



**Tulare County
Health & Human Services Agency**

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Department of Mental Health

Mental Health Services Act

Prevention and Early Intervention Plan

January 27, 2009

Tulare County Department of Mental Health
Mental Health Services Act - Prevention and Early Intervention Plan

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MENTAL HEALTH SERVICES ACT (MHSA)

**Prevention and Early Intervention Component of the Three-Year Program
Expenditure Plan
Fiscal Years 2007-08 and 2008-09**

County Name: County of Tulare

Date: January 27, 2009

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

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AUTHORIZING SIGNATURE

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

Signature _____

County Mental Health Director

01-13-09

Date

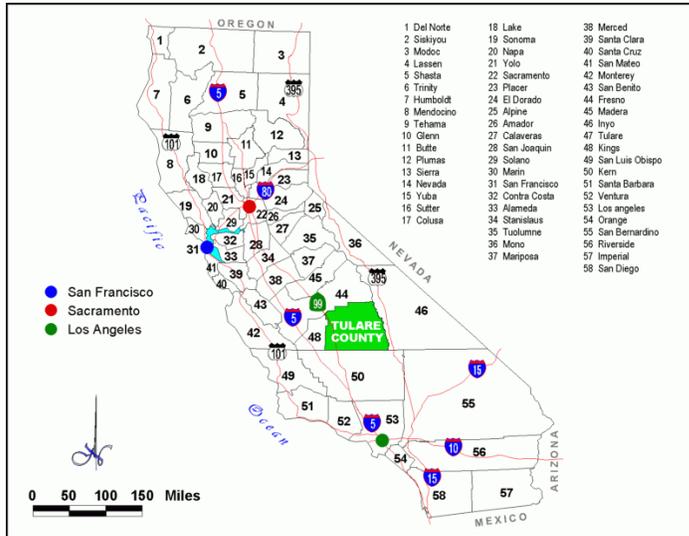
Executed at Visalia, California

Prevention and Early Intervention Community Planning Process

Tulare County Bio

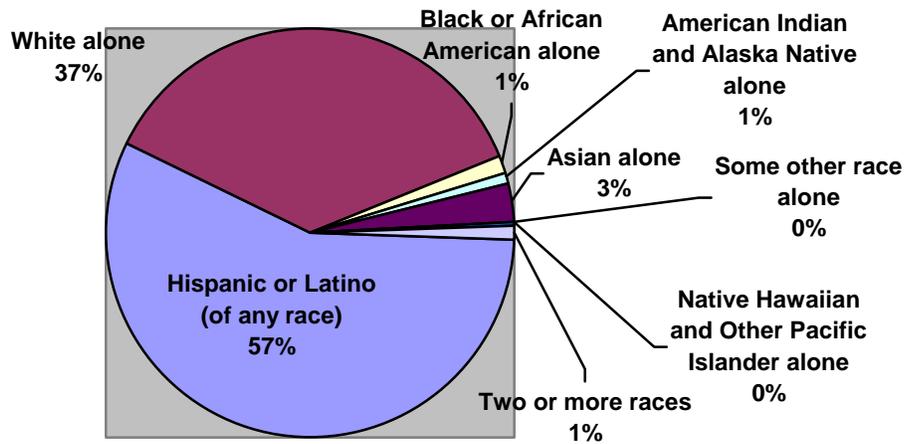
Centrally located within the State of California, Tulare County is situated in a geographically-diverse region. The County includes an area of 4,863 square miles. Mountain peaks of the Sierra Nevada rise to more than 14,000 feet in its eastern half.

Meanwhile, the extensively cultivated and fertile valley floor in the western half has allowed Tulare County to become the second-leading producer of agricultural commodities in the United States. In addition to substantial packing/shipping operations, light and medium manufacturing plants are increasing in number and are becoming an important factor in the County's total economic picture.



Tulare County has a growing population of 421,553 as of 2007¹. The eastern half of the County is comprised primarily of public lands within the Sequoia National Park, Sequoia National Forest, and the Mineral King, Golden Trout, and Domelands Wilderness areas.

2007 U.S. Census Population - Tulare By Race



With agriculture and retail remaining the major economic engines of the regional economy, Tulare County's unemployment and poverty rate are affected because these sectors offer seasonal employment and pay relatively low average annual wages. In

¹ Unless otherwise noted, the source for data within the Tulare County Bio has been collected from the 2007 U.S. Census American Community Survey – Tulare County

Prevention and Early Intervention Community Planning Process

Enclosure 3

Form No. 2

2007, 10.2% of Tulare County's civilian labor force was unemployed; higher than California's 6.6% and the National rate of 6.3%.

In 2006, Tulare County tied with Kings County for the second highest poverty rate, 21.6%, of all counties within California. This rate is far greater than the overall poverty rate of 13.1% for California and 13.3% nationwide. This rate is also ranked forty-first highest of all census reporting counties (783 total) nationwide, and ranked tenth highest poverty rate in the nation for reporting counties with a population size of 250,000+. The median family income in Tulare County in 2007 was \$42,674, over \$20,000 less than that of California (\$67,484) and nearly \$20,000 dollars less than the national median family income (\$61,173).

Due to the high poverty rate and low median family income, there is a large number of Tulare County residents who are either uninsured or on Medi-Cal. Based on data from the 2007 California Health Interview Survey by the University of California in Los Angeles (UCLA), approximately 70,000 (16.7%) uninsured children and adults reside in Tulare County, greater than that of California's 13.2%; and a Medi-Cal eligibility rate of 17.9% (13,000), almost double that of California's 9.9%. Additionally, previous studies suggest that at least 13%² of Tulare County's population is undocumented. Because undocumented immigrants are vulnerable to legal actions, they tend to inhibit their access to health and mental health services, compounding issues of poverty and limited English language proficiency. When health and mental health services are accessed, there are typically very limited payor sources to assist undocumented immigrants thus placing an undue financial burden on community resources.

A family's income determines the amount of discretionary spending, beyond the necessities of housing and food, which would be available to afford medical care. Income and poverty are highly associated with health status and access to health care. Those with lower incomes generally tend to be in poorer health and to have less access to care. The Tulare County fiscal year 2005/2006 penetration rate reflects disparities in access. Unfortunately, Central Valley counties have penetration rates that are relatively low due to likely factors that include: the delivery of services to non-Medi-Cal eligible persons, lack of public transportation, and per capita funding.

Overview of Prevention and Early Intervention (PEI) Planning Process

PEI Guidelines:

- 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, (b) Coordination and management of the Community Program Planning Process, and (c) Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process.**

² Tulare County 2003 Legislative/Regulatory Platform, Wagerman Associates, Inc.

Prevention and Early Intervention Community Planning Process**Form No. 2**

In order to make the most of community resources and stakeholder time, the Prevention and Early Intervention Planning Process built upon previous community outreach and planning processes. This included Tulare County Mental Health's previous community outreach for the Mental Health Services Act, Community Services and Supports, First 5's Early Childhood Mental Health Strategic Plan, California Endowment's projects on Latino Mental Health, Kings/Tulare Area Agency on Aging, and the work of the Children's Services Network. These community-wide efforts presented a clear picture of pressing concerns in Tulare County. Poverty, stigma and lack of resources, particularly in rural areas and isolated communities, exacerbate many mental health problems.

In addition to earlier outreach efforts, the Executive Committee of the Mental Health Board recommended a strategy for the composition of the PEI Advisory Group, incorporating the specified Stakeholder or Sector Groups indicated in the PEI Guidelines.³ The Community Advisory Group subsequently helped identify and implement the connections needed to effectively enlist community participation, with particular attention to un/underserved communities. Further, members of the Advisory Group assisted in the development of an appropriate survey tool which they distributed to their communities.

"Cultural brokers"⁴ were enlisted by the Community Advisory Group operating under the assumptions that they are best able to represent the needs and experiences of the un/underserved communities. By enlisting the assistance of a trusted individual, for example, the PEI Planning Process was able to increase the number of Native American respondents to the community survey from 2% to 14.4%. The sponsor attended meetings, met with familiar groups and visited the Indian Gaming Casino to get surveys completed. The PEI planning efforts relied on existing collaborations, community providers, community "brokers", and leaders.

Additional outreach efforts proved valuable in several other instances. Older Adults were initially a very small percentage of survey participants. Investigation into the cause of the low response rate indicated that the font was too small and seniors were not able to respond on-line. To create a greater opportunity for participation, seniors were given a special "large font" survey which was later entered into Survey Monkey. On-line surveys were difficult for many groups to use and several from the Stakeholder Advisory Group hand distributed surveys in order to increase community participation. Specifically, outreach efforts were more effective and garnered greater input from the homeless, Native Americans, consumers and family members utilizing these strategies. Surveys in Spanish were almost always completed on paper.

³ See Appendix E for a list of members of the Advisory Group.

⁴ A "cultural broker" is an individual (perhaps representing an organization or community) who can explain the cultural issues involved in successfully working with a certain group. A cultural broker can tell others how to frame concepts, make connections, speak and behave in a respectful manner and can help make a successful and welcoming introduction to their community.

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Several groups were also queried on how services might be delivered in a more welcoming, user-friendly manner. Gay/Lesbian/Bisexual/Transgender/Questioning individuals, African-Americans, farmworkers, rural communities and other historically un/underserved groups were contacted through a trusted resource and invited to participate in focus groups (Spanish and English).

Orientation of PEI to existing community collaborations

Each member of the Advisory Group was educated about PEI as part of their involvement with the planning process. In addition, Advisors were provided with a “Tool Kit” that included a PEI Fact Sheet, PowerPoint about PEI Guidelines and the Planning Process, Interview Questions and a Focus Group Format. The Advisory Group used these materials to support discussions about PEI during the distribution of surveys, conducting focus groups and holding discussions in their respective organizations. All of the groups represented below were trained on PEI, and individuals dedicated their time at regularly scheduled meetings to identify prevention and early intervention needs and best practices. They were also enlisted as “sponsors” to support the planning process by hosting focus groups, facilitating the distribution and collection of surveys, and as sources of information as “key informants.”

National Alliance on Mental Illness

The National Alliance on Mental Illness (NAMI) is the nation’s largest grassroots organization for people with mental illness and their families. Founded in 1979, NAMI has affiliates in every state and in more than 1,100 local communities across the country. This organization played a major role in involving family members and consumers in both surveys and a comprehensive series of focus groups that developed a white paper.

Family Resource Centers:

Family Resource Centers (FRCs) are often referred to as “vehicles for change” for communities and an effective source in providing family support services. Important is their ideal geographic position and regular interaction with all members of the community as well as their ability to enhance collaborative partnerships with other institutions that play a key role in the lives of children and families. One of the overarching goals of FRCs is to improve the outcomes for families and their community. Most FRCs are the cornerstone of health, social, and family support services. They work to eliminate transportation barriers, are operated by staff reflecting the demographics of the community they serve, and work to eliminate cultural barriers. Overall, the core services they provide include parent education, resource and referral, drop-in availability, case management, community development activities, and in some cases, mental health services.

Family HealthCare Network

Family HealthCare Network (FHCN) is a Federally Qualified Health Center that provides services such as medical, dental, and behavioral health services. FHCN has 13 locations throughout Kings County and Tulare County of which 11 are clinical sites. Family

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HealthCare Network is a community-based organization governed by a Board of Directors, which is composed of community representatives and patient consumers.

Children's Services Network:

The Children's Services Network (CSN) of Tulare County is a multi-disciplinary body of representatives and experts from juvenile justice, child welfare, mental health, health, education, community, and faith-based organizations focused on improving the well-being of children and families throughout the county. The CSN actively promotes information exchange and service integration between health and human service providers from governmental and community-based systems. The vision of the CSN is that all children and families in Tulare County will have access to high quality, culturally appropriate services and affordable resources that maximize their opportunities to be safe, healthy, and to thrive. Their mission is to strengthen services and support systems for children and families through advocacy, increased services collaboration, and coordinated funding processes.

Kings/Tulare Area Agency on Aging:

The Kings/Tulare Area Agency on Aging (K/T AAA) was created in 1980. It is mandated by the Federal Older Americans Act of 1965 to be the lead advocate, program planner, and resource facilitator on behalf of all older persons in these two counties. Supported by funding from Kings and Tulare County, state and federal sources, K/T AAA provides many senior programs, such as home and congregate meals, case management, Medicare counseling, information and assistance, health promotion, elder abuse prevention, ombudsman assistance, etc. The mission of K/T AAA is to provide leadership on concerns impacting seniors in Kings and Tulare Counties, empower seniors to make appropriate choices to promote their well-being, and provide services to seniors which enhance their independence and dignity.

Tulare County Mental Health Board:

The purpose of the Tulare County Mental Health Board, mandated by Welfare and Institutions Code § 5604, is to review and evaluate the community's mental health needs, services, facilities, and specific challenges; develop strategies to meet those needs, provide those services, improve those facilities, address those specific challenges; and make recommendations to the Tulare County Board of Supervisors and the Tulare County Mental Health Director, as appropriate. The Mental Health Board is composed of consumers and family members of mental health services in addition to interested community members.

Transitional Age Youth Collaborative:

The Transitional Age Youth Collaborative coordinates with the Community Services & Employment Training (CSET) to run *Youth Transitions*, a program designed to serve the most vulnerable youth, ages 16-21. Emancipated foster youth and youth currently in foster care are a primary focus of this program. The Collaborative offers training, job placement, mentoring, and support services. Young people gain the skills and confidence necessary for successful transitioning to adulthood, employment, and self-sufficient lives. The collaborative includes community partners such as Community Services &

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Employment Training, Inc. (CSET), Tulare County Workforce Investment Department (WID), Independent Living Program, Child Welfare Services, TulareWORKs, Cal Learn, and Tulare County Probation Department.

Tulare County Behavioral Health Collaborative:

The Tulare County Behavioral Health Collaborative was established with a planning grant from the California Endowment in order to improve mental health services in Tulare County. The group consists of mental health service providers, health clinics, hospitals, public mental health, Central Valley Regional Center, and First 5 Tulare County. This group provided information about service gaps in the community and provided the benefit of their experience in working with mental health and prevention programs.

Outreach

Per PEI Guidelines:

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

Tulare County utilized three methods to collect community input on the needs and populations that could benefit from Prevention and Early Intervention programs. Methods included an on-line and hardcopy survey, focus groups conducted by a bilingual (Spanish/English) and bi-cultural consulting team, and white papers.

Survey

Surveys were distributed in English and Spanish and via hardcopy for manual completion and on-line for electronic completion. While the survey was available in both English and Spanish on the MHSA website, the vast majority of surveys were distributed by a member of a community or agency of their community. By linking with these community partners, more than 70% of the distributed surveys were completed and returned. The community partners that contributed to this effort included:

- Tulare County Office of Education School Psychologists and School Nurses
- Visalia Unified School District Aides working in the Special Friends Program
- The Transitional Age Youth Collaborative
- Tulare Youth Services Bureau
- Community Services & Employment Training, Inc. (CSET) distributed at Homeless Connection Event to homeless individuals
- Kaweah Delta District Hospital distributing to clients in the home visitation program for high-users of emergency services (BRIDGE Program)

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- United Way of Tulare County distributed to its grantees
- Adult Mental Health consumers
- Children's Services Network as a focal point for distributing surveys through Synchrony (local mental health service provider) and Central Valley Big Brothers/Big Sisters
- National Alliance on Mental Illness (NAMI) distributed to its membership through its newsletter, asking members to pass the survey along to cultural, ethnic, and linguistic groups that also have an interest in mental health
- Kings/Tulare Area Agency on Aging distributed surveys to seniors via senior centers
- Family Health Care Network distributed to staff and patients in multiple clinics
- Tribal TANF (Temporary Assistance for Needy Families) Visalia, Porterville, and Tule River reservations sites, distributing during the Native American Heritage Month event, and in the Native American community by a cultural broker
- Tule River Economic Development Corporation to Native American community
- Tule River Alcoholism Program to Native American community
- Boys and Girls Clubs distributed to youth, parents, and staff

In general, the demographics of the survey respondents closely mirrored the composition of the general population (see demographic tables on following page) in Tulare County, with noted exceptions below whose response rate was greater than might be expected.

