



*County of San Bernardino*  
**DEPARTMENT OF BEHAVIORAL HEALTH**  
**Mental Health Services Act**

**Prevention and Early Intervention  
Component of the Three-Year Program  
and Expenditure Plan**

**September 4, 2008 (Revised)**

**Prevention and Early Intervention Component of the Three-Year  
Program and Expenditure Plan Mental Health Services Act  
San Bernardino County**

**Table of Contents**

<b><u>Content</u></b>	<b><u>Page</u></b>
<b>PEI Component of the Three-Year program and Expenditure Plan</b>	1
<b>Executive Summary</b>	2
<b>Community Program Planning Process</b>	14
<b>School Based Initiative Programs</b>	
School Based Initiative Program Summary Sheet	30
Student Assistance Program (SAP)	31
Student Assistance Program Budget Worksheet	44
Student Assistance Program Budget Narrative	45
Resilience Promotion in African-American Children	47
Resilience Promotion in African-American Children Budget Worksheet	60
Resilience Promotion in African-American Children Budget Narrative	61
Preschool Project	63
Preschool Project Budget Worksheet	77
Preschool Project Budget Narrative	78
<b>Community Based Initiative Programs</b>	
Community Based Initiative Program Summary Sheet	79
Family Resource Center Associations	80
Family Resource Center Associations Budget Worksheet	93
Family Resource Center Associations Budget Narrative	94
Native-American Resource Center	96
Native-American Resource Center Budget Worksheet	105
Native-American Resource Center Budget Narrative	106
NCTI Crossroads Education Classes	108
NCTI Crossroads Education Classes Budget Worksheet	119
NCTI Crossroads Education Classes Budget Narrative	120
Promotores de Salud	122
Promotores de Salud Budget Worksheet	134
Promotores de Salud Budget Narrative	135
<b>System Enhancement Programs</b>	
System Enhancement Program Summary Sheet	137
Older Adult Community Services Program	139
Older Adult Community Services Program Budget Worksheet	150
Older Adult Community Services Program Budget Narrative	151
Child and Youth Connection	153
Child and Youth Connection Budget Worksheet	163
Child and Youth Connection Budget Narrative	164
Nurse Family Partnership	166
Nurse Family Partnership Budget Worksheet	177
Nurse Family Partnership Budget Narrative	178
Active Duty and Family Support Project	180
Active Duty and Family Support Project Budget Worksheet	190
Active Duty and Family Support Project Budget Narrative	191
Community Wholeness and Enrichment Project	192
Community Wholeness and Enrichment Project Budget Worksheet	204
Community Wholeness and Enrichment Project Budget Narrative	205
<b>Administration budget Worksheet</b>	207
<b>PEI Budget Summary</b>	208
<b>Local Evaluation of a PEI Project</b>	209

Enclosure 3

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

Form No. 1

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

County Name: County of San Bernardino	Date: 09/04/08
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**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 Institution Code in that all identified funding requirements (in all related program budgets and the administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2007-08, 2008-09 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief the administration budget and all related program budgets in all respects are true, correct and in accordance with the law. I have considered non-traditional mental health settings in designing the County PEI component and in selecting PEI implementation providers. I agree to conduct a local outcome evaluation for at least one PEI Project, as identified in the County PEI component (optional for "very small counties"), in accordance with state parameters and will fully participate in the State Administered Evaluation.

Signature  \_\_\_\_\_  
County Mental Health Director

\_\_\_\_\_ 09/04/08  
Date

Executed at San Bernardino, California

# **San Bernardino County Department of Behavioral Health Mental Health Services Act Prevention and Early Intervention Plan Executive Summary**

## **I. Introduction**

The emerging view regarding how public agencies should respond to community issues is changing. In the past, government agencies have been responsible for developing services, describing how the services should operate, and defining who should receive services. This approach was not always effective in meeting the needs of individuals, families or the communities in which they live. Through the Mental Health Services Act (MHSA), government agencies now have the responsibility to ensure that the community has input and is involved in the development and implementation of programs at every step of the process.

