudo no reciben los servicios de salud mental que necesitan (por Ej., basado en raza, cultura, idioma, edad, genero, formas de vida, o creencias)	1	2	3	4	5
Personas con historia familiar de salud mental y/o uso de sustancias.	1	2	3	4	5
Personas que han intentado suicidio o en peligro de intentar suicidio	1	2	3	4	5

Por favor marque cuales poblaciones cree usted que son la prioridad para servicios de Prevención y Intervención Temprana. Marque todos los que se apliquen, y escriba sugerencias que pueda tener.

**Niños y Jóvenes en Familias Tensionadas**

- Niños adoptados/ o en cuidado de tutor legal
- Niños / Jóvenes abusados o descuidados
- Niños que viven en la pobreza
- Niños de culturas diversas
- Niños quienes sus padres tienen problemas de alcohol y drogas
- Otras sugerencias/comentarios \_\_\_\_\_
- Otras sugerencias/comentarios \_\_\_\_\_
- Niños de emigrantes de primera generación
- Niños y jóvenes que no tienen hogar
- Niños de padres que han perdido su empleo

**Niños y Jóvenes a Riesgo de Fallar en la Escuela**

- Jóvenes a riesgo de violencia en la escuela
- Niños/Jóvenes abusados/Descuidados
- Niños en cuidado de tutor legal
- Niños con problemas severos de comportamiento
- Otras sugerencias/comentarios \_\_\_\_\_
- Otras sugerencias/comentarios \_\_\_\_\_
- Niños en escuelas intermedias a riesgo de fallar
- Niños / Jóvenes en pandillas
- Niños de culturas diversas
- Niños suspendidos, expelidos, o que dejaron la escuela

## Niños y Jóvenes a Riesgo o que han Experimentado Envolvimiento en el Sistema de Justicia Juvenil

- Jóvenes de edad de escuela intermedia a riesgo de violencia
- Niños/Jóvenes que intimidan a otros
- Niños/Jóvenes que abusan sustancias
- Hermanos de pandilleros
- Niños con problemas de comportamiento severo
- Joven a riesgo de violencia en la escuela
- Otras sugerencias/comentarios \_\_\_\_\_
- Otras sugerencias/comentarios \_\_\_\_\_
- Niños/ Jóvenes que son violentos/agresivos
- Niños/Jóvenes en pandillas
- Hermanos de jóvenes encarcelados en el centro juvenil
- Jóvenes a riesgo de involucrarse en pandillas
- Niños de culturas diversas
- Jóvenes/Padres con conflictos

## Individuos Expuestos a Trauma

- Víctimas de asalto sexual o violencia domestica
- Refugiados o emigrantes
- Hermanos de pandilleros
- Niños/Jóvenes quienes han sufrido eventos de la vida con trauma
- Regreso a casa de personal Militar
- Otras sugerencias/comentarios \_\_\_\_\_
- Otras sugerencias/comentarios \_\_\_\_\_
- Padres de niños/jóvenes fuera-de-control
- Padres de niños que abusan sustancias
- Adultos que han pasado por eventos de la vida con trauma

## Adultos y Ancianos con Riesgo alto

- Personas quienes no pueden salir de casa
- Personas que son adictas a medicinas de receta
- Personas con problemas de emigración
- Mujeres que están embarazadas y abusan sustancias
- Personas que regresan a la comunidad de la cárcel/prisión
- Americanos Nativos que han experimentado trauma histórico y otro trauma emocional
- Otras sugerencias/comentarios \_\_\_\_\_
- Otras sugerencias/comentarios \_\_\_\_\_
- Personas que han perdido un ser querido
- Personas que son enfermos crónicos
- Personal de Militar que regresa a su hogar
- Personas que abusan sustancias

## Prevención de Suicidio

- Jóvenes que no tienen un sistema de apoyo
- Jóvenes sin casa
- Jóvenes que están aislados de su red social
- Jóvenes que han perdido su novio/novia
- Personas que han perdido una relación significativa (esposo(a))
- Personas que tienen problemas médicos/de salud significantes
- Personas que han sido rechazados por un periodos de tiempo muy largos
- Otras sugerencias/comentarios \_\_\_\_\_
- Otras sugerencias/comentarios \_\_\_\_\_
- Hombres que han perdido empleo
- Personas que abusan sustancias

Comentarios:

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**Gracias Por Su Ayuda!**

**Por favor díganos un poco de usted. La información que usted comparta será confidencial y anónima, y será usada para asegurar que hemos recibido información de una variedad de diferentes personas.**

1. Cual es su edad?  0-12     13-17     18-24     25-45     46-59     60+
2. Cual es su genero?  M  F
3. Es Hispánico(a) o de origen Latino?  Si  No
4. Cual es su raza?
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Caucáseo           | <input type="checkbox"/> Inido Americano o Nativo de Alaska | <input type="checkbox"/> No quiero contestar |
| <input type="checkbox"/> Americano Africano | <input type="checkbox"/> Isleño Pacifico                    |  |
| <input type="checkbox"/> Asiático           | <input type="checkbox"/> Otro (especifique) _____           |  |
5. Mi interés es como:
- |   |   |
|---|---|
| <input type="checkbox"/> Cliente/Consumidor               | <input type="checkbox"/> Negocio/ Miembro de la Comunidad |
| <input type="checkbox"/> Familia de un consumidor/cliente | <input type="checkbox"/> Personal del Condado/ Estado     |
| <input type="checkbox"/> Otro _____                       |   |
6. Usted o un miembro de su familia ha recibido servicios de salud mental?  Si  No
7. Salario Anual:
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-14,999      | <input type="checkbox"/> \$30,000-49,999 | <input type="checkbox"/> \$75,000-\$99,999 |
| <input type="checkbox"/> \$15,000-29,999 | <input type="checkbox"/> \$50,000-74,999 | <input type="checkbox"/> \$100,000 o more  |
8. Ha estado sin hogar durante el año pasado?  Si  No