- Older Adults were initially under-represented in the surveyed population. Research into the reasons revealed that the font on the paper survey was too small. Creating large-font paper surveys and enlisting the Area Agency on Aging to distribute, explaining and collecting surveys increased the percent of those over the age of 65 to 7.4% and respondents over the age of 55 to 18.1%.
- A member of the Advisory Group is the Executive Director of Boys and Girls Clubs which serves young people in un/underserved areas of Tulare County. The sponsorship of Boys and Girls Clubs supported the collection of transitional age youth's responses such that 17.3% of the respondents to the survey were ages 16-24.
- Tulare County's percent of individuals noted to be Native-American is 1.8%. In order to improve participation from the un/underserved group, a member of the MHSA staff with connections in the Native American community worked with Tule River organizations, attended meetings, visited community centers and was thereby able to increase the percent of respondents.
- Tulare County's African-American population represents 2% of the total population and comprised 2.4% of survey respondents. A local African-American church was asked to participate in a focus group on barriers to effective service provision.

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Demographics: Survey Data

County of Tulare U.S. Census Bureau, 2007	Percent of Population	County of Tulare PEI Survey Results, 2008	Percent of Respondents
Male persons	50.3	Male persons	30.8
Female persons	49.7	Female persons	63.3
Decline to State Gender	0.0	Decline to State Gender	5.9
Persons of Hispanic or Latino origin	56.7	Hispanic or Latino	50.5
White persons not Hispanic	36.6	Caucasian	31.0
Black persons	1.4	African American	2.4
American Indian and Alaska Native persons	0.8	Native American	14.4
Asian, Native Hawaiian, Pac Islander persons	3.2	Southeast Asian	1.1
Other racial or ethnic group	1.3	Other racial or ethnic group	1.0

County of Tulare U.S. Census Bureau, 2007	Percent of Population	County of Tulare PEI Survey Results, 2008	Percent of Respondents
0-14 years	26.5	0-12 years	0
15-19 years	8.7	12-16 years	0.6
20-24 years	7.8	16-24 years	17.3
25-54 years	39.4	25-54 years	56.4
55-64 years	8.1	55-64 years	10.7
65 years and older	9.5	65 years and over	7.4
		Decline to State	7.5

Of the surveys completed the following data was extracted (*Note: Participants could check multiple items therefore the percentages will not total 100%.*)

Respondent Characteristics	Percent of Respondents (could select multiple)
An interested member of the community	30.4
A family member of a person with mental illness	16.1
A parent of a child with mental illness: over 18	4.8
A parent of a child with mental illness: under 18	10.1
A former consumer of mental health services	8.3
A provider of services to one of the above groups	7.5
A member of a group who does not get needed services	5.8

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Would like to see the following services	Percent of Respondents (could select multiple)
Assistance for parent with mental health issues such as depressed mothers	72.2
Early treatment for young people before mental health issues gets worse (i.e., outreach to public on recognizing signs and symptoms)	63.0
Help children do well in school by enhancing early childhood mental health assessment	60.3
Improve access ⁵	50.3
Assist seniors who are living with depression and loneliness	46.5

Common themes among the survey's comments section were	Percent of Respondents (could select multiple)
Disparities in access to mental health care	51.3
Outreach/education to all	26.0
Early detection and treatment for children	13.0
Help for parents/families	11.9
Reducing the wait time to receive services from the county mental health clinics	3.7
Stigma reduction	2.7

Focus Groups

Focus Groups were held by local agency collaborations and by DM Consulting Services, L.L.C, a bilingual, bi-cultural planning group with experience in facilitating groups in Tulare County. The primary purpose of the focus groups was to obtain feedback from participants regarding the following four areas:

- Top prevention and early intervention recommendations
- Current or future experience(s) with mental health services
- Barriers to accessing current or future use of mental health services
- Ways to improve current or future delivery of mental health services to clients

Previously, the Advisory Group identified several populations that have been minimally involved in the planning processes. Therefore, focus groups were arranged through the following organizations:

- Lindsay Healthy Start: parent groups
- Orosi English as a Second Language (ESL) Class: ESL class participants

⁵ Per the PEI guidelines 'Access' means "the extent to which an individual who needs mental health services is able to receive them, based on conditions such as availability of services, cultural and language appropriateness, transportation needs, and cost of services."

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- Advocacy Coalition of Tulare County for Women and Girls (ACT), also referred to as the Female Leadership Academy: ACT members and participants
- Visalia Unified School District Special Friends: program aides
- Woodlake Family Resource Center: Women’s Group
- Kings/Tulare Area Agency on Aging: Older Adults, community-based stakeholder group
- Child Welfare Services (CWS): Differential Response Program staff, including CWS and Family Resource Centers
- Tulare County Office of Education: School psychologists and school nurses
- Visalia COS LGBT Club
- Porterville Proteus ESL class
- Tulare New Life Community Church

The following were compiled as top concerns highlighted by various focus groups:

Concern	Percent of Respondents (could select multiple)
Disparities in access to mental health care	100
Outreach/Education to all	89
Help for parents/families	89
Early detection and treatment for children	67
Stigma reduction	67
Reducing the wait time to receive services from the County mental health clinics	33

White Paper/Interview Contributions

White papers/interviews were used as a method for gathering additional information from community-based collaborations currently involved in the implementation of evidence-based programs. White papers/interviews were submitted by the following groups or agencies:

Kings/Tulare Area Agency on Aging (K/T AAA)

Coordinates senior programs for Kings and Tulare County residents 60 years of age and older.

Suicide Prevention Task Force

A collaborative consisting of county agencies and community-based organizations including but not limited to: Health and Human Services Agency, Aging and Adult Services, the Coroner’s Office, the Sheriff’s Office, Children’s Services, Kaweah Delta Hospital, College of the Sequoias, Porterville College, the WatchStar Project, NAMI, Family Healthcare Network, San Juan Health Clinic, Tulare County Office of Education, Tulare County Law Enforcement, and community member volunteers.

Woodlake Family Resource Center

The Woodlake Family Resource Center coordinates and/or provides accessible services and referrals so that families will become self-sufficient and their children will have a more successful experience in school.

Lead Psychologist, Visalia Unified School District

Visalia Unified School District has 24 elementary schools, a newcomer language center, four middle schools, four comprehensive high schools, a continuation high school, an

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adult school, a charter alternative academy, a charter independent study school, a K-8 charter home school and a school that serves orthopedic handicapped students. Over 32,000 students pre-K to adult are served through the Visalia Unified School District.

Public Health Division

Protects and promote the health status of Tulare County residents.

Maternal Child Adolescent Health Division

Promotes healthy living for mothers, and their families through programs for reproductive health, family planning, pregnancy, birth defects, infants, children, and teens.

Tulare Youth Services Bureau

A community-based private non-profit organization that provides children's mental health services.

Child Welfare Services Division

Provides a variety of programs to protect children from abusive and potentially harmful, situations, with the ultimate goal of maintaining the biological family unit whenever possible.

Children's Services Network

A multi-disciplinary body made up of representatives and experts from juvenile justice, education, child welfare, community and faith-based organizations, health, and mental health, focused on improving the well-being of children and families throughout Tulare County.

Major themes identified included:

- Request for an inventory of all mental health resources
- Older adult depression screening
- Improving community education and awareness about mental health, especially in children
- Stigma reduction
- Early intervention and assessment, especially in children
- Parenting support and mental health screenings, increased father involvement and early intervention for depression in mothers

Community Advisors/Stakeholder Group Meetings

3. Per PEI Guidelines: Explain how the County ensured that the Community Program Planning Process included the following required stakeholders and training: 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: (a) Individuals with serious mental illness and/or serious emotional disturbance and/or their families, (b) Providers of mental health and/or related services such as physical health care and/or social services, (c) Educators and/or representatives of education, (d) Representatives of law enforcement, and (e) Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families.

Stakeholder Groups provided input and content expertise to support the PEI planning process. This group included representatives of agencies that serve the un/underserved

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communities of Tulare County, as well as other groups listed below. Participants also included family members and consumers of mental health services.

The participation of stakeholders included representatives from the following groups:

- Tulare Youth Services Bureau (TYSB)
Provides mental health services to Tulare County youth and adolescents.
- Family Health Care Network (FHCN)
Community ambulatory health care provider with 11 clinical sites in Kings and Tulare Counties.
- Kaweah-Delta Health Care District
Tulare County's largest health care provider. This hospital district includes a psychiatric hospital.
- Kings/Tulare Area Agency on Aging (K/T AAA)
Coordinates senior programs for Kings and Tulare County residents 60 years of age and older.
- United Way of Tulare County
A local nonprofit organization that brings the community together and focuses resources on the most critical human care needs in Tulare County.
- Tulare County Office of Education (TCOE)
Oversees education and programs to over 90,000 students in 46 school districts across Tulare County.
- National Alliance on Mental Illness (NAMI)
The NAMI representative also serves as a member of the Mental Health Board. Represents the interests of both consumers and family members of those with mental illness.
- First 5 Tulare County
Supports a variety of prevention and early intervention programs and has a specific programmatic focus on early childhood mental health.
- Family Resource Centers
Provide a complete range of services to all families in need of assistance. There are five centers in Tulare County, serving in the most un/underserved areas of the County.
- Visalia Unified School District
Over 32,000 students pre-K to adult are served through the Visalia Unified School District.
- Boys and Girls Clubs
A youth development organization committed to preserving and enhancing the moral, social, intellectual, and physical well-being of Tulare County children and youth. The individuals served by this organization are un/underserved for many community services.
- Community Services and Employment Training (CSET)
Seeks to strengthen youth, families, and communities through education, employment training, youth development, mentoring, leadership building, job creation, environmental stewardship and other strategies that support self-reliant families and caring communities.
- Radio Bilingüe (Fresno, CA)

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A network of five public radio stations in California with an established tradition of producing and distributing Latino news and information programming for both commercial radio and the national public radio system.

Selection of Projects and Program Criteria. (November 2008) The Community Advisory Group reconvened and was presented with the summary of the data from all completed surveys, focus groups, service provider comments, and white papers.

The Community Advisors Group subsequently proposed potential project foci to include: Educating community and providers on mental health; educating parents and community members about appropriate childhood behavior and mental health; access for adults and children who do not meet criteria for county delivered mental health services or child welfare services; one-stop linkage resource (such as an 800 number); reduced wait times while accessing services; and identifying and supporting isolated or traditionally un/underserved groups. Therefore, the proposed priority projects driven by community input and the Community Advisory Group include:

- Project 1: Children and Youth in Stressed Families
- Project 2: Children at Risk for School Failure
- Project 3: Early Identification and Intervention for Individuals Experiencing Mental Illness
- Project 4: Suicide Prevention
- Project 5: Reducing Disparities in Access to Mental Health Services
- Project 6: Reducing Stigma for un/underserved

With project priorities established, the next step for planning is to identify the programs which can be implemented within each project area. The program selection process will help maximize PEI funding. The MHSA unit was instructed to determine appropriate projects using the following program selection criteria, developed in part by the Stakeholders Group. These criteria will also be used during the Request for Proposal (RFP) process in grantee and program selection (including but not limited to):

- Evidence-based interventions that have been demonstrated to work in communities/populations that are similar to Tulare County.
- Clearly specified outcomes that are related directly to reducing mental illness or decreasing the negative outcomes of mental illness.
- The proposed program has measurable outcomes that fit documented Tulare County needs.
- Programs can be implemented within the current infrastructure in Tulare County: workforce, resources, and willing partnerships.
- Program can be scaled up (start small, can expand).
- Cost effective.
- Clear accountabilities and plan to assure program performance, measures, and reporting. In the case of collaboratives or partnerships, leadership is clearly identified.
- Proposed organization has the infrastructure to deliver programs, including oversight and management of outcomes.

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- The opportunity to leverage resources from “partner” organizations is defined; collaborations that have a track record in working together.
- Program has a clear plan for engaging the targeted population.
- Program’s implementation plan is culturally competent for the identified group.

Proposed program results are presented in Section 3 of the plan.

Per PEI Guidelines:

- 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, and (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 Transitional Age Youth.**

Tulare County learned key lessons during the CSS Community Planning Process that have been applied to the PEI process.

- The cultural brokers and community members who participated in the original CSS process were included in the first PEI Planning Forum that was conducted as part of the first PEI webcast. They were unanimous in their polite, but firm opposition to open “town hall” meetings. From their experience and perspective, small informal “learning sessions” with existing groups are a better way to increase participation in the planning process. This idea was realized in PEI through the focus groups and the distribution process for surveys.
- Focus groups with un/underserved groups were designed to elicit in-depth information about their personal experience of barriers to getting services.

Measures included:

- By including several Advisory Group members that serve transitional age youth we were able to increase the participation of this un/underserved group (17.3%) on the survey.
- With the participation of Kings Tulare Area Agency on Aging and Older Adult Mental Health Social Workers, we were able to reach more older adults: 10.7% of respondents were ages 55-64 and 7.4% were over the age of 65.
- By extending outreach to Native Americans in their own communities, the planning process yielded an exceptional result. In a county in which only 1.8% of the general population is Native American, 14.4% of the survey respondents listed themselves as Native American. This is by far the most successful inclusion of an underserved group in a planning process.

Per PEI Guidelines:

- 5. Provide the following information about the required County public hearing: (a) The date of the public hearing, (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, (c) A**

Prevention and Early Intervention Community Planning Process

**summary and analysis of any substantive recommendations for revisions, and (d)
The estimated number of participants.**

The Public Hearing is scheduled for March 3, 2009. The Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any other interested parties in the following ways:

- Tulare County Health and Human Services Website.
- Notices of plan availability posted as a press release in the local newspapers.
- Copies of the plan sent out to all members of the stakeholders and workgroups.

Summary and analysis of substantive recommendations for revisions

The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) plan guidelines require an open planning process that incorporates feedback from the community. This requirement stipulates a 30-day public posting for review and comment. Tulare County posted its draft plan from January 27 through February 26, 2009. The PEI draft was available for download at <http://www.co.tulare.ca.us/government/mhsa/> with hard copy available upon request. Notification was posted in Tulare, Visalia, and Porterville newspapers as well as on the Tulare County MHSA website. Comments were requested by written response or email.

Tulare County Office of Education, and Family HealthCare Network submitted comments. This is a summary of their comments and our proposed response to these comments.

Family HealthCare Network

Family HealthCare Network notes three main areas of concern: The Community Advisory Group was not given a summary of data or an opportunity to review proposed projects and programs; Public Hearing – Notification had deficiency in the notification process of the posting of the PEI draft plan; and Survey Process which had unclear, biased, and not exhaustive enough efforts. FHCN also expresses concern that the PEI Draft Plan does not increase access to services or provide for better patient outcomes.

In response to this public comment; the Community Advisory Group (CAG) as well as the community by and at large are encouraged to submit comments and review of the PEI Draft Plan during the 30-day public review and comment period. At the CAG meeting on November 21st, the members were apprised of data summary via easel board presentation of surveys and white papers collected, and hard copy of program selection criteria were distributed. The PEI Draft Plan contains a summary of all data collected and represents a best effort in summarizing data and including projects and programs as indicated by the needs of the community, the Community Advisory Group, the Mental Health Board, focus groups, and concerned community stakeholders.

Posting of the PEI Draft Plan took place via the Tulare County MHSA website, and in newspapers distributed in Tulare, Visalia, Porterville, and outlying communities. In

Prevention and Early Intervention Community Planning Process

addition, Family HealthCare Network was notified via electronic communication on January 28th, 2009 via, Janet Paine, MHA, Director of Integrated Services.

The survey process was as inclusive as possible with precaution taken to not be intrusive. Efforts were taken to reach members of the varied communities, cultural, and social groups within Tulare County. Hard copy surveys, internet surveys, and focus groups were held to reach as many community members and stakeholders as possible. We recognize that as with most surveys and data collection that limitations were present but that a best effort was made to be inclusive and time-sensitive, especially in reflection of the current State cash crisis and proposed impact upon MHSA funding.