The San Bernardino County Department of Behavioral Health (DBH) and their stakeholder committee have determined that the plan for MHSA Prevention and Early Intervention (PEI) and the projects proposed to implement the plan are designed to meet: 1) the priorities identified by local community stakeholders, 2) the key community health needs and priority populations outlined in the MHSA PEI guidelines, and 3) the need to develop a transformational system that recognized Prevention and Early Intervention as the cornerstone to building a comprehensive, community-responsive, recovery focused system of care.

## **II. Background**

In November 2004, California voters passed Proposition 63, which imposed a 1% tax on adjusted annual income over \$1,000,000 to adopt the Mental Health Services Act (MHSA) (effective January 1, 2005). According to the MHSA, the intent of the funding is “to reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness...” In addition, local mental health delivery systems have been charged to “create a state-of-the-art, culturally competent system that promotes recovery/wellness for adults and older adults with serious mental illness and resilience for children and youth with serious emotional disorders and their families.” The MHSA identifies five primary program components for funding that work to transform the mental health services system and that will eventually be integrated into the counties’ Three-Year Program and Expenditures Plan. The components include:

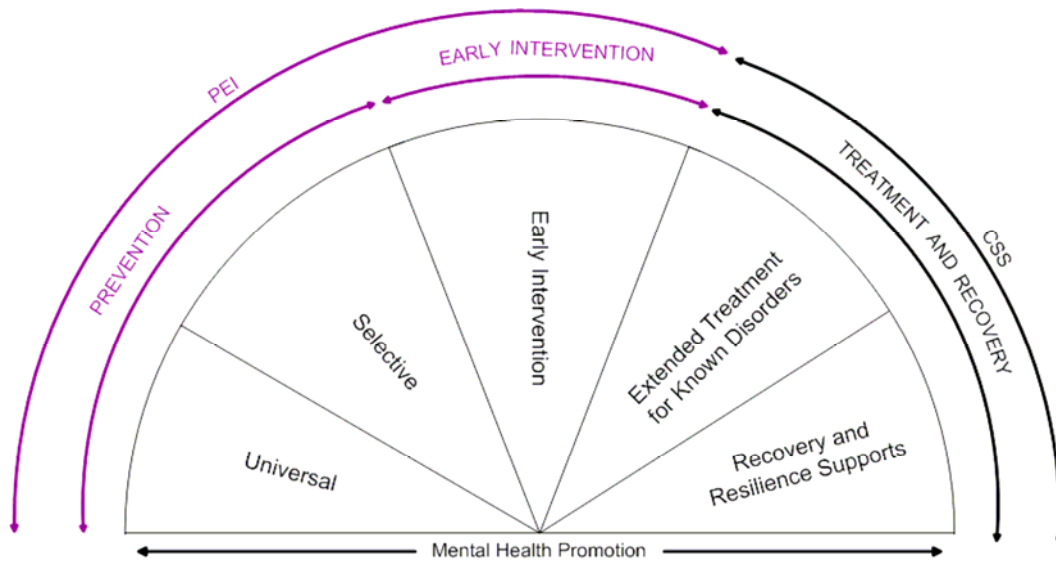
- Community Services and Supports
- Capital (buildings and housing) and Information Technology
- Workforce Education and Training
- Prevention and Early Intervention
- Innovation

Per the MHSA, each component must be developed per an intensive Community Planning Process (CPP) that utilizes the expertise of the community and involves

key stakeholders. In alignment with the Mental Health Services Act (MHSA) Transformational Framework, San Bernardino County Department of Behavioral Health (DBH) has embraced the transformational concepts inherent to the MHSA to develop a community-driven, culturally competent, wellness focused Prevention and Early Intervention (PEI) Plan that targets individuals and families, with special attention to underserved communities.

### III. Defining Prevention and Early Intervention per the MHSA

While prevention and early intervention can occur across the entire mental health intervention spectrum, the purpose of the PEI component of MHSA is to design programs at the early end of the spectrum. Prevention programs and services should fall within the Institute of Medicine’s definition of Universal and Selective (occurring prior to diagnosis), while the Early Intervention component fits the IOM’s definition of Indicated (for MHSA purposes, the operational definition is Early Intervention).