**\*\*\* GRACIAS POR SU ASISTENCIA! \*\*\***

**Por favor regrese todos los cuestionarios a :**

Maria Sanchez, MHSA Coordinator  
San Benito County Behavioral Health  
1131 San Felipe Road  
Hollister, CA 95023  
[msanchez@sbcmh.org](mailto:msanchez@sbcmh.org)

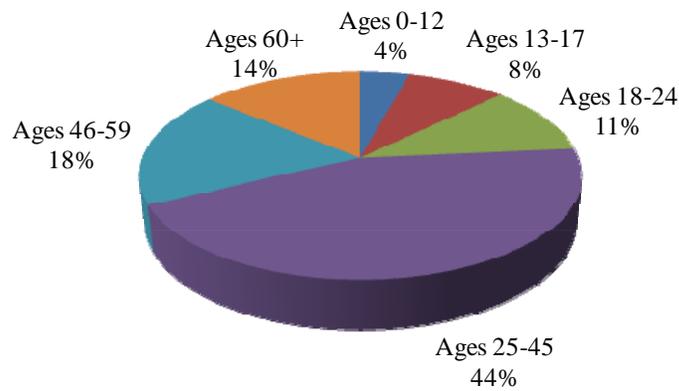
**Or, leave your questionnaire with the receptionist at Esperanza Center.**

If you have questions, please call 831-636-4020.

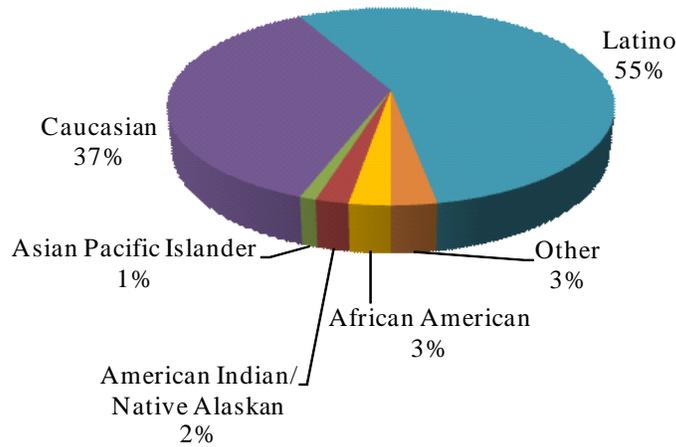
**San Benito County  
MHSA PEI Survey Results  
September 2008**

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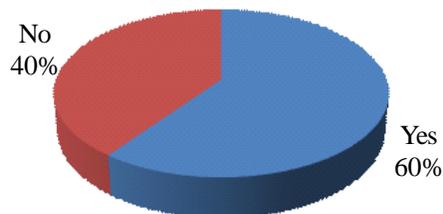
**What is your age? (n=425)**



**What is your race? (n=389)**



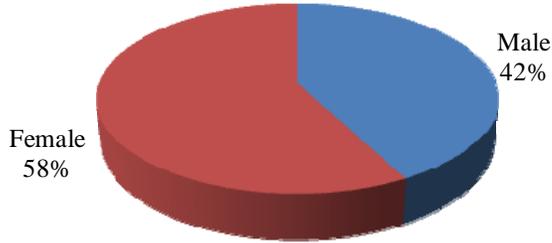
**Are you Latino? (n=416)**



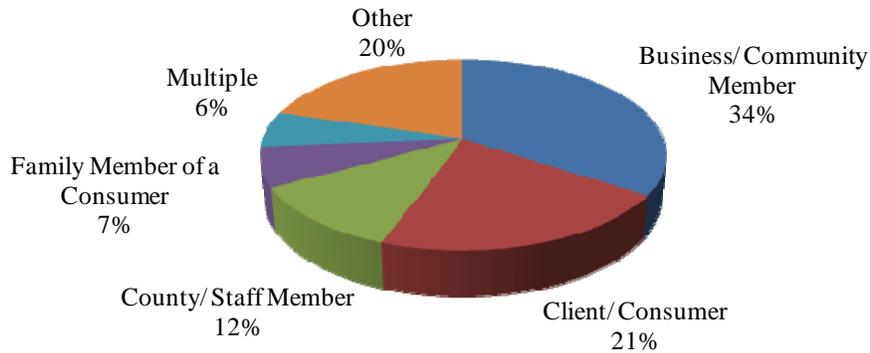
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September 2008**

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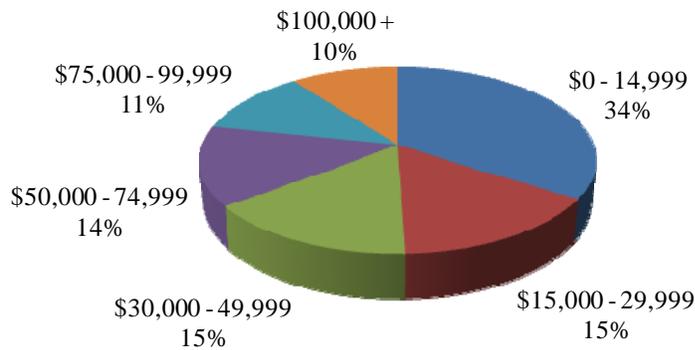
**What is your gender? (n=419)**