It is our belief that the PEI Draft Plan addresses a broad range of priority populations within the County, and that increased access to services will stem from better recognition of the signs and symptoms of severe and persistent mental illness through increased public education, training, and clarification of avenues of access to needed services. Direct services provided within the context of the PEI plan do not exhaustively increase all necessary services to address the mental health needs of our community, but do represent a strengthening of capacity to provide needed services to priority populations identified by the MHSA PEI guidelines. The Draft Plan is heavily oriented to the RFP process which will drive MHSA funds into natural community settings and into the hands of service providers that are best equipped to meet the unique needs of un/underserved groups. It is expected that respondents to RFPs will clearly highlight their intended use of best practices to ensure the best possible patient outcomes, and reduce or prevent the impact of serious and persistent mental illness within our community.

Tulare County Office of Education (TCOE)

This letter spoke specifically to Project 2: Children at Risk of School Failure, encompassing the Preschool Expulsion and K-3 Early Intervention programs.

TCOE is concerned that a specific model for the K-3 Early Intervention program is not specified, and suggest the use of the Primary Intervention Program Model (PIP). They state that the most obvious natural community setting for this program is specifically schools as schools are representative of the population as all children are required to attend school. They also voice concern for the RFP process being too complex and time consuming expressing concern that that process would not likely be completed in time to launch programs concurrent with the start of the 2009-10 school year.

In response to this public comment, it is our interpretation that the spirit of MHSA and specifically the PEI component is for as inclusive of a process as possible. It is our belief that the RFP process further extends opportunity for inclusion by not designating a sole-source provider, and will in fact bring greater awareness to the department of the availability and presence of community resources. We are very appreciative of the arduousness of TCOE in investigating evidence based practices and programs to benefit children within Tulare County, and this work clearly embodies the spirit of the PEI guidelines.

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Incorporating feedback is of utmost importance to serving the community. Feedback received from the implementation of the MHSA Community Services and Supports component indicated that the RFP process utilized at that time was too complex. It is our intention to streamline the RFP process used for the PEI component to ensure a fair and competitive process that is not unduly complex or time consuming. In these times of economic hardship we would like to see these funds work to impact our community in positive ways as expediently as possible, but we also seek to ensure that these services are delivered in a fiscally and socially responsible manner. While we are sensitive to the time constraints faced by potential bidders we must continue to hold this process to standards that will ensure fidelity and fairness of all programs within the PEI component.

During the Mental Health Board Public Hearing held on March 3, 2009 the following minutes were taken with regards to the PEI plan:

Dr. Duerksen announced that two written responses to the plan have been received: one from the Tulare County Office of Education; and one from Family HealthCare Network. Board Members were given time to review both of these written responses at today's meeting.

After the Board reviewed the submissions, the public attendees were then asked whether they would like to make any comment. Jody Magill-Rivera, Lead Psychologist of Visalia Unified School District, stated that she works with the Superintendent's Group and they have appreciated working with HHSA in developing the Plan. They are suggesting the following: That the Plan specifies a particular model, i.e., the Primary Intervention Program (research-based); they would also suggest that the RFP process be bypassed and have the funds awarded to Tulare County Office of Education so programs may begin as soon as possible. They thanked the Board for their consideration. In response to this public comment, MHSA reviewed the program summary and goals for the Preschool Expulsion Reduction Program and the K-3 Early Intervention Program. MHSA more clearly defined the program activities and goals to assist the potential respondents in identifying most appropriate evidence-based models. In addition, funding was shifted from other available areas within the PEI plan to enhance the resources available to the K-3 Early Intervention Program as outlined by the Superintendent's Group.

Karen Cooper, Director of Family Services of Tulare County, presented that she is attending today with comments. Ms. Cooper complimented the Plan overall; however, she suggests that stronger and more specific language be implemented related to the impact of exposure to violence for children at a young age as well as exposure to abuse/violence for children in the mental health and physical health services, utilizing the voluminous research around this. This could be implemented within the section referring to the Family Services Integration Program, listing specific types of things in the home which contribute to the development of mental illness in children. It would strengthen the plan to underscore the ongoing constant fear and violence during the life spans of those in utero through the teenage years, as many are in need of mental health services due to these experiences. Ms. Cooper expressed that the term "Prevention and Early Intervention" strongly supports addressing this concept. In response to this public

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comment, MHSA has reviewed the Family Services Integration Program and has ensured that the following examples of identified risk factors are outlined: current behavior problems, recent death in the family, family history of mental illness, socioeconomic stressors, substance use in the family, and abuse. In addition, MHSA will keep Ms. Cooper's comments in the fore-front when writing to and reviewing RFP to ensure a proper service prioritization.

Dr. Duerksen addressed a concern which arose regarding utilizing MHSA funds which might be needed for programs to help reduce stigma. She directed the discussion to Noah Whitaker, Administrative Specialist, to inform the Board regarding one of the current project developments (i.e. Social Marketing). Mr. Whitaker informed the Board of the cost effectiveness of modern tools and methods of social marketing. He also mentioned that due to the State cash crisis and anticipated impact of proposed solutions, including the possibility of funding being pulled from Statewide projects including Suicide Prevention, and Stigma Reduction, Tulare County needs to mount efforts addressing these needs of our unique community and at-risk populations. He gave some examples of social marketing tools (any tool used to drive a message into the community) used today which are popular, cost effective, and saturate the public view. Mr. Whitaker stated that these types of services are being explored to drive messages, such as those related to mental health awareness, stigma reduction, etc.

Feedback from and response to the State Mental Health Services Oversight and Accountability Commission (MHSOAC)

The MHSOAC submitted comments with two areas requiring a response:

- How the law enforcement sector was involved in the planning process, and
- Explanation of additional funding sources since the PEI plan budget was above the PEI planning estimates allocated by the state, or a revision of the PEI plan budget to not exceed the planning estimates.

In response to these comments: The law enforcement sector was involved in various aspects of the PEI planning process by way of stakeholder groups. Law enforcement personnel are members on the Children's Services Network, the Suicide Prevention Task Force, and the Mental Health Board. All of these groups were involved in the planning process. In addition, the Tulare County Mental Health Department has been actively involved in working with the law enforcement sector to assist with the goals of the various components of MHSA. Currently the Department provides Crisis Intervention Team (CIT) Training to the law enforcement sector through the MHSA Community Support & Services (CSS) Plan.

The PEI plan budget has been revised to not exceed the PEI planning estimates allocated for Tulare County.

PEI Project Summary

PEI Project 1: Children and Youth in Stressed Families

County: Tulare

Date: January 27, 2009

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

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

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

PEI Project Summary

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

This program is to address the needs and priorities identified during the community planning process by representatives from government agencies, community-based organizations, service providers, and concerned community members. Promoting mental health awareness and increasing access to prevention and early intervention services is critical in Tulare County. Increasing access to services was mentioned throughout the community planning process. Per the PEI guidelines, “Access means the extent to which an individual who needs mental health services is able to receive them, based on conditions such as availability of services, cultural and language appropriateness, transportation needs, and cost of services.” One hundred percent of the focus groups and service providers interviewed showed concern with this issue, as did 51.3% of survey respondents. The two highest concerns of the community of Tulare County are the need for mental health services for parents experiencing mental illness (72.2% of survey respondents, 88.9% of focus groups, and 83.3% of service providers interviewed), and early treatment for young people before a serious mental illness develops (63.0% of survey respondents, 66.7% of focus groups, and 100% of service providers interviewed). The community planning process also discovered that many people were not accessing services due to stigma associated with accessing these services (66.7% of focus groups). Also, the top three locations where survey respondents would like to receive services other than the mental health clinics are at their doctor’s office (57.3%), at the nearest Family Resource Center (48.3%), and at their child’s school (45.8%). This information revealed that there is a need for more services at locations other than the mental health clinic, thus decreasing stigma while increasing access to services.

3. PEI Project Description:

The **Children and Youth in Stressed Families** project is designed to address the needs and priorities that were identified in the community planning process by promoting mental health awareness and increasing access to prevention and early intervention services. The two highest concerns of the community of Tulare County are the need for mental health services for parents experiencing mental health issues, so as not to negatively affect the child’s mental health; and for children/youth to receive Early Intervention services. These were commonly mentioned topics in focus groups and among service providers interviewed (72.2% and 63.0%, respectively). As most of Tulare County is rural, stakeholders and community members continuously recommended non-traditional settings, such as schools and Family Resource Centers (FRCs) to reach the priority population. The programs within this project meet all the components of the prevention continuum in relation to the community mental health needs of children and youth in stressed families as defined by the planning process. Details of how this project links to Tulare County’s community needs, stakeholder input, and priority populations is enclosed in the program descriptions.

All programs under this project are designated for the RFP process. Respondents will be responsible for choosing appropriate evidence-based practices as outlined in the MHSA PEI guidelines. The programs will align with the transformational concepts

PEI Project Summary

inherent in the MHSA guidelines to embody: community collaboration; cultural competence; individual/family-driven programs and interventions with specific attention to individuals from underserved communities; wellness focus, which includes the concepts of resilience and recovery; integrated service experience for individuals and their families; and outcome-based program design.

4. Programs

Maternal Mental Health Program: (*Blended: Prevention – Selective and Early Intervention*) The provider of the program will be identified through the RFP process. Respondent(s) to the RFP will identify evidence-based screening tools to identify mothers at-risk of or experiencing post-partum depression. Respondent(s) will also identify evidence-based practices⁶ that provide short-term, low-intensity interventions provided by healthcare professionals and paraprofessionals to increase protective factors, reduce risk factors, and decrease severity of depression. These services will be provided in natural community settings (i.e., primary care physician offices, schools, community health centers, in the mother’s home). The numbers to be served will be determined by RFP. Awarded respondents will be collectively granted up to five hundred thousand dollars (\$500,000) in the first fiscal year and five hundred thousand dollars (\$500,000) in the second fiscal year to carry out evidence-based programs as outlined in the MHSA PEI guidelines.

This program was chosen because it provides prevention and early intervention services to mothers and increases later life outcomes of their children. This program meets two of the highest needs identified by the community: Assistance for parents with mental illness (72.2% of survey respondents, 88.9% of focus groups, and 88.9% of service providers interviewed), and early treatment for young people before a serious mental illness develops (63.0% of survey respondents, 66.7% of focus groups, and 100% of service providers interviewed). It should also be noted that in Tulare County the birth rate to teen mothers is substantially higher than the California birth rate. Birth to teenagers is predictive of increased problems for their children, and the children are more likely to have academic, cognitive, and behavioral difficulties that can persist into their teen years and later life, exposing them to more risk factors of developing severe mental illness.

The goals of the Maternal Mental Health Program are:

- Reduce instance/severity of depression experienced by pregnant and postpartum women
- Increase later life outcomes of infants by increasing resiliency in mothers
- Increase services provided to un/underserved groups

⁶ Sample list of Evidence-Based Practices from MHSA PEI Guidelines: Allostatic Change Model (is approved but not sufficient alone); Integrated Primary Care and Mental Health Services.

PEI Project Summary

Family Interaction Program: (*Early Intervention*) The provider of this program will be identified through the RFP process. Respondent(s) to the RFP will identify appropriate evidence-based practices⁷ as outlined in the MHSA PEI guidelines that will provide low-intensity short-term sessions targeting children experiencing a broad range of emotional, behavioral, and family problems in which parents learn improved parenting skills through program activities such as but not limited to didactic sessions outlining healthy family interaction skills, modeling, role-playing, and coaching. Emphasis for this program will be placed on two possible areas: (1) including fathers if possible, and (2) changing negative interaction patterns that are commonly seen between mothers and drug-exposed infants. Providing this treatment at an early stage will help reduce factors associated with later serious mental health issues. Research suggests that young children whose parents show greater warmth, responsiveness, and sensitivity to their behaviors are more likely to develop a secure sense of their relationships and more effective emotional and behavioral regulation. These positive outcomes are associated with decreased risk of developing severe mental illness. Awarded respondent(s) will also be expected to liaison with the Department of Health Maternal Child and Adolescent Health Program (MCAH) to implement the evidence-based practice(s) approved in the RFP and to coordinate the efforts of this program. Awarded respondents will be collectively granted up to one hundred, twenty-five thousand dollars (\$125,000) in the first fiscal year and one hundred, twenty-five thousand dollars (\$125,000) in the second fiscal year to carry out evidence-based programs as outlined in the MHSA PEI guidelines.

This program was chosen because it meets the two most frequently identified needs as assessed from the community input process which include: Assistance for parents with mental illness (72.2% of survey respondents, 88.9% of focus groups, and 88.9% of service providers interviewed), and early treatment for young people before a serious mental illness develops (63.0% of survey respondents, 66.7% of focus groups, and 100% of service providers interviewed). This program also provides access for groups currently lacking services, thus attending to a key concern of the community to access to services which was a common theme throughout the planning process (51.3% of survey respondents, and 100% of focus groups, and service providers interviewed).

The goals of the Family Interaction Program are:

- To improve the quality of the parent/child relationship
- To promote positive bonding and interaction within the parent/child relationship
- To increase parenting skills
- To increase parental coping skills
- Increase later life outcomes of children by increasing resiliency in parents

⁷ Sample list of Evidence-Based Practices from MHSA PEI Guidelines: A low-intensity, short duration Parent/Child Interactive Therapy program; Brief Strategic Family Therapy

PEI Project Summary

Family Services Integration Program: (*Early Intervention*) The provider of this program will be identified through the RFP process. One or more providers may be identified. Respondents will identify appropriate evidence-based practices⁸ as outlined in the MHSA PEI guidelines that will help families with identified risk factors that are demonstrated to contribute to the risk of one or more children in the home developing severe mental illness (i.e., current behavior problems, recent death in the family, family history of mental illness, socioeconomic stressors, substance use in the family, abuse, etc.). This program will provide low-intensity support services and community linkages that help to increase coping skills to stabilize and strengthen and educate the family unit. This can be achieved with low-intensity support groups, parenting classes, and similar strategies. Respondents will have the capacity to provide these services in natural community settings that are easily accessible and in close proximity to individuals targeted for services. If barriers to providing services in close proximity exist, such as to remote rural locations, respondents will identify capacity and method of providing transportation or other culturally appropriate “any means necessary” methods to remove barriers to services. Awarded respondents will be collectively granted up to three hundred thousand dollars (\$300,000) in the first fiscal year and three hundred thousand dollars (\$300,000) in the second fiscal year to carry out evidence-based programs as outlined in the MHSA PEI guidelines.

This program was chosen because it addressed community requests for assistance for parents with mental illness (72.2% of survey respondents, 88.9% of focus groups, and 88.9% of service providers interviewed), and early treatment for young people before a serious mental illness develops (63.0% of survey respondents, 66.7% of focus groups, and 100% of service providers interviewed). Community input expressed a preference for programs and services delivered locally in familiar, trusted locations, which was a main theme throughout the planning process (51.3% of survey respondents, 100% of focus groups and service providers interviewed). Further, surveys completed by Spanish speaking participants emphasized a need to involve the family in services that help children.

The goals of the Family Services Integration Program are:

- Provide highly accessible services
- Provide services for families as a unit
- Increase resiliency of families to cope with stressors
- Link families to appropriate resources and services based on specific needs
- Provide culturally appropriate services
- Support a unified vision of recovery
- Provide resources to families
- Increase later life outcomes of children in families impacted by mental illness

⁸ Sample list of Evidence-Based Practices from MHSA PEI Guidelines: Differential Response; Family Health Promotion

PEI Project Summary

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2010 by type		Number of months in operation through June 2010
	Prevention	Early Intervention	
Maternal Mental Health Program	Individuals: 650 Families:	Individuals: 65 Families:	12
Family Interaction Program	Individuals: Families:	Individuals: 50 Families: 20	12
Family Services Integration Program	Individuals: Families:	Individuals: Families: 180	12
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 650 Families:	Individuals: 50 Families: 200	12

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

A primary purpose of this project is to form and maintain a collaborative effort in Tulare County composed of government agencies, community based organizations, private sector businesses, and concerned community members to address the issue of Children and Youth in Stressed Families. The key to this successful collaborative effort is clarifying and strengthening existing services and creating linkages between services and groups to enhance the service available and delivered to the community. This will be achieved by members working together to implement a standardized reporting and referral process, selecting and implementing evidence-based practices, and informing the community of both prevention and early intervention services, and treatment-oriented community

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services and supports. Individuals in need of resources will be referred to the Access and Crisis Line to be linked to County-funded programs and/or services to address their specific needs and issues.