Source: Adapted from Mrazek and Haggerty (1994) and Commonwealth of Australia

California Department of Mental Health describes **Prevention** programs in mental health as “*reducing risk factors and stressors, building protective factors and skills and increasing support. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well in the face of changing and sometimes challenging circumstances*”. Prevention interventions according to the target groups described by IOM include:

**Universal:** Interventions or strategies used to target an entire population group, an entire community, or the general public that has not been identified as having

a higher risk (Examples: implementation of projects that target an entire school or training gatekeepers on warning signs of suicide and how to intervene).

Selective: Interventions or strategies targeted to individuals or a subgroup with defined risk factors for the development of mental illness (Examples: targeting children of substance abusers for intervention or youth identified as truant).

Prevention activities are not generally time limited and often share costs.

**Early Intervention** activities are 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.” These projects support well-being in major life domains to avoid the need for extensive mental health services.

PEI as a whole works to include program participants and their families in the planning, implementing, and evaluating of PEI programs. Programs are implemented in collaboration with other systems or organizations and delivered in natural community settings. All programs link individuals in need of additional services to appropriate mental health agencies, primary care providers, grassroots organizations, or local agencies for additional services as necessary.

#### IV. The Prevention and Early Intervention Framework

The State Department of Mental Health, in their instructions, proposed a PEI framework in which counties would build their PEI system. Five Key Community Mental Health Needs and six Priority Populations were identified along with a requirement that 51% of the PEI funding be allocated to projects targeting children and transitional-aged youth (TAY). (See table 1 below).

PEI Community Mental Health Needs	PEI Priority Populations
Disparities in access to mental health	Underserved cultural populations
Psycho social impact of trauma	Individuals experiencing onset of serious psychiatric illness
At-risk children, youth, and young adult populations	Children/youth in stressed families
Stigma and discrimination	Trauma-exposed
Suicide risk	Children/youth at risk of school failure
	Children/youth at-risk of or experiencing juvenile justice involvement

In addition, an exception for individuals experiencing at risk mental state (ARMS) or first onset of a serious psychiatric illness with psychotic features was developed. This exception allows use of PEI funding and waives the standards of low intensity and short duration under these circumstances to allow individuals to receive transformational interventions.

## V. Community Planning Process

Engagement of key stakeholders at the community level is critical to the success of implementing supported, sustainable mental health Prevention and Early Intervention strategies and activities. To ensure that this piece was attended to, and in alignment with the MHSAs, DBH conducted an open process for the development of the PEI system from the beginning.

With nearly two million residents in a diverse landscape made of urban centers, numerous suburban areas, rural mountain and desert regions, and remote communities, the greatest challenges that faced DBH and its partners in the development of the plan was 1) determining how to design Prevention and Early Intervention services and resources in a meaningful way to protect those who need it most, 2) ensuring that un/underserved communities had equal voice in the development of the plan, and 3) capturing the stakeholder priorities so they would be appropriately reflected in the plan and delivery of services.

Building on lessons learned from the MHSAs Community Services and Supports (CSS) planning process, efforts to target un/underserved communities were conducted. The DBH and its' partners, conducted several targeted forums throughout the county, developed cultural coalitions, and received 1,792 responses to a community survey in effort to answer and prioritize the key PEI questions outlined below:

- How to address the needs of children and youth in stressed families?
- What kinds of trauma affect individuals and communities?
- How to help schools and families address behavioral health issues that place children at risk of school failure?
- What PEI methods should be utilized for children/youth at risk of juvenile justice involvement?
- How to strengthen efforts to deliver services to un-served and underserved cultural populations?
- How communities can help families respond to early signs of mental illness?
- Identifying suicide prevention activities that would be helpful to communities.

Stakeholders identified priorities/strategies by indicating that:

- 46% wanted help before a crisis occurred
- 50% wanted assistance for drug related trauma affecting their communities
- 49% requested consultation and training for teachers
- 45% indicated a need to train school teachers for early signs of mental health illness
- 44% suggested offering services where cultural groups meet, and

- 43% prioritized offering education about the family's role in the clients' recovery.