**What is your stakeholder role(s) (n=380)**



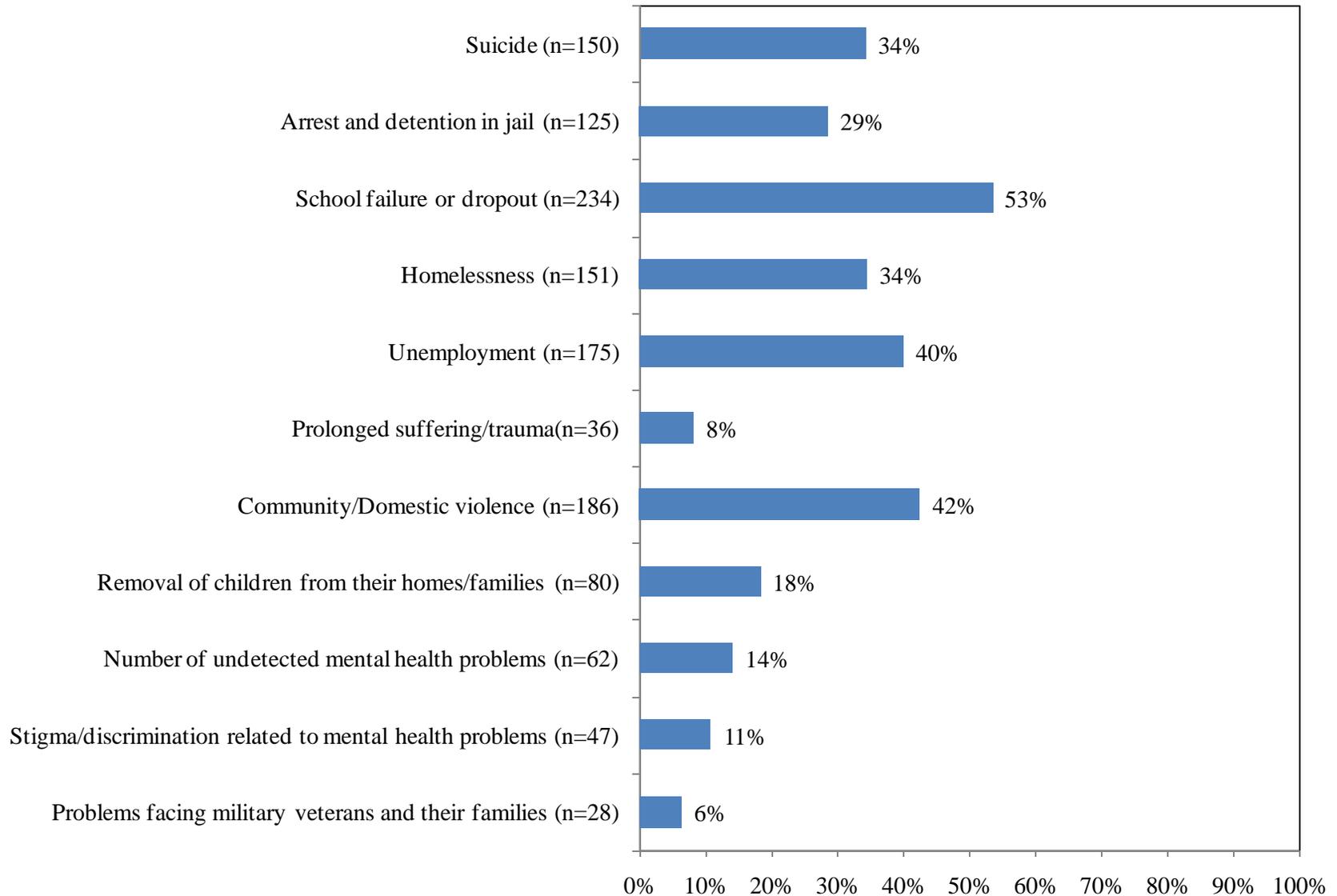
**What is your income level? (n=378)**



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September 2008

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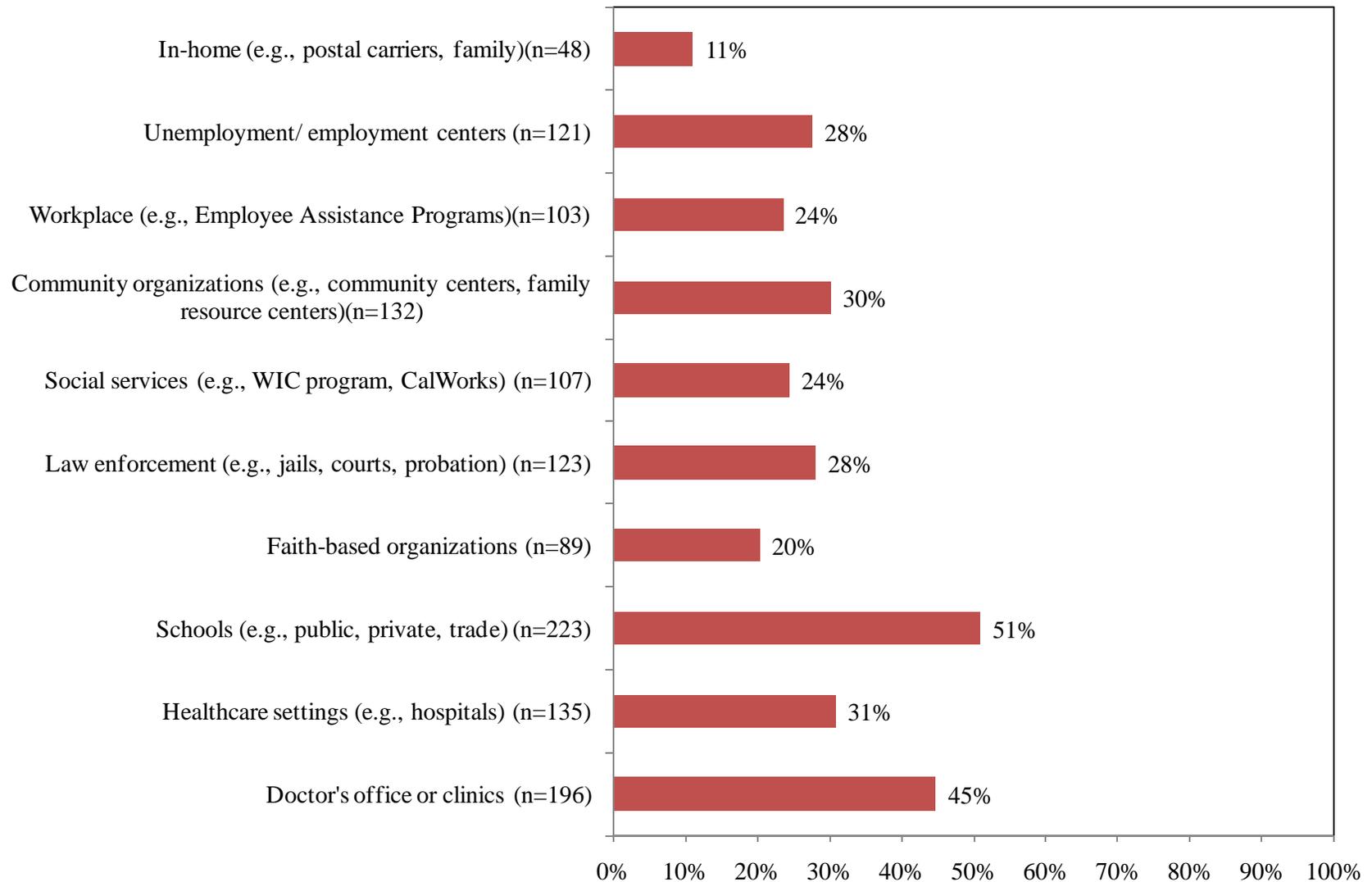
**Community issues that are important for PEI in San Benito County**