The programs will help link individuals to the appropriate community-based organizations that will provide them customized services to prevent the occurrence of mental health issues in their child. The programs will also link individuals to those groups that provide education on parenting, basic survival needs, and mental health prevention if these needs are prevalent. Partnerships that are already in place, as well as in the beginning formation stages, will lead to the development of an effective referral system linking individuals in need to the services that best fits those needs.

Leveraged Resources and Links to Outcomes at the Individual/Family, Program/System, or Community Levels:

Leveraged Resources: All RFP respondents are required to leverage existing collaborations. PEI funds will assist in implementing and sustaining these programs successfully. In addition, the Family Interaction Program will leverage the currently existing Drug Exposed Infant Program. This program has an existing underserved base of clients that have a lack of support. The Family Interaction Program will provide these individuals with the services they need including parenting skills, and mental health screening and short-term intervention as needed. Applicable training and workshops will be provided to County staff, stakeholders, peers, community partners, and all other community members related to these programs.

Links to Outcomes at the Individual/Family Level: All members of the family who are enrolled in these programs will be provided a mental health screening. Through these programs both parent and child will receive the necessary prevention and early intervention mental health services that will promote wellness and recovery. These Programs will reach un/underserved populations and will assist families to become better equipped in developing and maintaining a healthy environment for their family.

Links to Outcomes at Program/System or Community Level: Mental health prevention and early intervention programs will now become available to individuals and families who have had a lack of available resources in the past. These programs will be provided in a culturally appropriate community setting, based on the input received from the community during the planning process. As a result of overcoming cultural and language barriers, transportation issues, and reducing the stigma of utilizing mental health services, there will be a positive impact on the community with more individuals leading healthy and thriving lives.

The programs will help link individuals to the appropriate county and/or community based organizations providing short-term group or individual counseling for mental health issues, drug abuse, and domestic violence. The programs will also link individuals to those groups that provide education on parenting, basic survival needs, mental health prevention, and domestic violence prevention. The

PEI Project Summary

RFP will require that partnerships be leveraged. This will lead to the development of an effective referral system linking individuals in need to the services that best serve them.

All County and community personnel involved in these PEI programs will be required to participate in training programs such as, but not limited to: cultural competency, mental health screening techniques, and program level improvement. This will assure successful achievement of each program's expected outcomes. PEI funded programs will contribute to building capacity and a continuum of care for the delivery of mental health services among our community-based partners as well as county-delivered programs. Social marketing of program information will promote awareness and increased access to mental health services, as well as reduce the stigma related to accessing mental health services.

7. Collaboration and System Enhancements

This Project will encourage the formation and/or strengthening of collaboratives within Tulare County. Members should represent: schools, community colleges, clinics, family resource centers, community based organizations (included those which serve distinct cultural populations), law enforcement, peer-support groups, and hospitals. Various groups and organizations should work together and will assist in county wide prevention and early intervention efforts, as well as create a coordinated approach to serving the community.

This PEI Project will be sustained through ongoing PEI funds, and ideally through the support of time and effort from members participating in a collaborative environment. Quarterly progress reports and follow-up will be scheduled to address any emergent issues. Program evaluation will address sustainability and progress in achieving goals.

8. Intended Outcomes

Family Interaction Program.

Individual Level Outcomes:

- Improved maternal mental health
- Decreased environmental factors that negatively impact the child's mental health
- Improved parent/child bonding and interactions that promote healthy relationships and home environments
- Improved basic parenting skills

System Level Outcomes:

PEI Project Summary

- Improved access to mental health services
- Reduced stigma associated to receiving mental health services
- Increased cooperation between agencies, systems, and programs
- Increased early intervention services in rural and isolated communities

Family Services Integration Program.Individual Level Outcomes:

- Improved mental health (if risk factors are detected in the screening)
- Improved parental capabilities and self sufficiency
- Improved family interactions
- Improved family safety
- Decreased family stressors that negatively impact the child's mental health
- Improved social community life

System Level Outcomes:

- Improved access to mental health services
- Reduced stigma associated with receiving mental health services
- Increased early intervention services in rural and isolated communities
- Increased cooperation between agencies, systems, and programs

As a result of the **Children and Youth in Stressed Families** Project we expect these changes to occur:

- Short-term: increased family access to wellness and recovery early intervention services; increased utilization of prevention services; a reduction in disparities in the access of mental health service; and the creation and/or strengthening of relationships between Tulare County Mental Health and the community partners.
- Intermediate term: decreased negative outcomes on children which may result from untreated mental illness, including but not limited to, protracted suffering, school failure, and the removal of children from homes.

9. Coordination with Other MHSA Components

Capital Facilities and Information Technology:

Our Capital Facilities and Technology Plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

Community Services and Support:

This Project will improve referral and linkage to Mobile Units, One-Stop programs and other mental health providers in the community. This will help to remove barriers and disparities in access to mental health services for un/underserved populations.

Innovation:

Our Innovation Plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

Workforce Education and Training:

Our Workforce Education and Training Plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

10. Additional Comments (optional)

PEI Revenue and Expenditure Budget Worksheet

PEI Revenue and Expenditure Budget Worksheet

County Name: Tulare

Date: January 2009

PEI Project Name: Children and Youth in Stressed Families

Provider Name (if known): Unknown-Will be decided through RFP

Intended Provider Category: Providers of Children and/or Family Services

Proposed Total Number of Individuals to be served: FY 08-09 NA FY 09-10 700

Total Number of Individuals currently being served: FY 08-09 NA FY 09-10 NA

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

Months of Operation: FY 08-09 0 FY 09-10 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 08-09 ⁹	FY 09-10	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
b. Benefits and Taxes @ %			
c. Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
c. Total Operating Expenses	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Subcontractors will be selected through competitive RFP			
Maternal Mental Health Program	\$500,000	\$500,000	\$1,000,000
Family Interaction Program	\$125,000	\$125,000	\$250,000
Family Services Integration Program	\$300,000	\$300,000	\$600,000
a. Total Subcontracts	\$925,000	\$925,000	\$1,850,000
4. Total Proposed PEI Project Budget	\$925,000	\$925,000	\$1,850,000
B. Revenues (list/itemize by fund source)			
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$925,000	\$925,000	\$1,850,000
6. Total In-Kind Contributions	\$0	\$0	\$0

⁹ Tulare County will use Program Estimates for FY 07-08 and FY 08-09 in FY 08-09, and will use Program Estimates from FY 08-09 in 09-10.

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Budget Narrative

A. EXPENDITURES**1. Personnel Expenditures: \$0**

See anticipated administrative cost in Form No. 5.

2. Operating Expenditures: \$0

See anticipated administrative cost in Form No. 5.

3. Subcontracts/Professional Services: (FY 08-09 & 09-10) \$1,850,000

Maternal Mental Health Program: (\$1,000,000) Contractor, referred to in the program narrative as awarded respondent(s), to be determined by RFP. The purpose of this contractor is to act as a lead agency that will train primary care providers in Tulare County to apply an evidence-based post-natal depression screening tool. It would also be used to hire internal clinicians in the various primary care offices, as well as to educate the first responders of the available programs in the community to which patients may be referred.

Family Interaction Program: (\$250,000) Contractor, referred to in the program narrative as awarded respondent(s), to be determined by RFP. The purpose of this contractor is to provide low-intensity, short-term therapy which teaches parents to appropriately bond with, interact with, and discipline their child. This program must be housed in a culturally and linguistically competent atmosphere. Emphasis for this program will be placed on two possible areas: (1) including fathers if possible, and (2) changing negative interaction patterns that are commonly seen between mothers and drug-exposed infants

Family Services Integration Program: (\$600,000) Contractor, referred to in the program narrative as awarded respondent(s), to be determined by RFP. The purpose of this contractor is to act as a lead agency in delivering direct prevention and early intervention mental health services to children and their families that are referred to them by their specified referral source. Those entities represented by the lead agency must function as support agencies and be located in an easily accessible location. This program will provide low-intensity support services and community linkages that help increase coping skills to stabilize and strengthen the family unit. Funding will grow in the second year as project expands throughout the community.

a. Total Subcontracts – (FY 08-09& 09-10) \$1,850,000

4. Proposed PEI Project Budget: (FY 08-09 & 09-10) \$1,850,000**B. REVENUES****1. Total Revenue – \$0**

No revenues are expected at this time.

5. Total Funding Requested for PEI Project: (FY 08-09 & 09-10) \$1,850,000**6. Total In-Kind Contributions:**

No in-kind contributions are anticipated at this time.

PEI Project 2: Children at Risk of School Failure

County: Tulare

Date: January 27, 2009

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

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

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

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

This program is to address the needs and priorities identified by the community planning process including representatives from government agencies, community-based organizations, service providers, and concerned community members. Promoting mental health awareness and increasing access to prevention and early intervention services is critical in Tulare County. Merely 16% of the American youth receive mental health services according to national research. Of those receiving mental health services, 70-80% obtains that care in schools. The PEI community planning process revealed the need to help children do well in school. This was the third most frequently identified need asked for by 60.3% of survey respondents. The second highest need identified in the community planning process is early treatment services for young people before a serious mental illness develops (63.0% of survey respondents, 66.7% of focus groups and 100% of service providers interviewed). This project will address both of these needs, while also increasing access to prevention and early intervention services, which was requested by 51.3% of Survey respondents, 100% of Focus Groups and service providers interviewed, and was a key area of concern from the Community Services and Supports outreach that preceded PEI. Per the PEI guidelines “‘Access’ means the extent to which an individual who needs mental health services is able to receive them, based on conditions such as availability of services, cultural and language appropriateness, transportation needs, and cost of services.”

3. PEI Project Description:

The **Children at Risk of School Failure** project is designed to address the needs and priorities that were identified in the community planning process by promoting mental health awareness and increasing access to prevention and early intervention services. Many individuals face obstacles in accessing resources due the lack of available programs, lack of First Responder knowledge, and/or the geography of Tulare County. As most of Tulare County’s geography is that of rural communities, stakeholders and community members continuously recommended non-traditional settings, such as schools to reach the priority population. The programs within this project meet all the components of the prevention continuum in relation to the community mental health needs of the children and youth in stressed families as defined by the planning process. Details of how this project links to Tulare County’s community needs, stakeholder input, and priority populations is enclosed in the project’s program descriptions.

4. Programs

Preschool Expulsion Reduction Program: (*Early Intervention*) The Provider of this program will be identified through the RFP process. Respondent will be responsible for developing a task force that will forge a relationship with Tulare County Office of Education (TCOE), First 5 Tulare County, and other community-based organizations and concerned community members that work with Preschool aged children. This project is based on the MHSA core principle of inclusive processes that encourage community collaboration. This task force will develop baseline data to create a plan that will reduce preschool expulsions. This plan will include the implementation of an evidence-based practice¹⁰ as outlined in the MHSA PEI guidelines that will provide training for preschool teachers and parents, and includes a comprehensive set of curricula designed to promote social competence and to prevent, reduce, and treat aggression and related conduct problems in young children (ages 4 to 8 years). The interventions that make up this series - Parent Training, Teacher Training, and Child Training, are guided by a developmental theory that addresses the roles of multiple interacting risk and protective factors (e.g. child, family, and school) in the development of a conduct problem. The Taskforce will implement the plan in a culturally appropriate and linguistically competent manner. Through these programs children will receive the necessary early intervention mental health services that will promote wellness and recovery. Awarded respondent will be granted up to three hundred thousand dollars (\$300,000) in the first fiscal year, and one hundred, eighty six thousand and six hundred dollars (\$186,600) to support the task force the second fiscal year. The awarded respondent will be responsible for administering funding associated with the task force including but not limited to full staff support, training, implementation, materials, increasing awareness, developing resources, and community education and outreach.

This program was chosen because the community's request for early treatment for children/youth (63.0% of survey respondents, 66.7% of focus groups and 100% of service providers interviewed), help for children to do well in school (60.3% of respondents), access to services (51.3% of Survey respondents, 100% of focus groups and service providers interviewed), and for services to be available at the child's school (45.8% of survey respondents). Early school failure has been linked with later negative outcomes including lower educational attainment, higher instance of substance abuse, increased risk of juvenile justice involvement, and increased risk for developing severe mental illness.

The goals of the Preschool Expulsion Reduction Program are:

- Prevent preschool expulsion

¹⁰ Sample list of Evidence-Based Practices from MHSA PEI Guidelines: Preschool Stress Relief Project; Stepping up to School Readiness.

PEI Project Summary

- Early identification of children at-risk of school failure
- Increase resiliency and efficacy of at-risk children
- Implement programs which provide an alternative to expulsion

K-3 Early Intervention Program: (*Early Intervention*) The Provider of this program will be identified through the RFP process. One or more providers may be identified. Respondent(s) will be responsible for choosing evidence-based practices¹¹ as outlined in the MHSA PEI guidelines that are designed for screening, and to increase protective factors, functioning, and positive outcomes for children with adjustment issues (i.e., inattentiveness, shyness, aggression, acting-out, etc.) in grades K-3. Respondent(s) will have the capacity to provide these services in natural community settings that are easily accessible and in close proximity to individuals identified for services. It is anticipated that the most likely setting for these services will be located in schools, faith-based centers, or in the homes of at-risk children. If barriers to providing services in close proximity exist, such as to remote rural locations, respondents will identify capacity and method of providing transportation or other culturally appropriate “any means necessary” methods to remove barriers to services. Services will be provided in a culturally appropriate and linguistically competent manner. Through these programs children will receive the necessary prevention and early intervention mental health services that will promote wellness and recovery. The recipient must leverage Tulare County Office of Education (TCOE) and the relationship TCOE has with the schools and the community. The successful respondent will be granted up to five hundred thousand dollars (\$500,000) in the first fiscal year and five hundred, thirty six thousand and six hundred dollars (\$536,600) in the second fiscal year, with an additional \$150,000 for start-up costs in the first year.

This program was chosen because high request from the community for early treatment for children/youth (63.0% of survey respondents, 66.7% of focus groups and 100% of service providers interviewed), help for children to do well in school (60.3% of respondents), access to services (51.3% of Survey respondents, 100% of Focus Groups and Service providers interviewed), and for services to be available at the child’s school (45.8% of survey respondents). Early behavioral problems are an indicator of risk for exacerbating behavioral issues that can be linked to school failure, juvenile justice involvement, and increased risk for developing severe mental illness.

¹¹ Sample list of Evidence-based Practices from MHSA PEI Guidelines: Primary Intervention Program; Students Targeted with Opportunities for Prevention

PEI Project Summary

The goals of the K-3 Early Intervention Program are:

- To provide early behavioral interventions to identified at-risk children
- Educate parents regarding behavioral problems and effective interventions
- Prevent exacerbating adjustment difficulties with early intervention
- Increase school success of identified at-risk children
- Help children learn effective coping and interaction skills

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2010 by type		Number of months in operation through June 2010
	Prevention	Early Intervention	
Preschool Expulsion Reduction Program Child Component: Estimate 10 classes per school year with 14 students=approx 140 students Parent Component: Estimate 10 classes per school year of 14 parents=approx 140 families Teacher Component: 2 classes per school year of 25 teachers=approx 50 teachers	Individuals: Families:	Individuals: 190 Families: 140	12
K-3 Early Intervention Program	Individuals: Families:	Individuals: 450 Families:	12
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families:	Individuals: 640 Families: 140	12

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

A primary purpose of this project is to form and maintain a collaborative effort in Tulare County composed of government agencies, schools and concerned community members to address the issue of Children at Risk of School Failure. The key to this successful collaborative effort is clarifying and strengthening existing services and creating linkages between services and groups to enhance the service available and delivered to the community. This will be achieved by members working together to select and implement evidence-based practices, and inform the community of both prevention and early intervention services, and treatment-oriented community services and supports. The programs will help link individuals to the appropriate county and/or community-based organizations that will provide assistance for identified behavior which may lead to mental health issues. Partnerships will lead to the development of an effective referral system linking individuals in need to the services that best fits those needs.