With community priorities in hand, along with extensive demographic, treatment, and community indicator data, DBH stakeholders embarked on the extensive process of developing concepts to be included in the PEI Plan. Four Age specific Work Groups and subcommittees had been developed during the MHSA CSS planning process which allowed DBH to build on existing resources while increasing the capacity of the community around PEI principles and concepts.

The age specific subcommittees developed a total of 37 concepts that could be utilized in the development of the plan. A smaller committee comprised of Work Group Chairs (DBH staff) and Leaders (CBO and other County agencies), peer and family advocates, a parent advocate, fiscal and evaluation staff, and a representative from the DBH's Substance Abuse Prevention unit reviewed all 37 concepts, combining and strengthening similar ideas. This process led to the development of three broad categories or initiatives to further focus the system and develop the plan. School-Based Initiatives, Community-Based Initiatives, and System Enhancement Initiatives were developed to assist in framing where and how services would be delivered. The breakdown of each initiative, in terms of allocation of funding is as follows:

<b>Initiative</b>	<b>% of Budget</b>	<b># of Projects</b>	<b>Estimated # Served Ind./Fam.</b>
School-Based	18.8%	3	50,887/6,905
Community-Based	45.7%	4	10,390/10,250
System Enhancement	35.5%	5	5,348/1,272
<b>Total</b>	<b>100%</b>	<b>12</b>	<b>66,625/18,427</b>

Target populations were determined, along with ideas for strategies that reflected key community mental health needs, corresponding Goals and Objectives, and key considerations to be included in the Requests for Proposals (RFP), were developed.



## PEI Mental Health Needs and Priority Population Compliance Matrix

Major Initiatives	PEI Key Community Mental Health Needs					PEI Priority Populations					
	Disparity in Access	Psycho-soc Trauma	At-Risk C,Y & Young Adult	Stigma & Discrim.	Suicide Risk	Underserved Cultural Pop.	First break	C/Y Stressed Families	Trauma Exposed	C/Y at-risk of School Failure	C/Y risk of Juv. Just.
School-Based	/	/	/	/	/	/	/	/	/	/	/
Community Based	/	/	/	/	/	/	/	/	/	/	/
Systems Enhancement Projects	/	/	/	/	/	/	/	/	/	/	/

### VII. Prevention and Early Intervention (PEI) Initiatives and Strategies

The County's MHSA Prevention and Early Intervention Plan contains twelve separate programs that were developed based on the PEI Key Community Mental Health Needs, Priority Populations, and stakeholder priorities identified through the community planning process. There is a comprehensive School-based Initiative that contains three service programs to target children and youth exclusively; four components included in the Community-based Initiative that provides services for children, youth, adults, and older adults; and five System Enhancement projects that cut across all ages, providing interventions to older adults, system involved (child welfare or juvenile justice) children and youth, military families, and even offering, prenatal support. **It is estimated that over the next three years over 66,625 individuals and 18,427 families will receive prevention and early intervention services.**

Below is a brief summary of each initiative which includes the goals, related objectives and a succinct description of each project for which MHSA funding is being requested.

#### A. School-Based Initiatives

##### **Goal**

Strengthen student health and wellness by working to reduce risk factors, barriers and/or stressors, build protective factors and supports, and provide appropriate interventions at schools and after school programs.

## **Objectives**

- Improved knowledge of educators in regards to identification, early signs and symptoms, and risk factors contributing to mental illness and co-occurring disorders.
- Increased opportunities to access prevention and early intervention services for students at risk of school failure, in stressed families, exposed to trauma, at risk of juvenile justice involvement, or experiencing onset of serious psychiatric illness.
- Improved school/community bonding, resilience promotion, and access to PEI services for underserved populations.
- Improved ability to provide selective prevention and early intervention services to families of young children experiencing behavior problems, experiencing grief or loss, and/or in need of early childhood evaluation.

### – Student Assistance Program

The Student Assistance Program (SAP) is a science-based model minimizes barriers to learning and supports students in developing academic and personal success through the asset development process. Students identified as stressed, at-risk, or displaying signs of high-risk substance use and/or mental health risks receive appropriate interventions at school or through referrals. Both prevention (pre-diagnosis) and early intervention services can be offered through SAP. Services can include; group and individual counseling, substance abuse/misuse services, anger management classes, or curriculum based psychosocial education. It is anticipated that a portion of funding will be allocated to County Schools to administer the training component with the remainder of the allocation being contracted to community-based organizations through a Request for Proposal (RFP) process. The projected funding for this project is \$1,375,000 to serve approximately 50,467 individuals and 6,350 families.