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September 2008

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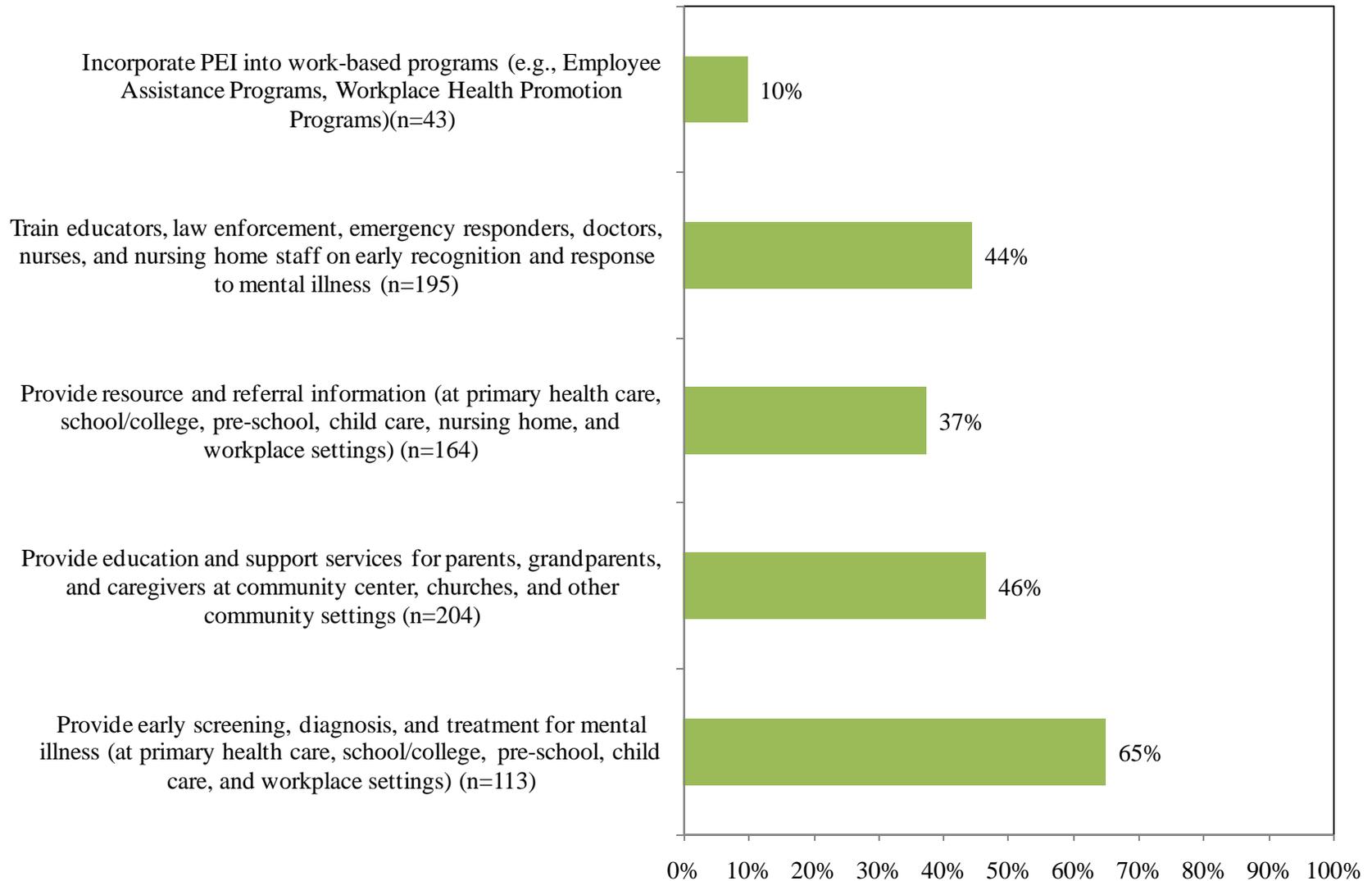
**Settings that would be the most effective for identifying San Benito County residents with a need for PEI services**