All county and community personnel involved in these PEI programs will be required to participate in training programs such as, but not limited to: cultural competency, mental health screening techniques, and program level improvement. This will assure successful achievement of each program's expected outcomes. PEI funded programs will contribute to building capacity and continuum of care for the delivery of mental health services among our community-based partners as well as County-delivered programs. Social marketing of program information will promote awareness and increased access to mental health services, as well as reduce the stigma related to accessing mental health services.

Leveraged Resources and Links to Outcomes at the Individual/Family, Program/System, or Community Levels:

Leveraged Resources: All RFP respondents are required to leverage existing collaborations. Both programs will leverage Tulare County Office of Education (TCOE) and the relationship TCOE has with the schools and the community. Applicable training and workshops will be provided to County staff, stakeholders, peers, community partners, and all other community members related to these programs.

Links to Outcomes at the Individual/Family Level: Through these programs children will receive the necessary prevention and early intervention mental health services that will promote wellness and recovery. These Programs will reach a variety of Tulare County children ranging from preschool to grade 3.

PEI Project Summary

Links to Outcomes at Program/System or Community Level: Mental health prevention and early intervention programs will become available to individuals who have had a lack of available resources in the past. These programs will be provided in culturally appropriate school settings, which is based on the input received from the community during the planning process. As a result of overcoming the disparities in access to available services by providing services at the children's school, there will be a positive community impact with more individuals leading healthy and thriving lives.

All County and community personnel involved in PEI programs will be required to participate in training programs such as, but not limited to: cultural competency, mental health screening techniques, and program level improvement. This will assure successful achievement of each program's expected outcomes. PEI funded programs will contribute to building capacity and a continuum of care for the delivery of mental health services among our community based partners as well as county delivered programs. Social marketing of program information will promote awareness and increased access to mental health services, as well as reduce the stigma related to accessing mental health services.

7. Collaboration and System Enhancements

This Project will encourage the formation and/or strengthening of collaborative effort within Tulare County. Members should include but are not limited to: schools, clinics, family resource centers, and community-based organizations (including those which serve distinct cultural populations). Various groups and organizations should work together and will assist in county wide prevention and early intervention efforts, as well as create a coordinated approach to serving the community.

Quarterly progress reports and follow-up will be scheduled to address any emergent issues. Program evaluation will address sustainability and progress in achieving goals.

8. Intended Outcomes

Preschool Expulsion Reduction Program.

Individual Level Outcomes:

- Decreased environmental factors that negatively impact the child's mental health

PEI Project Summary

- Improve child/teacher interactions
- Decreased adjustment issues
- Increased social supports/reduced isolation
- Improved knowledge in how to access service, support, and care

System Level Outcomes:

- Reduced preschool expulsion rates
- Increased access to early intervention service
- Increased cooperation between agencies, systems, and programs

K-3 Early Intervention Program.

Individual Level Outcomes:

- Decreased environmental factors that negatively impact the child's mental health
- Decrease adjustment issues
- Improved knowledge in how to access services, support, and care

System Level Outcomes:

- Improved access to mental health services
- Increased access to early intervention services
- Increased cooperation between agencies, systems, and programs
- Increased social supports/reduced isolation

As a result of the **Children at Risk of School Failure** Project we expect these changes to occur:

- Short-term: increased child access to wellness and recovery education and early intervention services; increased utilization of prevention services; and the creation and /or strengthening of relationships between Tulare County Mental Health and the community partners.
- Intermediate-term: decrease in negative outcomes that may result from untreated mental illness which may include but is not limited to protracted suffering, school failure, and the removal of children from their homes.

9. Coordination with Other MHSA Components

Capital Facilities and Information Technology:

Our Capital Facilities and Technology Plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

Community Services and Support:

This Project will improve referral and linkage CSS funded Full Service Partnerships that assist children with serious emotional disturbances that don't meet Prevention and Early Intervention criteria. This will help to remove barriers and disparities in access to mental health services for un/underserved populations.

Innovation:

Our Innovation Plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

Workforce Education and Training:

Our Workforce and Education Plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

10. Additional Comments (optional)

PEI Revenue and Expenditure Budget Worksheet

Enclosure 3

Form No. 4

Budget Narrative

A. EXPENDITURES

1. Personnel Expenditures: \$0

See anticipated administrative cost in Form No. 5.

2. Operating Expenditures: \$0

See anticipated administrative cost in Form No. 5.

3. Subcontracts/Professional Services: (FY 08-09 & 09-10) \$1,673,200

Preschool Reduction Expulsion Program: (\$486,600) Provider to be determined by RFP. The subcontractor will be responsible for developing a task force that will utilize a relationship with Tulare County Office of Education (TCOE), First 5 Tulare County, and other community-based organizations that work with this population. This task force will develop baseline data and select a low-intensity evidence-based practice to address this issue. Initial year funding is higher due to start-up costs.

K-3 Early Intervention Program: (\$1,186,600) Provider to be determined by RFP. The subcontractor will implement an integrated services program in Tulare County Schools designed for children who have moderate school adjustment issues in the grades K-3. PEI money will support the resources and aides that will help the children with school adjustment issues such as inattentiveness, shyness, or aggression.

a. Total Subcontracts – (FY 08-09 & 09-10) \$1,673,200

4. Proposed PEI Project Budget: (FY 08-09 & 09-10) \$1,673,200

B. REVENUES

1. Total Revenue – \$0

No revenues anticipated at this time.

5. Total Funding Requested for PEI Project: (FY 08-09 & 09-10) \$1,673,200

6. Total In-Kind Contributions:

No in-kind contributions are anticipated at this time.

PEI Project Summary

PEI Project 3: Early Identification and Intervention for Individuals Experiencing Mental Illness

County: Tulare

Date: January 27, 2009

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

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

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

PEI Project Summary

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

This program is to address the needs and priorities identified by the community planning process by representatives from government agencies, community-based organizations, service providers, and concerned community members. Prevention and early intervention is critical in Tulare County. The PEI community planning process revealed the community's need for early intervention services for young people before a serious mental illness develops (63.0% of survey respondents, 66.7% of focus groups and 100% of service providers interviewed). This project will address this need, while also providing outreach/education to the community (26.0% of surveys, 88.9% of focus groups, and 88.9% of service providers interviewed).

3. PEI Project Description:

The **Early Identification and Intervention for Individuals Experiencing Mental Illness** project is designed to address the needs and priorities that were identified in the community planning process by promoting mental health awareness and increasing access to prevention and early intervention services. Many individuals are unaware of the early signs of mental illness until that illness becomes severe. This project is designed to educate the community on recognizing indicators that may lead to the development of mental illness if not addressed. Also, many people face obstacles in accessing resources due to the lack of available programs. The program within this project meets all the components of the prevention continuum in relation to the community mental health needs of the children and youth in stressed families as defined by the planning process. Details of how this project links to Tulare County's community needs, stakeholder input, and priority populations is enclosed in the project's program descriptions.

4. Programs

Identification of Early Onset of a Serious Mental Illness (SMI): (*Early Intervention*) The Provider of this program will be identified through the RFP process. One or more provider may be identified. Respondent(s) will be responsible for selecting evidence-based practices¹³ as outlined in the MHSA PEI guidelines that will provide training to First Responders (i.e. home visiting nurses, teachers, law enforcement, primary care physicians, social workers, etc.) and concerned community members to teach them to recognize the early signs and symptoms of a Serious Mental Illness (SMI) in the TAY population (ages 12-24) and to increase

¹³ Sample list of Evidence-Based Practices from MHSA PEI Guidelines: PIER; PACE: Both models are specific intervention models that require added clinical resources (low case-load clinicians or psychiatrists). These resources are scarce in Tulare County, so a lower intensity program such as early screening by and education of First Responders maximizes funding through better utilization of existing resources. This Program also serves to strengthen ties between First Responders and the mental health system of care.

PEI Project Summary

knowledge of available treatment resources. Once First Responders are trained to recognize early signs and symptoms they will then be able to link individuals to the appropriate resources for referral. This Project will encourage the formation and/or strengthening of collaboratives within Tulare County. These various groups and organizations should work together and assist in Countywide prevention and early intervention efforts, as well as create a coordinated approach to serving the community. Providing early intervention services is associated with increased positive response and effectiveness of treatment. The awarded respondent(s) will be collectively granted up to two hundred forty-eight thousand, eight hundred nineteen dollars (\$248,819) in the first fiscal year and three hundred ninety-four thousand, six hundred dollars (\$394,600) in the second fiscal year..

This program was chosen because it educates a broad spectrum of professionals to the particular needs of a traditionally un/underserved group. National studies indicate an underutilization of mental health services by TAY. This program responds to strong community preference for early treatment for young people before a serious mental illness develops (63.0% of respondents, 66.7% of focus groups and 100% of service providers interviewed) and the high demand for access to services that was emphasized across the entire planning process (51.3% of Survey respondents, 100% of Focus Groups and Service providers interviewed). The TAY population typically experience greater difficulty in receiving mental health services due to traditional adult and children services not being adequately designed for the specific needs of transitional age youth. Family, community, and professionals tend to have difficulty identifying signs and symptoms of early onset of a serious mental illness and distinguishing them from “normal” behaviors of TAY.

The goals of the Identification of Early Onset of an SMI Program are:

- Train First Responders to recognize the early stages of a Serious Mental Illness (SMI) in the TAY population (ages 12-24)
- Educate First Responders on services available in the community
- Increase referrals to appropriate services for TAY

PEI Project Summary

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2010 by type		Number of months in operation through June 2010
	Prevention	Early Intervention	
Identification of Onset of an SMI	Individuals: Families:	Individuals: 115-135 Families:	12
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families:	Individuals: 115-135 Families:	12

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

Linkages in this program will be identified during the RFP process. It is expected that this Project will develop knowledge of First Responders regarding appropriate available community resources for TAY. These referrals will not be limited to behavioral and mental health resources.

7. Collaboration and System Enhancements

This Project will encourage the formation and/or strengthening of collaboratives within Tulare County. Members should include but are not limited to: schools, community colleges, clinics, family resource centers, community-based organizations (included those which serve distinct cultural populations), peer-support groups, and hospitals. These various groups and organizations should work together and assist in Countywide prevention and early intervention efforts, as well as create a coordinated approach to serving the community.

PEI Project Summary

One of the primary goals of this Project is to increase public knowledge of mental health signs and symptoms throughout Tulare County including in local emergency rooms, clinics, emergency responders, family resource centers, clinics, schools, and community-based organizations. These efforts will help to identify at-risk individuals and provide appropriate and timely referrals for services.

Quarterly progress reports and follow-up will be scheduled to address any emergent issues. Program evaluation will address sustainability and progress in achieving goals.

8. Intended Outcomes

Identification of Early Onset of an SMI:

Individual Level Outcomes:

- Increased social supports/reduced isolation
- Improved knowledge in how to access early treatment, support, and care
- Reduced risk factors
- Reduced stigma about seeking treatment or help for problems
- Improved well being and hopefulness

System Level Outcomes:

- Increased cooperation between agencies, systems, and programs
- Successful community education and stigma-reduction campaign
- Improved early detection and identification of at-risk behaviors and factors
- Ensure cultural competency in dealing with referrals
- Increased knowledge of service resources

Information may be gathered through interviews, surveys, standardized assessment tools, or other appropriate measures. The RFP recipient will develop these measures.

As a result of the **Early Identification and Intervention for Individuals Experiencing Mental Illness** project, we expect these changes to occur:

- Short-term: increased TAY and family member access to wellness and recovery education, early intervention services; increased utilization of prevention services; and the creation and /or strengthening of relationships between Tulare County Mental Health and the community partners.

PEI Project Summary

Intermediate term: decrease in negative outcomes that may result from untreated early signs of mental illness (which may include but are not limited to, persistent unemployment, protracted suffering, school failure, the removal of children from their homes, homelessness, or suicide).

9. Coordination with Other MHSA Components**Capital Facilities and Information Technology:**

Our Capital Facilities and Information Technology plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

Community Services and Support:

This Project will improve referral and linkage of CSS funded Full Service Partnerships designed specifically for the TAY population and services provided at 3 TAY One Stops strategically located throughout the County. This will help to remove barriers and disparities in access to mental health services for un/underserved populations.

Innovation:

Our Innovation plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

Workforce Education and Training:

Our Workforce Education and Training plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

10. Additional Comments (optional)

PEI Revenue and Expenditure Budget Worksheet

Enclosure 3

Form No. 4

Budget Narrative

A. EXPENDITURES

1. Personnel Expenditures: \$0

See anticipated Administrative cost in Form No. 5.

2. Operating Expenditures: \$0

See anticipated Administrative cost in Form No. 5.

3. Subcontracts/Professional Services: (FY 08-09 & 09-10) \$643,419

Identification of onset of an SMI: (\$643,419) Provider to be determined by RFP. The subcontractor will be responsible for acting as a lead agency that will provide training to First Responders to teach them to recognize the early signs of a Serious Mental Illness (SMI) in the TAY population (ages 12-24), and to know where to refer an individual if signs are identified so that services can be provided. The initial year funds are higher due to expected startup costs.

a. Total Subcontracts – (FY 08-09 & 09-10) \$643,419

4. Proposed PEI Project Budget: (FY 08-09 & 09-10) \$643,419

B. REVENUES

1. Total Revenue – \$0

No revenue is anticipated at this time

5. Total Funding Requested for PEI Project: (FY 08-09 & 09-10) \$643,419

6. Total In-Kind Contributions:

No in-kind contributions are anticipated at this time.

PEI Project Summary

PEI Project 4: Suicide Prevention

County: Tulare

Date: January 27, 2009

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

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

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

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

This project is a local counterpart to the Statewide PEI project for Suicide Prevention and will link statewide efforts to those of Tulare County and maximize the use of technical assistance and other resources available from the statewide Office of Suicide Prevention. The Tulare County suicide rate was 11.9 deaths per population of 100,000 (Crude Death Rate from EPIC database) in 2007 which is one of the highest recorded suicide rates in Tulare County to date. The Tulare County Suicide Prevention Task Force identified the largest spike in suicides in 2007 to be among older men. Suicide in the general population of adults over the age of 65 accounted for 20% of suicides whereas their number in the mental health population is approximately 10%. 58% of suicides in Tulare County were completed by individuals over the age of 40.

The activities of this Project will be administered and overseen by the Tulare County Suicide Prevention Task Force (SPTF). The SPTF is a collaborative of County agencies and community-based organizations including, but not limited to: Health and Human Services Agency, Aging and Adult Services, the Coroner's Office, the Sheriff's Office, Children's Services Network, Kaweah Delta Hospital, College of the Sequoias, the WatchStar Project, NAMI, Family Health Care Network, San Juan Health Clinic, Tulare County Office of Education, other law enforcement and community members. This collaborative brings together a broad range of professionals and concerned individuals to work on a common goal of reducing suicide risk and rates in Tulare County.

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

The selection of the **Suicide Prevention Project** is supported by the needs and priorities that were identified in the community planning process: increasing awareness, resources, training, and prevention strategies for the community, health care professionals, educators, law enforcement, and un/underserved populations. This project will increase public awareness on the signs of suicide risk and appropriate strategies to prevent and reduce suicide attempts and completions. This project will be linked to the State-Administered Suicide Prevention Project through the Office of Suicide Prevention.

4. Programs

Tulare County Suicide Prevention Task Force (SPTF) (*Prevention: Universal*) is a universal prevention effort designed to address the needs and priorities that were identified in the community planning process by increasing awareness, developing resources, and training and prevention strategies for the community, health care professionals, educators, law enforcement, and un/underserved populations regarding suicide prevention in Tulare County. The SPTF will enhance and coordinate efforts among government agencies, community-based organizations, interested parties, and community volunteers. Examples of Early Intervention activities that the SPTF will institute are pilot projects such as a depression and suicidality screening for older adults and link identified at-risk individuals to appropriate services like psychiatric consultation, individual therapy, and support resources.

The SPTF will have the responsibility of administering and overseeing the activities of this project. The collaborative model embraces the core visions of MHSA by creating and maintaining lasting linkages with input and feedback between segments of the community. The task force will link statewide suicide prevention efforts and local efforts. The Health and Human Services Agency will be the lead agency, and will oversee the staff assigned to the Suicide Prevention Task Force. The SPTF will also review RFP responses under the Targeted Suicide Prevention Programs.