### – Resilience Promotion in African-American Children

The Resilience Promotion in African-American Children project works to promote resilience in African American children in order to mediate the development of Post Traumatic Stress Disorder (PTSD), mood disorders, other anxiety disorders, substance abuse/misuse, and psychotic disorders through what begins as a twelve-week intensive program followed by ongoing weekly interventions. Services are delivered in a culturally appropriate method and connect children/youth to positive role models and mentors. The project will be administered by a community-based organization through a Request for Proposal (RFP) process. The projected funding for this project is \$516,000 to serve approximately 120 individuals and 120 families.

- Preschool PEI Project  
The Preschool PEI Project is a comprehensive plan that targets Universal, Selective, and Early Intervention preschool populations and their parents/caregivers. The project includes provisions to deliver three separate yet complimentary services. The Incredible Years program is an evidence-based model that is utilized to address aggressive behaviors in young children. The model includes training both parent/caregiver and teacher. The second component is a preschool bereavement and loss program that addresses significant trauma in a child's life (loss of a parent/caregiver, divorce, etc.). The third component is a screening and early assessment component. The project will be delivered through a partnership between DBH and the Preschool Services Department along with a local university. The projected funding for this project is \$468,289 to serve approximately 300 individuals and 435 families.

## **B. Community-Based Initiatives**

### ***Goal***

Build and strengthen the capacity of communities to provide prevention and early intervention opportunities and community empowerment activities in natural settings.

### ***Objectives***

- Improved linkages to preventative and early intervention services where cultural groups meet.
- Improved opportunity to access programs and interventions that teach good problem solving skills, leadership, optimism and hope, and that work to build and enhance resilience in children, transitional-aged youth, and adults.
- Improved local support and advocacy for un-served and underserved populations.
- Improved outcomes for transitional aged youth at risk of or experiencing school failure and/or juvenile justice involvement.

- Family Resource Centers

The Family Resource Center will act as the hub in delivering community-specific prevention and early intervention services. Each Center will work to reduce stigma and discrimination by providing a variety of mental health and alcohol and drug prevention and early intervention services and programs in natural settings. In addition, each center will be able to deploy services into their local community, strengthening the bond and ability to link with additional service organizations and government agencies. All centers should partner with faith-based organizations and other culturally specific organizations and must provide Universal, Selective, and Early Intervention services on site and in the community. The projected funding for this project is \$3,227,000 to serve approximately 3,600 individuals and 10,000 families.

- American Indian Resource Center  
The American Indian Resource Center will address the identified mental health needs and stressors of the Native American population that reside in San Bernardino County. The setting of this pilot project would not be a traditional mental health setting; the center will function as a community-based organization that will provide an extensive array of mental health resources including outreach and education, family support, counseling services, work force development, education assistance, and traditional Native American programs from staff that are knowledgeable and capable of identifying needs and solutions for Native families and individuals. The projected funding for this project is \$650,250 to serve approximately 1,750 individuals and 250 families.
  
- National Curriculum and Training Institutes (NCTI) Crossroads  
This project will use National Curriculum and Training Institutes, (NCTI); Crossroads curriculum in classes aimed at transitional age youth on topics including anger management, truancy, drug and alcohol, gang involvement and parenting. The project will be delivered at school sites, community centers, and probation day reporting centers removing some of the barriers to accessing care. Classes are designed to be delivered over a three-week period (twice a week for 2 hours each session for a total of 6 sessions). Each class has its own workbook to cover six weeks of curriculum related to each individual group topic. These classes offer a short-term intervention for both parents and youth simultaneously. The projected funding for this project is \$2,000,000 to serve approximately 1500 individuals.
  