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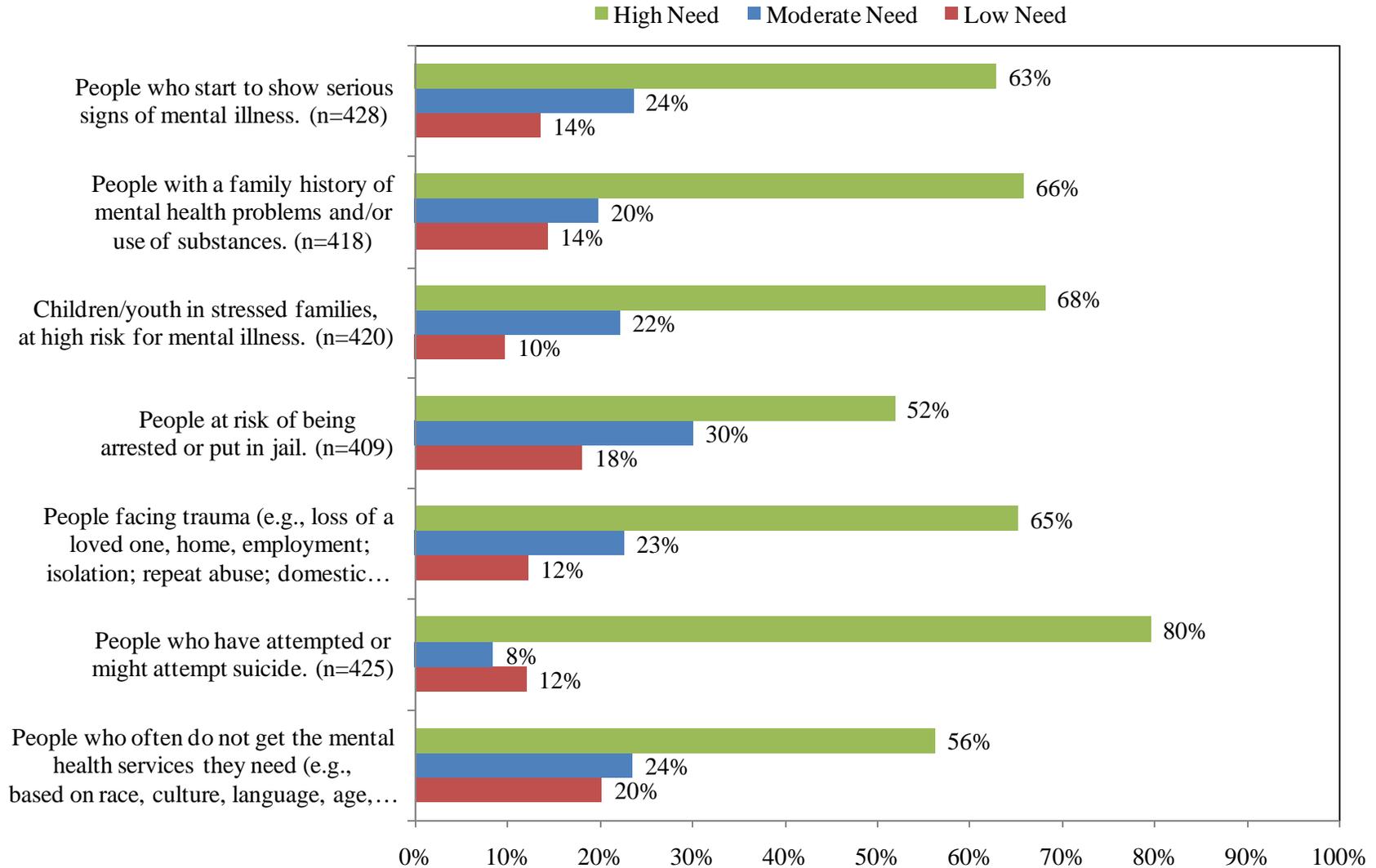
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**Best approaches for addressing prevention and early intervention of mental illness in San Benito County**



**San Benito County  
MHSA PEI Survey Results  
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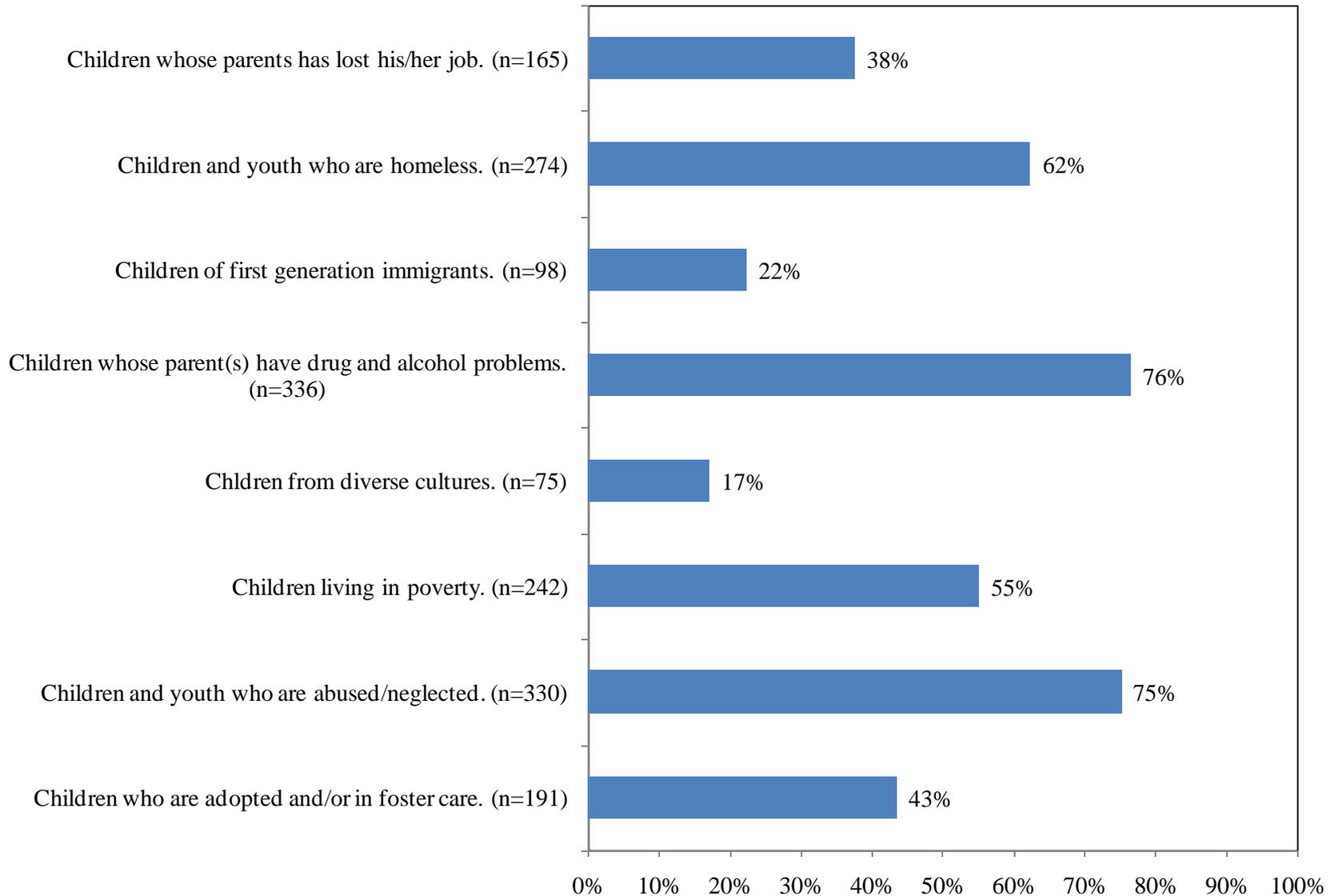
**Which groups have the highest need for PEI services in San Benito County?**