Funding for this Program will be used for 1.0 FTE staff support of the SPTF, for training and education activities and materials for the SPTF, developing and implementing surveillance (reporting from ER departments, First Responders, and the Coroner's Office) systems, and developing a stigma reduction campaign and distributing associated materials.

The Goals of the Suicide Prevention Task Force are linked to the subcommittees of the Task Force:

- Promote public awareness of prevention issues
- Improve and expand surveillance (reporting of suicide completion) systems
- Promote effective clinical and professional practices
- Develop and implement suicide prevention programs

Program activities include:

- Community Education to Reduce Stigma
 - Establish a Countywide universal suicide prevention effort
 - Develop local suicide prevention action plan
 - Enhance linkages between agencies, systems, and programs
- Liaison with state Office of Suicide Prevention
 - Link efforts, training, manuals, etc.

PEI Project Summary

- Maximize available training and technical assistance
- Educate the community about available resources and evidence-based practices

Targeted Suicide Prevention Programs: (*Blended Prevention: Selective*) The provider(s) of the program(s) will be identified through the RFP process. Respondents to the RFP will specify groups at high risk for suicide and identify evidence-based practices¹⁵ to reduce the risks and rates of suicide for the specified populations. By targeting un/underserved populations with high suicide risks (i.e. Older Adults, Native American youth or Latina youth), the targeted suicide prevention programs will reduce disparities in access to services for these groups. The numbers to be served will be determined by the RFP. Awarded respondents will be collectively granted up to one hundred and ninety thousand dollars (\$190,000) in the first fiscal year and two hundred, sixty thousand, four hundred and nineteen (\$260,419) in the second fiscal year to carry out evidence-based programs as outlined in the MHSA PEI guidelines.

The program(s) will align with the transformational concepts inherent in the MHSA policies to embody: community collaboration; cultural competence; individual/family-driven programs and interventions with specific attention to individuals from underserved communities; wellness focus which includes the concepts of resilience and recovery, integrated service experience for individuals and their families, and outcome-based program design. Many targeted suicide prevention programs will include the use of an MFT, LCSW, psychologist and/or psychiatrist.

The program(s) in this Project are not crisis services, but prevention early intervention services. The program(s) will reduce risk factors and stressors, build protective factors, and increase support mechanisms available to the community. The program(s) will be directed toward individuals and families for whom a short-duration (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse. The program(s) will use evidence-based practices from the MHSA guidelines of approved PEI programs. The goals of the Targeted Suicide Prevention Program are:

- Reduced suicide completion by targeted group
- Ensured cultural competency
- Increased social support resources and knowledge of available resources for targeted group
- Improved early detection and identification of at-risk behaviors and features within targeted group

¹⁵ Sample list of Evidence-based Practices from MHSA PEI Guidelines: CARE (Care, Assess, Respond, Empower); CAST (Coping And Support Training); PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial); SOS Signs of Suicide; Emergency Room Intervention for Adolescent Females; Applied Suicide Intervention Skills Training (ASIST); Question, Persuade, Refer (QPR); PHQ-9; Peer-to-Peer.

PEI Project Summary

- Reduced disparity in access to treatment, support, and care by targeted group
- Reduced stigma about seeking treatment or help for problems

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2010 by type		Number of months in operation through June 2010
	Prevention	Early Intervention	
Tulare County Suicide Prevention Task Force (SPTF)	Individuals: Families: countywide	Individuals: Families: countywide:	12
Targeted Suicide Prevention Programs	Individuals: 190-222 Families:	Individuals:190-222 Families:	12
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 190-222 Families:	Individuals: 190-222 Families:	12

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

A primary purpose of this project is to support and maintain a collaborative effort in Tulare County that includes government agencies, community based organizations, service providers, and concerned community members to address the issue of suicide. The key to this successful collaborative effort is clarifying and strengthening existing services and creating linkages between services and groups to enhance the service available and delivered to the community. This will be achieved by members working together to implement a standardized reporting and referral process, selecting and implementing evidence-based practices, and informing the community of both prevention and early intervention services, and treatment-oriented community services and supports. Individuals in need of resources will be referred to crisis and treatment services as appropriate.

7. Collaboration and System Enhancements

This Project will encourage the strengthening of collaborative effort within Tulare County. Membership will include, but is not limited to: schools, community colleges, clinics, family resource centers, community based organizations (including those which serve distinct cultural populations), law enforcement, peer-support groups, and hospitals. These groups and organizations will work together and assist in the countywide prevention and early intervention efforts to assist reaching out to un/underserved groups.

One of the primary goals of this Project is to create surveillance (reporting from ER departments, First Responders, and the Coroner's Office) and reporting systems throughout Tulare County including in local emergency rooms, clinics, First Responders, family resource centers, clinics, schools, and community based-organizations. These efforts will help to identify at-risk individuals and provide appropriate and timely referrals for treatment.

This PEI Project will be sustained through ongoing PEI funds, and through the support of time and effort from members participating in the SPTF.

8. Intended Outcomes

Tulare County Suicide Prevention Task Force (SPTF)

- Decreased number of suicide completions throughout the County
- Link efforts between the SPTF and statewide Office of Suicide Prevention
- Successful community education and stigma reduction campaign
- Increased knowledge and awareness of at-risk behaviors
- Increased knowledge of resilience and protective factors
- Increased knowledge of available services related to suicide prevention and support for associated/underlying causes
- Increased use of resourced for suicide prevention
- Increased cooperation between agencies, systems, and programs
- Integrated system of reporting and referral

PEI Project Summary

Targeted Suicide Prevention Programs

- Reduced suicide completion by targeted group
- Ensured cultural competency
- Increased social support resources and knowledge of available resources for targeted group
- Improved early detection and identification of at-risk behaviors and features within targeted group
- Reduced disparity in access to treatment, support, and care by targeted group
- Reduced stigma about seeking treatment or help for problems

Information may be gathered through interviews, surveys, standardized assessment tools, or other appropriate measures. The Suicide Prevention Task Force will develop these measures.

9. Coordination with Other MHSA Components

Community Services and Support:

This Project will improve referral and linkage to Mobile Units, One-Stop programs for Transitional Age Youth, as well as other mental health providers in the community.

Workforce Education and Training:

Our Workforce Education and Training plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

Innovation:

Our Innovation plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

Capital Facilities and Information Technology:

Our Capital Facilities and Information Technology plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

10. Additional Comments (optional)

PEI Revenue and Expenditure Budget Worksheet

Enclosure 3

Form No. 4

Budget Narrative

A. EXPENDITURES

1. Personnel Expenditures: \$201,876 (FY 08-09 & FY 09-10)

a. Salary and wages – \$75,327 x2 years = \$150,654

1.0 FTE Coordinator with the responsibilities of full staff support for the SPTF.

b. Employee Benefits – \$25,611 x2 years = \$51,222

An average of current employee benefits was used to estimate these amounts as 34% of regular salary. This amount is \$22,508 for 1.0 FTE coordinator.

c. Total Personnel Expenditures – \$100,938 x2 years = \$201,876

\$88,708 is automatically calculated and is the sum of lines 1a and 1b.

2. Operating Expenditures: \$264,724 (FY 08-09 & FY 09-10)

a. Facility Cost – \$0

No facility costs are anticipated to be allocated in this project.

b. Other Operating – \$264,724

Funds are reserved to ensure that there are appropriate mechanisms for disseminating information locally. This may include but is not limited to: internet communication, publications such as newspapers and magazines, billboards, radio advertising, television advertising, pamphlets and brochures, and mailing. Funds may also be used to purchase and distribute evidenced based practices materials, fund guest speakers and special events, and assist in general SPTF expenses.

c. Total Operating Expenses - \$264,724it is automatically calculated and is the sum of lines 2a and 2b.

3. Subcontracts/Professional Services: \$450,419 (FY 08-09 & FY 09-10)

Targeted Suicide Prevention Programs: (\$450,419) Contractor(s) to be determined by RFP. The purpose of this/these subcontractor(s) is to act as a lead agency that will identify, develop, and implement evidence based practices to targeted groups at high risk for suicide. The subcontract(s) will be reviewed and approved by the Tulare County Suicide Prevention Task Force (SPTF).

a. Total Subcontracts – \$450,419 (FY 08-09 & FY 09-10) is automatically calculated and is the sum of line 3 (all subcontracts).

4. Proposed PEI Project Budget: \$917,019 (FY 08-09 & FY 09-10)

Total Proposed PEI Project Budget -\$917,019is automatically calculated and is the sum of lines 1c, 2c and 3a.

B. REVENUES

1. Total Revenue – \$0 (FY 08-09 & FY 09-10)

No additional revenue is anticipated at this time as services will be delivered at no direct cost to the community.

5. Total Funding Requested for PEI Project: \$917,019 (FY 08-09 & FY 09-10)

PEI Revenue and Expenditure Budget Worksheet

Enclosure 3

Form No. 4

Full funding for each Program under this Project will be provided by PEI funding. These services are being offered as no direct cost services to the community.

6. Total In-Kind Contributions: \$0

In-kind contributions include volunteer time from members of the Tulare County Suicide Prevention Task Force (SPTF). No other in-kind contributions are anticipated at this time, though additional grants may be applied for to supplement activities of the Task Force. In-kind contributions for subcontracts will be determined through the RFP process.

PEI Project 5: Reducing Disparities in Access to Mental Health Services

County: Tulare

Date: January 27, 2009

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

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

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

PEI Project Summary

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

This program is to address the needs and priorities identified by the community planning process including representatives from government agencies, community-based organizations, service providers, and concerned community members. Promoting mental health awareness and increasing access to prevention and early intervention services is critical in Tulare County.

This project will reduce the disparities that many Tulare County residents face with respect to accessing mental health services. This project will focus on increasing access to prevention and early intervention services, which was requested by 51.3% of survey respondents, 100% of Focus Groups, service providers interviewed, and was a key area of concern from the Community Services and Supports outreach that preceded PEI. Per the PEI guidelines 'Access' means, "the extent to which an individual who needs mental health services is able to receive them, based on conditions such as availability of services, cultural and language appropriateness, transportation needs, and cost of services."

Input regarding access highlighted several areas of concern, including awareness of available resources, language resources available at little or no cost, and availability of services in a timely manner.

Community Comments Relating to Access Needs				
"That people can access services, regardless of economic status."	"Access should not be complicated. To meet the needs of the person."	"Drugs and alcohol counseling, help to get employment help managing and paying bills."	"People with no insurance need mental health services and support groups."	"Educate the general public, have someone to talk to community clubs, schools."
"Par mas publicidad de los servicios y programas relacionadas."	"Being able to distinguish what people need - or who do we know we need it."	"For every person screened there is treatment available if deemed necessary."	"Be better informed on services. Advertise / public education."	"The resources are not available, to difficult getting information or services."
"Tener programas disponibles de salud mental."	"Tener mas programas disponibles."	"It needs to be an easier access to people."	"Getting the information to the people that need it."	"Letting the public know that services are available."

PEI Project Summary

Community Comments Relating to Access Needs, <i>continued</i>				
“Publishing that it is available and reducing stigma.”	“That those who need help get it properly.”	“Accountability and accessibility.”	“Awareness.”	“Getting the word out on how people can get help.”
“People are not aware of these programs.”	“Access and competent providers.”	“Not knowing where to get help.”	“That we give people the treatment they need.”	“Letting the community know there is help.”
“Community needs to know more about this program.”	“Information of the services available necessary.”	“Public awareness.”	“Accessibility and availability.”	“Tener programas de mas comunicacion.”
“Public awareness.”	“Awareness programs.”	“Access to care.”	“Access to services.”	“Accessibility.”
“If there are a number of collaborative established and community partnerships, I’m unaware of them. Perhaps more outreach, or marketing about the outreach that exists is needed.”	“Making prevention and early intervention services available to the general population and decrease crisis intervention incidents. In addition, promotion of access to services by means of public education is equally important.”	“Make information more widely known.”	“Community awareness programs, let the people know what is available and how to access the program.”	

3. PEI Project Description:

The **Reducing Disparities in Access to Mental Health Services** Project is designed to address the needs and priorities that were identified in the community planning process by promoting mental health awareness and increasing access to prevention and early intervention services. Many individuals face obstacles in accessing resources due the lack of available programs, lack of knowledge of existing programs and resources, lack of First Responder knowledge, and/or the geography of Tulare County. The population is located in numerous rural communities, and Tulare County is the most impoverished county in California leading to many residents lacking the ability to travel to services that are not in direct proximity to their place of residence. Stakeholders and community members also recommended non-traditional settings to reach priority populations.

The Program(s) in this Project will be directed toward individuals and families for whom a short-duration (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its

manifestation, thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse.

4. Programs

Community Warm Line – Spanish & English: (*Prevention – Universal*) This program will be executed through RFP contract with one or more service providers. The awarded provider(s) will coordinate recruiting, training, selection of Best Practices screening techniques, supervision, scheduling of staff, and hours of Warm Line operation. The provider(s) will be responsible for training staff in general telephone etiquette and protocols, scope of practice and appropriate referrals, maintaining boundaries, suicide risk screening, and appropriate crisis/emergency response referrals. It is also expected that services will be provided in at least English and Spanish languages. Awarded respondents will be collectively granted up to two hundred thousand dollars (\$200,000) in the first and second fiscal year.

The Community Warm Line program was selected in response to community desire for quick and easy access to mental health services, linkage and referral to services, and broader desire for services for individuals without a diagnosed SMI or SED. This program was selected for RFP process to drive services through the community in a highly accessible form, and helps to provide services without the need for transportation. The community planning process identified a need for readily available access to non-crisis services for the general population. This program is cost effective; does not require professional staff; and utilizes and enhances the skills of current clients, family members, interested parties, and exposes them more broadly to available resources.

Access to services was a central theme expressed throughout the planning process. Surveys, focus groups, meetings, and feedback from the Tulare County Mental Health Board all highlighted a need for timely appropriate services regardless of diagnosis, ability to pay, participation in the broader system of care, and previous mental health history. The Community Warm Line – Spanish & English will serve as an access point to free non-professional peer-support services. This program provides immediate non-crisis access to phone-based services by caring individuals. It also helps to avoid stigma associated with formalized mental health assistance. This service provides a resource to individuals experiencing early onset of problems who are possibly unaware of their need for professional assistance.

The goals of the Community Warm Line – Spanish & English are to:

- Reduce stigma associated with accessing services for emotional and mental health needs.
- Provide no-cost access to information that will help avoid/prevent escalation to crisis services

PEI Project Summary

- Train consumers/volunteers to appropriately handle community calls, and gain valuable experience in working with the mental health system of care
- Provide supportive services at no-cost to callers
- Consumers/volunteers will gain valuable experience which may help them in a career track in the mental health field
- Provide linkage and referral to appropriate mental health services
- Provide information, resources, and support to family members of individuals suffering from emotional and/or mental health problems

It has yet to be determined how many callers will access the *Community Warm Line*; however, one of the contract requirements will be to collect call data from the inception of the service. The Community Warm Line will help decrease mental health disparities in Tulare County as it will provide linkages to available mental health services for un/underserved populations.

Community Warm Line – LGBTQ: (*Prevention – Selected*) This program will be executed through RFP contract with one Provider. This Program is to support stigma and discrimination reduction, and increase awareness and use of the Trevor Project and the Trevor Helpline. The Trevor Project operates the only nationwide, around-the-clock crisis and suicide prevention helpline for lesbian, gay, bisexual, transgender and questioning youth. The awarded provider will be responsible for coordinating with the Trevor Project to develop an accurate and consistent message of that project to the LGBTQ community of Tulare County, enhance services provided by the Trevor Project, use an “any means necessary” approach to reach the LGBTQ youth community, and promote awareness and use of this resource and similar resources for the LGBTQ community. Awarded respondents will be collectively granted up to twenty five thousand dollars (\$25,000) in the first and second fiscal year.

This program was selected in direct response to feedback and request made by representatives of the LGBTQ community resulting from the CSS planning process and implementation. This program focuses on expanding the local knowledge base of the existence of this resource and of similar resources which are available to the LGBTQ community.