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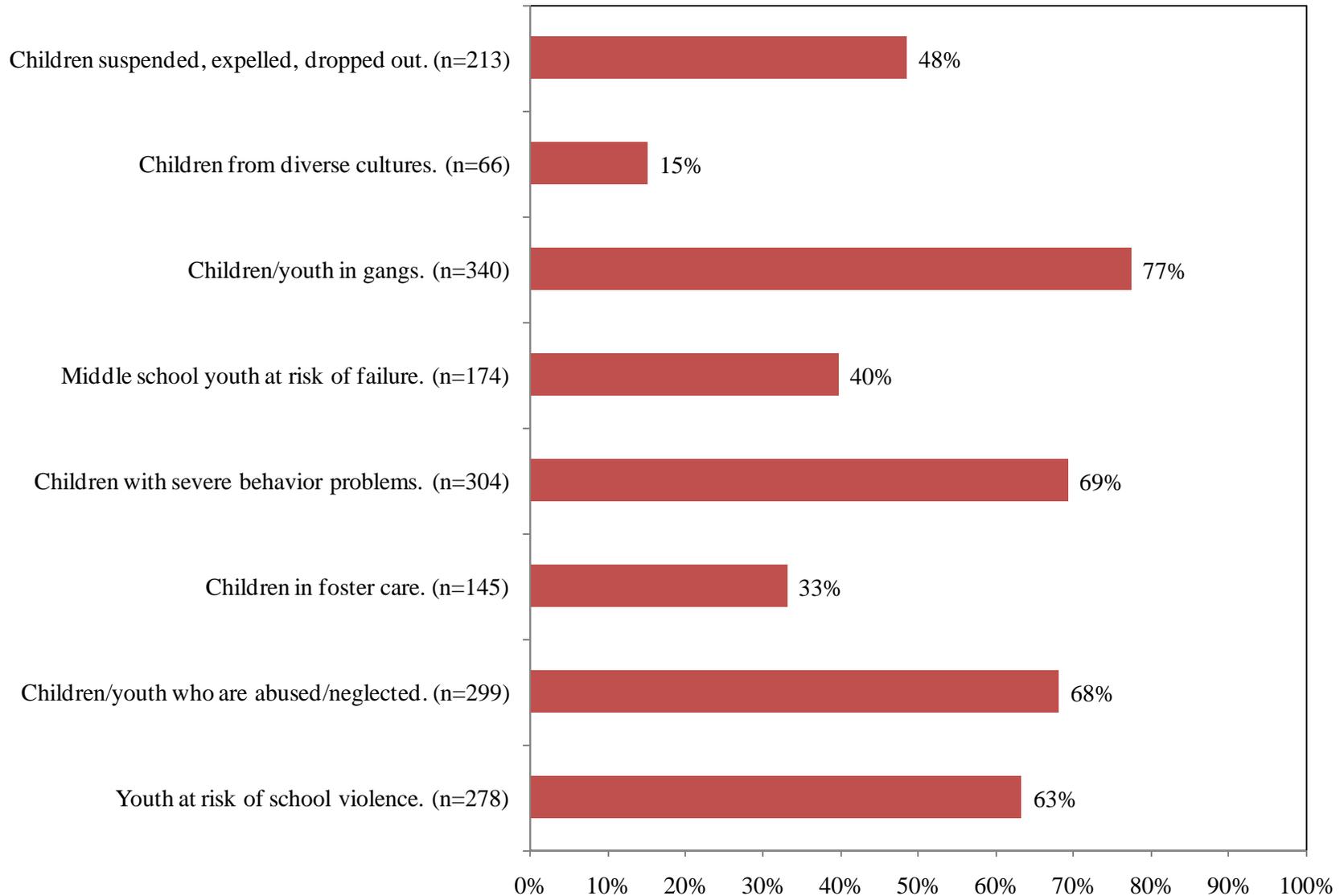
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**Priority Populations: Children and Youth in Stressed Families**



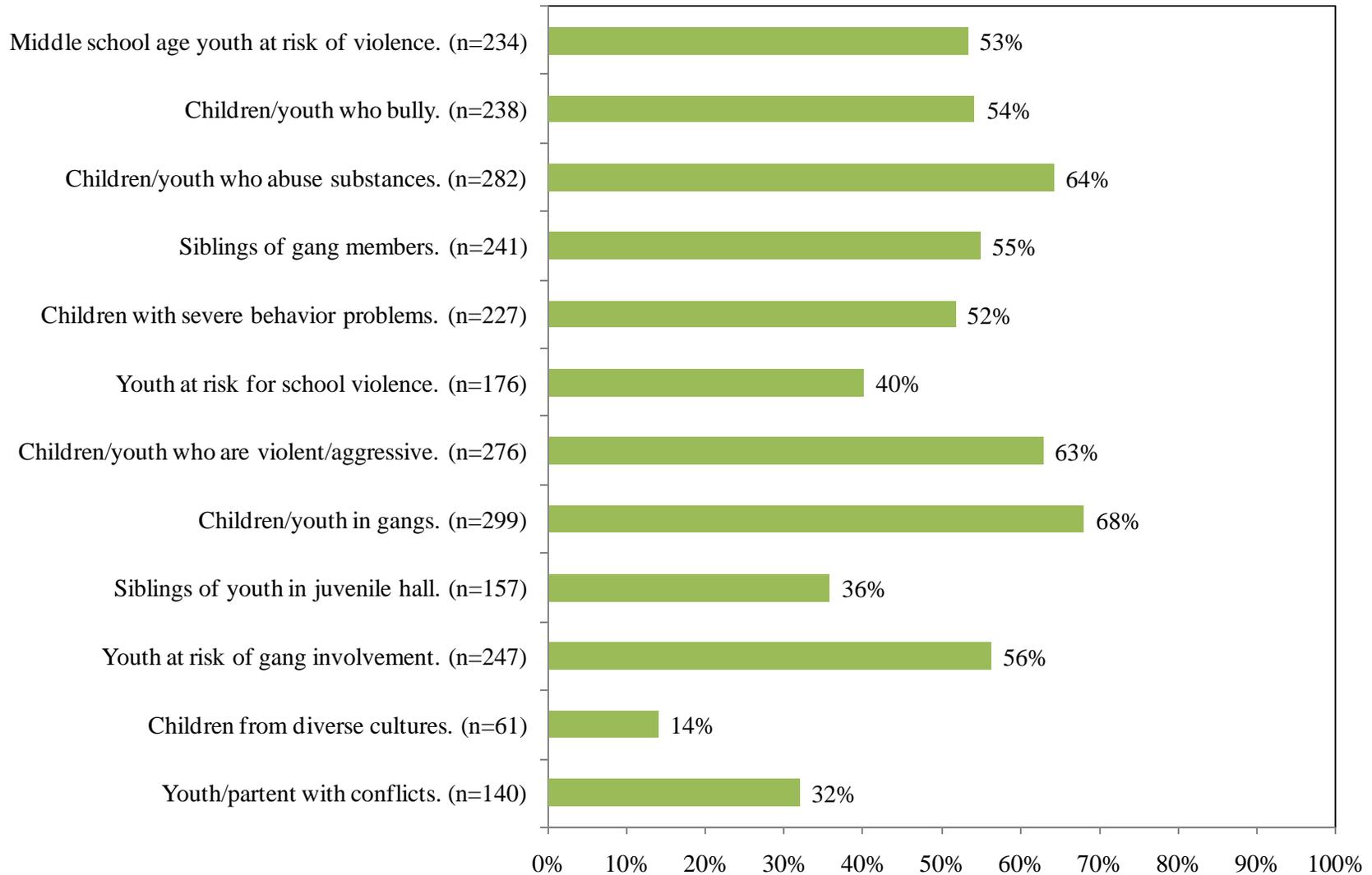
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**Priority Populations: Children and Youth At-Risk for School Failure**



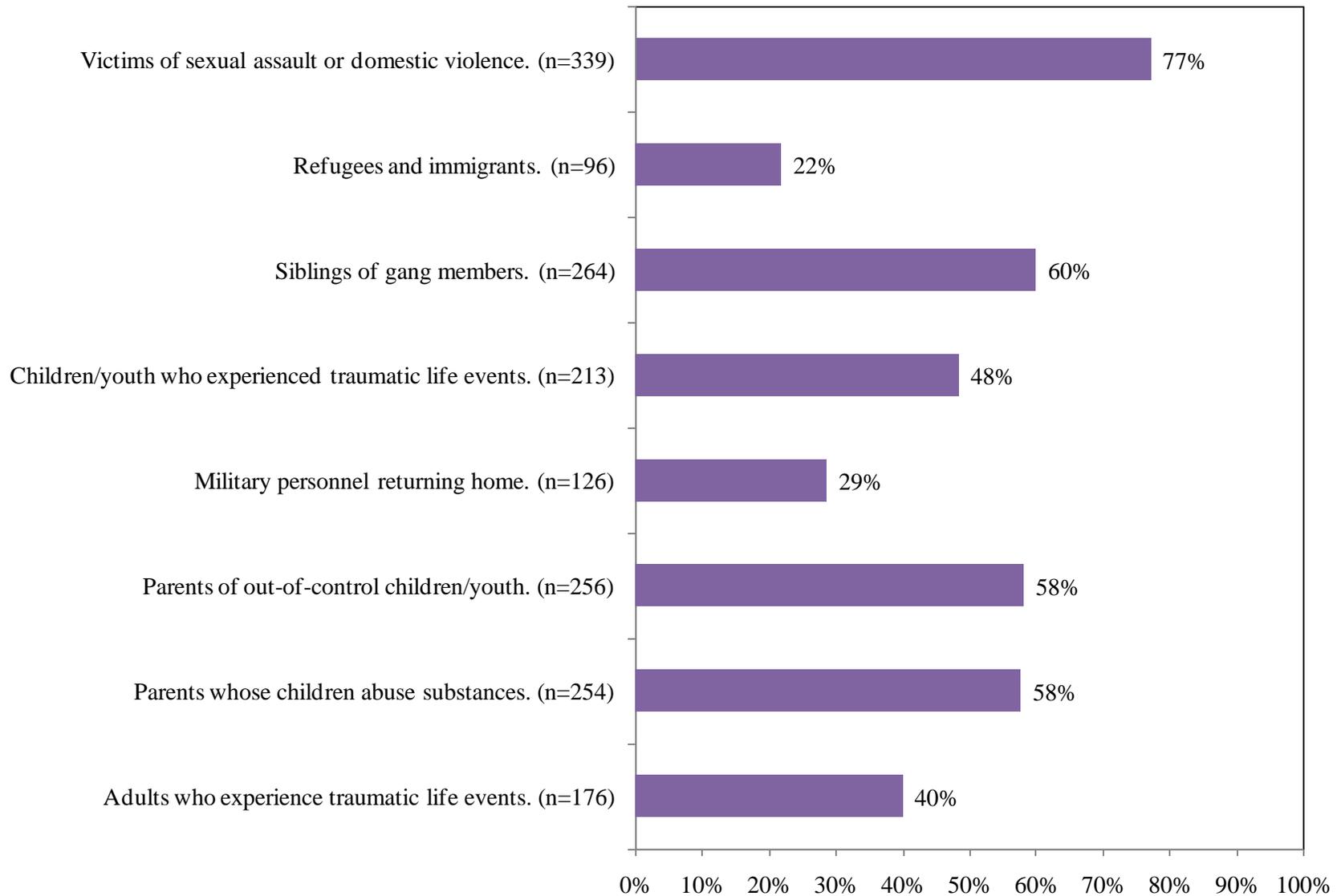
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**Priority Populations: Children and Youth At-Risk or Involved in  
Juvenile Justice**