The goals of the Community Warm Line – LGBTQ are to:

- Reduce stigma of accessing services for emotional and mental health needs specifically among the LGBTQ community
- Expand knowledge of currently available resources for the LGBTQ community
- Reduce stigma associated with contacting a crisis and suicide prevention hotline
- Provide linkage and referral to appropriate mental health services

PEI Project Summary

- Provide information and resources to family members of LGBTQ community members suffering from emotional and/or mental health problems

It has yet to be determined how many callers will access the *Community Warm Line*; however, one of the contract requirements will be to collect call data from the inception of the service. The Community Warm Line will help decrease mental health disparities in Tulare County as it will provide linkages to available mental health services for un/underserved populations.

Home-Delivered Meals Prevention and Early Intervention Program: (*Prevention – Selected*) Input from the Older Adults Focus Group and discussions with key informant interviews indicated a few areas where mental health services have been lacking for older adults. One area that drew particular note was in services to home-bound seniors and their caregivers. Specifically noted was a need to reach seniors who are isolated by illness, disability, or other factor and who possess some risk factors for depression and/or anxiety disorders. In light of the spike in older adult suicides in Tulare County, targeting these home-bound seniors was seen as particularly important. Additionally, 46.5% of the respondents to the PEI planning survey indicated that it is important to reach seniors who are at risk of depression and ensure they receive services.

The Home-Delivered Meals Prevention and Early Intervention (HDM PEI) program is based on the California Department of Aging's (CDA's) model that has been accepted by MHSOAC. The program combines the Meals on Wheels Mental Health Outreach Program of Redwood Coast Seniors, Inc. and evidence-based depression and anxiety disorder screening tools with treatment services for older adults. It is in part based off of the Gatekeeper Program which trains non-traditional referrals sources in the identification of, and referral for, serious mental health and substance abuse problems.

A Licensed Clinical Social Worker (LCSW), either staffed or contracted would oversee the HDM PEI program. This position would provide clinical oversight to the “gatekeepers” and any volunteers who may assist in treatment. The position would also:

- Provide education and training to staff and volunteers
- Review any depression screenings
- Conduct formal assessments of clients
- Manage incoming referrals from all sources
- Conduct/oversee any interventions outside of the Mental Health Clinic system
- Care coordination to promote referral to and linkage with community services/supports

Once the program is implemented, all home-delivered meals clients will be asked to complete a confidential self-administered depression screening tool (to be identified by the LCSW, examples include the Geriatric Depression Scale or the Patient Health

PEI Project Summary

Questionnaire 9 (PHQ-9)) upon entry into the program and at each annual eligibility review. The form will be completed by the client and sealed in an envelope the program will provide; the HDM driver will then take those sealed assessments to the program LCSW, who will evaluate them. If the screening results indicate the possibility of depression, the clinician will provide an in-home mental health assessment and develop a treatment plan, which may include referrals to other community resources and/or agencies. The clinician may also conduct a brief intervention with the client, using an evidence-based practice, such as the Healthy IDEAS Program.

In addition to the formalized assessments, meal delivery drivers, the program coordinator, and any staff making program eligibility determinations will be trained in a number of areas, including:

- Recognizing the signs/symptoms of depression, alcohol abuse, and the warning signs of suicide
- Knowing what to communicate, and when, to the mental health clinician if behavioral changes are noted
- Understanding specific cultural and ethnic considerations in dealing with clients

Initially, home-delivered meal drivers and the home-delivered program coordinator/manager will be trained as “gatekeepers.” All referrals from these sources will be handled by the LCSW. If shown to be successful, this program could branch out to other Adult Services programs and community providers; potential “gatekeepers” could include Veterans Services staff, In-Home Supportive Services staff and Public Authority registry providers, adult day services staff, and the like.

211 Referral System: (*Prevention – Universal*) Access to information and referral to services was a major topic throughout the community planning process. Community members addressed a need for quick, language relevant, and accurate information. Participation in the 211 Telephone Referral System provides a quick, effective, and easy-to-remember method of obtaining community resources information. The 211 Telephone Referral System assists in mental illness prevention efforts by allowing for the public to have an easy-to-remember and always available access line to direct them to available services during the time of duress, family or personal crisis, and public emergencies; in addition to a variety of other services including community-based organizations; basic human needs resources; physical and mental health resources; employment supports; support for older Americans and persons with disabilities; support for children, youth and families; and volunteer opportunities and donations. The 211 System provides TDD/TTY access for people with hearing impairments and language translation service for inquirers who speak languages other than English, which improves the ability of un/underserved populations to access information. This program will also have 24-hour internet accessibility available to the community. Internet access further expands the ability of the community to access information and services from the comfort of their home or current location without having to provide personal information. This system lowers stigma and community fear of contacting traditional government based services, especially among the undocumented population. This service will help to reduce community stress experienced during public emergencies as it is designed to be fully operational in times of public

PEI Project Summary

emergency. Awarded respondents will be collectively granted up to two hundred and eight thousand dollars (\$208,000) in the first fiscal year and two hundred and fifty thousand dollars (\$250,000) in the second fiscal year to carry out evidence-based programs as outlined in the MHSA PEI guidelines.

The goals of the Regional 211 System are to:

- Provide 24-hour, 7-day-a-week free access to information and referrals to government services, community-based organizations, and service providers
- Increase access to services to un/underserved populations by reducing language barriers, increasing access methods, and avoiding stigma associated with contacting service providers directly
- Increase regional integration of services by creating ties with a neighboring county

It has yet to be determined how many callers will access the 211, however, one of the contract requirements will be to collect call data from the inception of the service. 211 will help decrease mental health disparities in Tulare County as it will provide linkages to available mental health services for un/underserved populations.

PEI funds would provide for staffing resource specialists, marketing, and inclusion costs. The utilization of this service by Tulare County residents is unknown at this time, but is expected to closely mirror utilization levels in Fresno County. The 211 Referral System program was selected as a result of feedback from community surveys, meetings, and feedback from the Tulare County Mental Health Board. Community members shared strong opinions regarding the need for accessibility, awareness, promotion, and appropriate linkage to programs and services. Desire for knowledge and awareness of both new and existing programs as well as frustration relating to the lack thereof was clearly communicated. In addition, 76.3% of survey respondents stated that they want services that are provided in the language they are most comfortable speaking. The 211 program is a clear selection to consolidate information regarding programs and resources available to the community regardless of age, ethnicity, language spoken, or need. This system also provides assistance in helping people find specific linkage to programs for which they might not be able to fully articulate a need. The 211 program leverages PEI funds and centralizes information, assists community member in locating appropriate referrals, and does not require the use of expensive professional positions.

PEI Project Summary

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2010 by type		Number of months in operation through June 2010
	Prevention	Early Intervention	
Community Warm Line - Spanish/English	It has yet to be determined how many callers will access the Community Warm Line; however, one of the contract requirements will be to collect call data from the inception of the service.		12
Community Warm Line - LGBTQ	It has yet to be determined how many callers will access the 211, however, one of the contract requirements will be to collect call data from the inception of the service.		12
Home-Delivered Meals Prevention and Early Intervention Program	Individuals: 346 Families:	Individuals: Families:	12
211 Referral System	It has yet to be determined how many callers will access the 211, however, one of the contract requirements will be to collect call data from the inception of the service.		12
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 346 Families:	Individuals: Families:	12

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

PEI Project Summary

The primary purpose of the Reducing Disparities in Access to Mental Health Services Project is to educate the community about available resources, and to link community members to appropriate resources. The Community Warm Line – English and Spanish provides language appropriate non-crisis services to community members and will refer crisis callers to appropriate resources. The Warm Line – LGBTQ provides community education and linkage to an existing national crisis and suicide prevention hotline as well as highlighting additional resources for that community both within Tulare County and nationally. The Home-Delivered Meals Prevention and Early Intervention Program provides services to isolated older adults and allows for greater identification and referral to appropriate mental health services. The 211 Referral System helps community members link to resources to obtain mental health and other needed services and bring greater awareness of what services are needed by the community.

7. Collaboration and System Enhancements

This Project will bring together a vast array of resources into a manageable system. This is especially true of the 211 Referral System. The 211 Referral System will also provide valuable data regarding the types of services most commonly requested by the community, and will ease the burden placed on service providers by misdirected calls. The Warm Line - LGBTQ collaborates with a national program to bring greater awareness to Tulare County of services available to the LGBTQ community. The Home-Delivered Meals Prevention and Early Intervention Program enhance services currently being offered to older adults by adding a mental health component.

8. Intended Outcomes

Outcomes may include, though are not limited to, the anticipated outcomes listed below. Specific program outcomes are expected to be identified in the County's process to select and negotiate with contractors that will provide the proposed programs and services. Information may be gathered through interviews, surveys, standardized assessment tools, or other appropriate measures. Outcomes will be re-evaluated annually by the County and service provider and, if necessary, revised to improve service provider performance.

Community Warm Line – Spanish & English

- Earlier access to Mental Health treatment and services, as appropriate
- Easier access to services for the community
- Language appropriate services

Community Warm Line – LGBTQ

- Earlier access to Mental Health treatment and services, as appropriate
- Easier access to services for the community
- Language appropriate services
- Services sensitive to the unique needs of the LGBTQ community

Home-Delivered Meals Prevention and Early Intervention Program

- Services provided to the un/underserved older adult community
- Decreased suicide completions by older adults
- Increased awareness of signs and risk factors of depression for older adults
- Greater number of older adults served by existing mental health services

211 Referral System

- Increased awareness of mental health services
- Increased referrals to appropriate mental health services

9. Coordination with Other MHSA Components

Community Services and Support:

This Project increases the type of services offered to the community that resulted from the planning and implementation of CSS. This Project will help to provide informational resources for the community to increase utilization and knowledge of mental health and CSS services as well as PEI services.

Workforce Education and Training:

Our Workforce Education and Training plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

Innovation:

Our Innovation plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

PEI Project Summary

Enclosure 3

Form No. 3

Capital Facilities and Information Technology:

Our Capital Facilities and Information Technology plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

10. Additional Comments (optional)

PEI Revenue and Expenditure Budget Worksheet

Enclosure 3

Form No. 4

Budget Narrative

A. EXPENDITURES

1. Personnel Expenditures: (FY 08-09 & 09-10) \$221,624

- a. Salary and wages – \$82,698 x2 years = \$165,390
.75 FTE LCSW calculated at \$60,606 to oversee activities of the Home-Delivered Meals Prevention and Early Intervention Program.
.25 Unit Manager calculated at \$22,089 to oversee the activities of the LCSW assigned to the Home-Delivered Meals Prevention and Early Intervention Program.
- b. Employee Benefits – \$28,117 x2 years= \$56,234
An average of current employee was be used to estimate these amounts. \$20,606 for .75 FTE LCSW and \$7,511 for .25 Unit Manager,
- c. Total Personnel Expenditures – \$110,812 x2 years = \$221,624
\$219,094 is automatically calculated and is the sum of lines 1a and 1b.

2. Operating Expenditures: (FY 08-09 & 09-10) \$75,850

- a. Facility Cost – \$0
No facility costs are anticipated to be allocated in this project.
- b. Other Operating – \$37,925 x 2 years = \$75,850
Funds are reserved to ensure that there are appropriate mechanisms to deliver services for the Home-Delivered Meals Prevention and Early Intervention Program. These funds include but are not limited to travel expenses, material fees, and administrative fees.
- c. Total Operating Expenses - \$37,925 x 2 years = \$75,850
\$37,925 is automatically calculated and is the sum of lines 2a and 2b.

3. Subcontracts/Professional Services: (FY 08-09 & 09-10) \$942,253

Training and Evaluation: \$16,689 x2 years = \$33,378 is reserved for fees associated with training of evidence based practices selected by the LCSW for staff associated with the Home-Delivered Meals Prevention and Early Intervention Program. Funds are also reserved to pay for evaluation of this program.

Warm Line - Spanish & English: \$200,000 x2 years = \$400,000 is allocated for the RFP process to identify one or more subcontractor. The purpose of this/these subcontractor(s) is to act as a lead agency that will develop and implement a community warm line in at least the English and Spanish languages.

Warm Line – LGBTQ: \$25,000 x2 years= \$50,000 is allocated for the RFP process to identify one ore more subcontractor. The purpose of this/these subcontractor(s) is to enhance community knowledge of the Trevor Project and Trevor Hotline, as well as additional community resources available for the LGBTQ community.

211 Referral System: \$458,875 is allocated to fund staffing resource specialist, marketing, inclusion costs, and for additional fees and start-up costs associated with a 211 system. These funds are anticipated to be used in coordination and cooperation with United Way.

- a. Total Subcontracts – (FY 08-09 & 09-10) \$683,378

Project 5: Reducing Disparities in Access to Mental Health Services

PEI Revenue and Expenditure Budget Worksheet

\$341,689 x2 years = \$683,378 is automatically calculated and is the sum of line 3 (all subcontracts).

4. Proposed PEI Project Budget: (FY 08-09 & 09-10) \$1,239,727

Total Proposed PEI Project Budget - \$605,783 x2 years = \$1,211,566 is automatically calculated and is the sum of lines 1c, 2c and 3a.

B. REVENUES**1. Total Revenue – \$0**

No additional revenue is anticipated at this time as services will be delivered at no direct cost to the community.

5. Total Funding Requested for PEI Project: (FY 08-09 & 09-10) \$0

Full funding for each Program under this Project will be provided by PEI funding. These services are being offered as no direct cost services to the community.

6. Total In-Kind Contributions: (FY 08-09 & 09-10) \$0

The time of Meals On Wheels staff including home-delivered meal drivers and the home delivered program coordinator/manager is anticipated to be an in-kind contribution to this program, but the financial leverage of these activities are unknown at this time.

PEI Project 6: Reducing Stigma for Un/Underserved

County: Tulare

Date: January 27, 2009

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

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

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

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

This program is to address the needs and priorities identified by the community planning process including representatives from government agencies, community based organizations, service providers, and concerned community members. Promoting mental health awareness and education is essential in Tulare County. Outreach and Education to all was requested in 26.0% of the surveys, 88.9% of the focus groups, and 83.3% of service providers that were interviewed. There were also many comments made regarding stigma, and its effect on one’s decision to access the few available programs about which community members may be knowledgeable.

3. PEI Project Description:

Reducing Stigma for Un/Underserved project is designed to address the needs and priorities that were identified in the community planning process by promoting mental health awareness and increasing access to prevention and early intervention services by reducing stigma. Many individuals are unaware of the symptoms of mental illness. This project is designed to educate the community on recognizing the first symptoms of mental illness, and knowing what to do once these symptoms begin to manifest. 66.7% of the focus groups talked about reducing stigma in order to have more people access mental health services. Better access to services was asked for by 51.3% of Survey respondents, 100% of Focus Groups and service providers interviewed. The best way to do this is by educating the public. Details of how this project links to Tulare County’s community needs, stakeholder input, and priority populations is enclosed in the project’s program descriptions.

4. Programs

Social Marketing The Provider of this program will be a social marketing consultant identified through the RFP process. The objective of this program will be outreach and education of mental health issues and services to the community, with the long-term goal of stigma reduction. The RFP recipient will be responsible for developing a social marketing research plan with a subsequent implementation plan. This plan must be culturally competent and provide a mechanism to reach all populations within Tulare County. It must support all programs' use of media, strategies for reducing stigma and increasing use of services among un/underserved. Social Marketing will have a positive impact in reducing disparities in mental health by increasing awareness of mental health issues and available programs, especially among un/underserved cultural populations. Awarded respondents will be collectively granted up to two hundred and sixty six thousand dollars (\$266,000) in the first fiscal year and two hundred seventy-six thousand four hundred ninety-nine dollars (\$276,499) in the second fiscal year to carry out evidence-based programs as outlined in the MHSA PEI guidelines.

PEI Project Summary

This program was chosen because 66.7% of the focus groups talked about reducing stigma in order to have more people access mental health services. Better access to services was requested by 51.3% of survey respondents, 100% of focus groups and service providers interviewed.