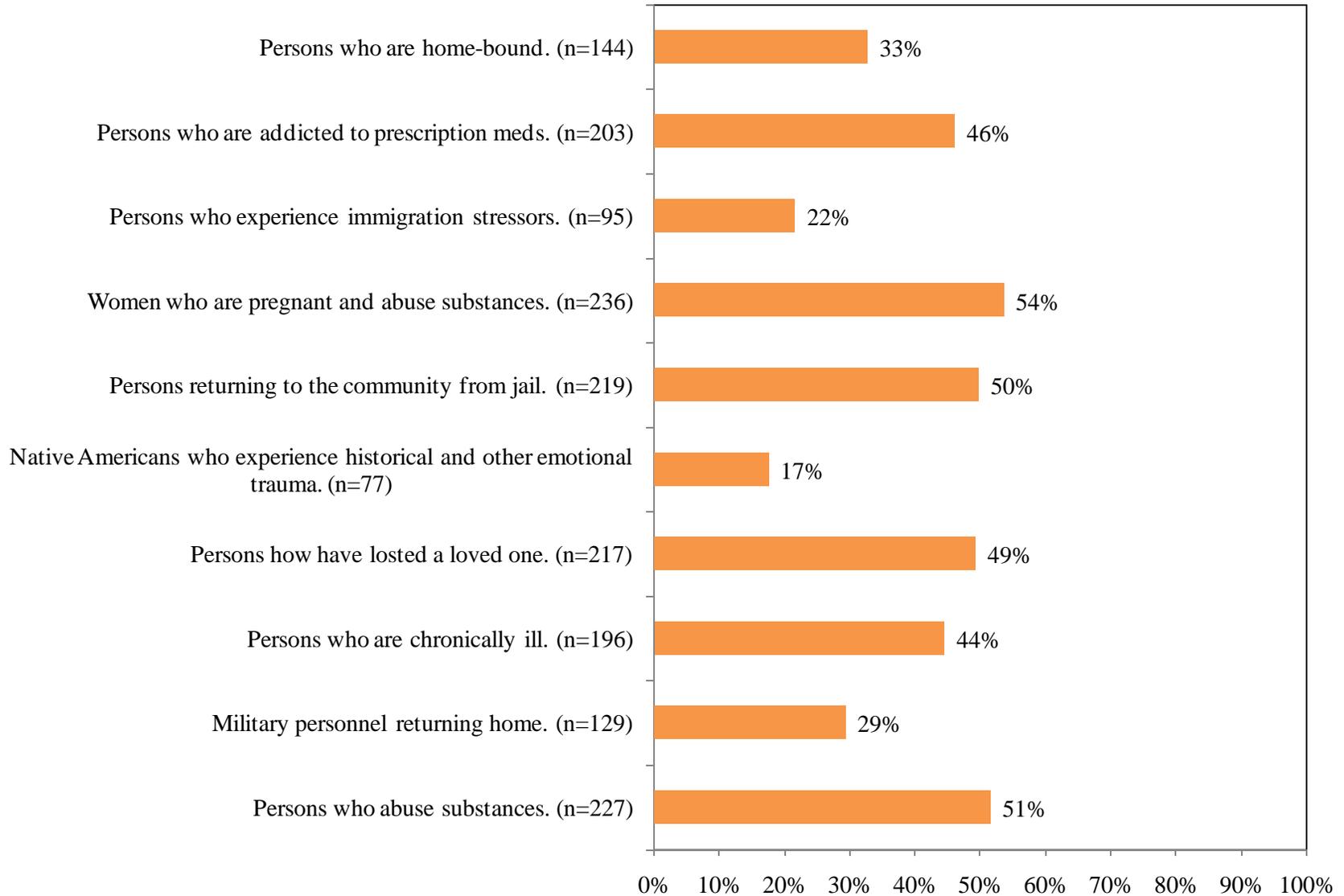
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**Priority Populations: Trauma Exposed Individuals**



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**Priority Populations: High-Risk Adults and Older Adults**



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**Priority Populations: Suicide Prevention**