The goals of the Social Marketing Program are:

- Increase mental health awareness through culturally competent and linguistically competent materials designed for the un/underserved populations
- Increase awareness of available mental health services provided by the county and the community
- Promote wellness and recovery

The PEI funding will contribute to the development and implementation of the goals. Tulare County will release a RFP to the community requesting a social marketing company that can implement this program. The RFP will require the respondents to leverage existing collaborations in the community. The RFP recipient will find and implement new and non-traditional ways to reach the un/underserved populations of Tulare County, through evidence-based practices from the MHSA PEI guidelines.

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2010 by type		Number of months in operation through June 2010
	Prevention	Early Intervention	
Social Marketing	Individuals: Families: countywide	Individuals: Families: countywide	12
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families: countywide	Individuals: Families:countywide	12

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

A primary purpose of this project is to form and maintain a collaborative effort in Tulare County composed of government agencies, community-based organizations, and the media to address the issue of Stigma Reduction in Tulare County. The key to this successful collaborative effort is clarifying and strengthening existing services and creating linkages between services and groups to enhance the service delivery to the community, and getting this knowledge to the un/underserved population.

7. Collaboration and System Enhancements

This Project will encourage the formation and/or strengthening of collaboration within Tulare County. Collaborative members should include but are not limited to: government agencies, family resource centers, community-based organizations (included those which serve distinct cultural populations), and the media. These various groups and organizations should work together to assist in Countywide prevention and early intervention efforts.

This PEI Project will be sustained through ongoing PEI funds, and ideally through the support of time and effort from members participating in a collaborative environment. Quarterly progress reports and follow-up will be scheduled to address any emergent issues. Program evaluation will address sustainability and progress in achieving goals.

8. Intended Outcomes

Social Marketing

Individual Level Outcomes:

- Increased knowledge and early identification of mental health issues
- Improved knowledge in how to access treatment, support, and care
- Decreased feeling of stigma when accessing mental health services

System Level Outcomes:

- Increased access to early intervention service Increased cooperation between agencies, systems, and programs
- Increase community collaboration

PEI Project Summary

- Increased cooperation between agencies, systems, and programs
- Successful community education and stigma reduction campaign
- Increase knowledge of available sources

As a result of the **Reducing Stigma for Un/Underserved Project** we expect these changes to occur:

- Short-term: increased child, youth and family member access to wellness and recovery education, and early intervention services; increased utilization of prevention services; a reduction in disparities in the access of mental health services; increased service provider competency, both in the county and community; and the creation and /or strengthening of relationships between Tulare County Mental Health and the community partners.
- Intermediate-term: decrease in negative outcomes that may result from untreated mental illness, which may include but not limited to, persistent unemployment, protracted suffering, school failure, the removal of children from their homes, homelessness, or suicide.

9. Coordination with Other MHSA Components

Capital Facilities and Information Technology:

Our Capital Facilities and Technology Plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

Community Services and Support:

This program will provide referral and linkage of all existing CSS programs by educating the public about them, thus reducing the stigma associated with accessing programs.

Innovation

Our Innovation Plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

Workforce Education and Training:

Our Workforce Education and Training Plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

10. Additional Comments (optional)

PEI Revenue and Expenditure Budget Worksheet

Enclosure 3

Form No. 4

PEI Revenue and Expenditure Budget Worksheet

County Name: Tulare

Date: January
2009

PEI Project Name: Disparities in Access to Mental Health

Provider Name (if known): Unknown- Will be determined by RFP

Intended Provider Category: Social Marketing company geared toward specified priority populations

Proposed Total Number of Individuals to be served: FY 08-09 N/A FY 09-10 countywide

Total Number of Individuals currently being served: FY 08-09 N/A FY 09-10 N/A

Total Number of Individuals to be served through PEI Expansion: FY 08-09 N/A FY 09-10 N/A

Months of Operation: FY 08-09 0 FY 09-10 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 08-09 ¹⁸	FY 09-10	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
			\$0
b. Benefits and Taxes @ %			\$0
c. Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
c. Total Operating Expenses	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Subcontractors will be selected through competitive RFP			
Social Marketing	\$266,000	\$276,499	\$542,499
a. Total Subcontracts	\$266,000	\$276,499	\$542,499
4. Total Proposed PEI Project Budget	\$266,000	\$276,499	\$542,499
B. Revenues (list/itemize by fund source)			
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$266,000	\$276,499	\$542,499
6. Total In-Kind Contributions	\$0	\$0	\$0

¹⁸ Tulare County will use Program Estimates for FY 07-08 and FY 08-09 in FY 08-09, and will use Program Estimates from FY 08-09 in FY 09-10.

PEI Revenue and Expenditure Budget Worksheet

Enclosure 3

Form No. 4

Budget Narrative

A. EXPENDITURES

1. Personnel Expenditures: \$0

See anticipated administrative cost in Form No. 5.

2. Operating Expenditures: \$0

See anticipated administrative cost in Form No. 5.

3. Subcontracts/Professional Services: (FY 08-09 & 09-10) \$542,499

Social Marketing: (\$542,499) Provider to be determined by RFP. The subcontractor will be responsible for developing a social marketing research plan with a subsequent implementation plan. This plan must be culturally competent and provide a mechanism to reach all of the populations with in Tulare County. It must support all programs' use of media, strategies for reducing stigma and increasing use of services among un/underserved.

a. Total Subcontracts – (FY 08-09 & 09-10) \$542,499

4. Proposed PEI Project Budget: (FY 08-09 & 09-10) \$542,499

B. REVENUES

1. Total Revenue – \$0

No revenues anticipated at this time.

5. Total Funding Requested for PEI Project: (FY 08-09 & 09-10) \$542,499

6. Total In-Kind Contributions:

No in-kind contributions anticipated at this time.

PEI Administration Budget Worksheet

PEI Administration Budget Worksheet (Form no. 5)

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2008-09	Budgeted Expenditure FY 2009-10	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator		1	\$75,327	\$75,327	\$150,654
b. PEI Support Staff					\$0
c. Other Personnel (list all classifications)					\$0
Licensed Clinical Social Worker		1	\$80,808	\$80,808	\$161,616
Office Assistant IV		1	\$33,409	\$33,409	\$66,818
					\$0
					\$0
d. Employee Benefits			\$64,445	\$64,445	\$128,890
e. Total Personnel Expenditures			\$253,989	\$253,989	\$507,978
2. Operating Expenditures					
a. Facility Costs					\$0
b. Other Operating Expenditures			\$131,967	\$131,967	\$263,934
c. Total Operating Expenditures			\$131,967	\$131,967	\$263,934
3. County Allocated Administration					
a. Total County Administration Cost			\$22,500	\$22,500	\$45,000
4. Total PEI Funding Request for County Administration Budget			\$408,456	\$408,456	\$816,912
B. Revenue					
1 Total Revenue			\$0	\$0	\$0
C. Total Funding Requirements			\$408,456	\$408,456	\$816,912
D. Total In-Kind Contributions			\$0	\$0	\$0

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE
PLAN
Administration Budget Narrative**

1. Personnel Expenditures

- All positions will be staffed according to County policy, and will emphasize the desire to hire staff that is culturally and linguistically diverse. Total personnel costs for FY 08-09 and 09-10 are \$507,978. This includes 1 FTE as PEI Support Staff, 1 FTE LCSWII and 1 FTE as Office Assistant IV. The overall amount is a sum of salaries and wages, and benefits and taxes shown below.
 - Salaries and Wages. FY 2008-09 & 09-10. Costs for salary and wages amount to \$379,088.
 - Benefits and taxes. FY 2008-09 & 09-10. Costs for benefits and taxes amount to \$128,890.

2. Operating Expenditures

- Operating expenditures for FY 08-09 & 09-10 for this program are estimated at \$263,934.
 - Facility Costs. FY 2008-09 & 09-10. There are no facility costs.
 - Other Operating Expenses. FY 2008-09 & 09-10. Other operating expenditures are estimated at \$263,934. This includes training, travel, conferences, supplies, and evaluation training.

3. County Allocated Administration

- Total County administration cost for FY 2008-09 & 09-10 is \$45,000.
 - Overhead for each County employee is calculated at \$7,500 per/ for each FTE. Once this value is prorated to 3 FTE's and applied for a period of 24 months, the total is \$45,000.

Prevention and Early Intervention Budget Summary

PEI Budget Summary (Form no.6)

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

County:	Tulare
Date:	January 15, 2009

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 08/09	FY 09/10	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
	Project 1. Children and Youth in Stressed Families	\$925,000	\$925,000	\$1,850,000	\$908,500	\$425,500	\$518,000	\$0
	Project 2. Children at Risk of School Failure	\$950,000	\$723,200	\$1,673,200	\$1,673,200	\$0	\$0	\$0
	Project 3. Early Identification and Intervention for Individuals Experiencing Mental Illness	\$248,819	\$394,600	\$643,419	\$205,894.08	437,525	\$0	\$0
	Project 4. Suicide Prevention	\$405,000	\$512,019	\$917,019	\$229,255	\$229,255	\$229,255	\$229,255
	Project 5. Reducing Disparities in Access to Mental Health Services	\$599,301	\$640,428	\$1,239,727	\$309,932	\$309,932	\$309,932	\$309,932
	Project 6. Reducing Stigma for Un/underserved	\$268,000	\$278,499	\$542,499	\$135,625	\$135,625	\$135,625	\$135,625
	Administration	\$408,458	\$408,458	\$816,912	N/A	N/A	N/A	N/A
	Total PEI Funds Requested:	\$3,802,578	\$3,880,200	\$7,682,778	\$3,480,405	\$1,537,836	\$1,192,811	\$674,811

* Planning Estimates for FY 07/09 & 08/09 are \$3,802,576. Planning Estimates for FY 09/10 are \$3,880,200.
 *A minimum of 51 percent of the overall PEI component budget must be dedicated to individuals who are between the ages of 0 and 25 ("small counties" are excluded from this requirement).

PEI Local Evaluation of One Selected PEI Project (Form no.7)

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

PEI Project Name: Children at Risk of School Failure

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

Tulare County will evaluate *Project 2: Children at Risk of School Failure*

This project has two programs:

- Preschool Expulsion Reduction Program
- K-3 Primary Intervention Program

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

The Advisory Group discussed the breadth of proposed programs and determined that input from community members and stakeholders were overwhelmingly supportive of programs targeted at children and youth, helped children to do well in school, and provided early access to services. Tulare County is underperforming with respect to many indicators of childhood success and this funding will help alleviate many barriers to childhood success.

- This project received the second highest funding level among all suggested projects
- It provides early intervention strategies which are based on individual and family needs, strengths, and resiliencies through the encouragement of wellness, personal empowerment, and growth
- It provides for services in a natural community environment.
- It is likely to have measurable longitudinal results
- Tulare County Office of Education as well as private education providers collect measurable and applicable data to help establish baseline and program impact over time

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

Preschool Expulsion Reduction Program

Person/family-level outcomes:

- Decreased environmental factors that negatively impact the child’s mental health
- Improve child/teacher interactions
- Decreased adjustment issues

- Increased social supports/reduced isolation
- Improved knowledge in how to access treatment, support, and care

Program/system-level outcomes:

- Reduced preschool expulsion rates
- Increased access to early intervention service
- Increased cooperation between agencies, systems, and programs

Program B: K-3 Success

Person/family-level outcomes:

- Decreased environmental factors that negatively impact the child’s mental health
- Decrease adjustment issues

Program/system-level outcomes:

- Improved access to mental health services
- Increased access to early intervention services
- Increased cooperation between agencies, systems, and programs
- Increased social supports/reduced isolation
- Improved knowledge in how to access treatment, support, and care

As a result of the **Children at Risk of School Failure** Project we expect these changes to occur:

- Short-term: increased child access to wellness and recovery education and early intervention services; increased utilization of prevention services; increased service provider competency, both in the county and community; and the creation and/or strengthening of relationships between Tulare County Mental Health and the community partners.
- Intermediate term: decreased negative outcomes that may result from untreated mental illness, such as protracted suffering, school failure, and the removal of children from their homes.

Per PEI Guidelines

3. Describe the numbers and demographics of individuals participating in this intervention. Indicate the proposed number of individuals under each priority population to be served by race, ethnicity and age groups. Since some individuals may be counted in multiple categories, the numbers of persons on the chart may be a duplicated count. For “other”, provide numbers of individuals served for whom a category is not provided (i.e., underserved cultural populations; e.g., gay, lesbian, bisexual, transgender, questioning; hearing impaired, etc.). Please indicate at the bottom of the form an estimate of the total *unduplicated* count of individuals to be served. If the focus of the intervention is families, count each person in the family.

PERSONS TO RECEIVE INTERVENTION

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/ YOUTH STRESSED FAMILIES	CHILD/ YOUTH SCHOOL FAILURE	CHILD/ YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/ DISCRIMINATION
<u>ETHNICITY/ CULTURE</u>							
African American				14* (1.39%)			
Asian Pacific Islander				32* (3.22%)			
Latino				567* (56.71%)			
Native American				8* (.81%)			
Caucasian				366* (36.57%)			
Other (or two or more races)				13* (1.31%)			
<u>AGE GROUPS</u>							
Children & Youth (0-17)				1000*			
Transition Age Youth (16-25)							
Adult (18-59)							
Older Adult (>60)							
TOTAL				1000*			
Total PEI project estimated <i>unduplicated</i> count of individuals to be served <u> 1000*</u>							

*Note: Numbers are calculated as follows: estimated service cost of \$650/child annually with combined sustained (FY 2009-10) allocated budget of \$650,000 yields approximately 1000 children to be served annually. Ethnicity/culture to be served was estimated by applying 2007 Census Bureau population data for total population to the 1000 children to be served.

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

Both programs are designated for the RFP process, and successful contractors will be required to gather and report participant demographic data (ethnicity, age, geographic location, home language, etc.).

The RFP process will require proposals to supply logic model and evaluation plan narratives that will address:

- Participant selection criteria
- Collection of demographic data
- Confidentiality and release of information statements
- Assisting evaluator in development and administering any program assessment tools
- Data collection tools and methods
- Explanation of pre-program participant baseline and post-program participant progress evaluation tools and methods
- If possible, the following additional data will be collected: school records of drop-outs, expulsions, suspensions, and school records of violent incidents.

5. How will data be collected and analyzed?

Service providers will collect all demographic and service count data, participant data, progress data, and report quarterly to MHSA. Outcome data will be collected as identified above. Service providers will analyze all evaluation data and generate summary reports of findings, including system outcomes to demonstrate system change over time. Data will be analyzed for trends at least according to zip code, ethnicity, gender, and school district. MHSA Coordinator and/or contracted evaluator(s) will have access to these data and will review data and reports generated by service providers.

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

The RFP process will require evidence of cultural competency. All evaluation instruments will be administered in the language in which the program is provided (at least English and Spanish).

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

The RFP process will require a description of best practice tools, procedures, staff development, monitoring, data collection and storage, and training to ensure program fidelity.

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

Tulare County will distribute findings on its website, to the MHSA Advisory Committee, and the Mental Health Board. Printed copies will be made available upon request from Tulare County Department of Mental Health.

EXHIBIT E-Summary Funding Request

FY 2009/10 Mental Health Services Act
Summary Funding Request

County: Tulare

Date: 1/1/2009

	MHSA Component				
	CSS	CFTN	WET	PEI	Inn
A. FY 2009/10 Planning Estimates					
1. Published Planning Estimate ^{af}				\$4,329,400	
2. Transfers ^{bf}					
3. Adjusted Planning Estimates	\$0	\$0	\$0	\$4,329,400	\$0
B. FY 2009/10 Funding Request					
1. Required Funding in FY 2009/10 ^{cf}				\$4,329,400	
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds ^{df}					
b. Adjustment for FY 2008/09 ^{ef}					
c. Total Net Available Unspent Funds	\$0	\$0	\$0	\$0	\$0
3. Total FY 2009/10 Funding Request	\$0	\$0	\$0	\$4,329,400	\$0
C. Funding					
1. Unapproved FY 06/07 Planning Estimates					
2. Unapproved FY 07/08 Planning Estimates				\$1,097,576	
3. Unapproved FY 08/09 Planning Estimates				\$2,705,000	
4. Unapproved FY 09/10 Planning Estimates				\$4,329,400	
5. Total Funding ^{ff}	\$0	\$0	\$0	\$8,131,976	\$0