- Promotores de Salud  
This program employs unique methods to address the needs of our culturally diverse communities. The design uses peer and family advocates, called “community health workers” who have general knowledge of the local county system and community resources. The Promotores de Salud (Community Health Workers) will be trained on mental health and wellness topics, will make home visits, conduct educational presentations addressing PEI needs to groups and individuals within community organizations countywide such as schools, churches, etc. on a weekly basis. The projected funding for this project is \$225,000 to serve approximately 3,840 individuals.

## **C. System Enhancement Initiatives**

### ***Goal***

Build and strengthen collaboration across public service organizations and work to implement efforts to promote wellness across all systems.

## **Objectives**

- Improve collaboration with substance abuse prevention system efforts to reduce the harmful effects of substance abuse across San Bernardino County communities.
- Increase opportunities for individuals to access prevention and early intervention services and activities in natural settings.
- Improved linkages to additional needed services and navigation of other systems.
- Improve wellness, provide access to prevention and early intervention activities, and prevent substance abuse/misuse for high risk and/or trauma-exposed populations.

### – Older Adult Community Services Program

This PEI Project will address the key community needs of older adults, their families or caregivers with disparities in accessing mental health services, the psycho-social impact of trauma and bereavement, stigma and discrimination and suicide risk. The priority populations to be addressed are older adults who may be experiencing an onset of a serious psychiatric illness due to the aging process and trauma and/or bereavement exposed individuals. The projected funding for this project is \$1,350,000 to serve approximately 2,140 individuals and 300 families.

### – Child and Youth Connection

The project includes three components that reflect all parts of the prevention continuum. The first component is screening foster children to assess mental health needs. This component will be implemented in 3 Department of Children's Services (DCS) offices. This service will prevent severe mental health issues by addressing early concerns before they intensify. A portion of the services provided include connecting foster children/youth to mentors. The second component involves Team Decision Meetings (TDMs). Clinicians will attend TDM's held in the group and foster homes and at DCS offices to provide mental health consultation, referrals and linkage to services. The third component involves investing in a partnership between the Juvenile Public Defenders office and the DBH. DBH will fund a clinician to work for the Public Defenders Office to coordinate MSW interns. The interns will conduct in-home screenings and connect juveniles, who are not in placement, and their families to PEI services in the community. The projected funding for this project is \$726,014 to serve approximately 2,400 individuals and 935 families.

### – Nurse Family Partnership

The Nurse Family Partnership is an evidence-based home visitation program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children. A pilot program of the Nurse

Family Partnership (NFP) home visiting program is proposed to occur in the Fontana/Rialto area of the County. This area is recommended due to a data analysis that indicates a high percentage of first-time, low-income mothers residing in the zip codes in these communities. The projected funding for this project is \$396,000 to serve approximately 50 individuals and 25 families.

– Active Duty Family Support Project

This project targets active duty military families throughout the county. Data has shown a risk of suicide higher than that of the general population for those returning from active duty. Children in these families face adjustment difficulties and vulnerabilities as they live with the anxiety of having a parent serving in a time of war. These children and youth need support in coping with well founded fears. In addition, the men and women returning from active duty carry the emotional scars of prolonged battle fatigue and possibly PTSD. This pilot project would provide in-home, thorough psychosocial assessment for these families and family intervention and rehabilitative support for those families determined to have these needs. The projected funding for this project is \$450,000 to serve approximately 150 individuals and 50 families.

– Community Wholeness and Enrichment Project (WE)

The WE Program will deliver these services via two components: an early intervention for psychosis component emphasizing self-awareness, leadership and resiliency for trauma exposed individuals and a preventive mental health services for those experiencing the onset of psychiatric illness. This project targets mental health prevention and early intervention services to the TAY (16-25 y/o) and adult (26-59 y/o) population which currently accounts for 62.2% of San Bernardino County residents. The program is designed to target adults and TAY currently experiencing early onset of mild mental health issues, families of adults and TAY who are experiencing early onset of mild mental health issues, identified county residents who are experiencing mild to moderate mental health issues which could be addressed prior to any hospitalization, incarceration, or contact with criminal justice system. The projected funding for this project is \$1,375,000 to serve approximately 608 individuals and 312 families.

## **Conclusion**

The development and preparation of San Bernardino County's Prevention and Early Intervention Plan resulted from concentrated efforts from the community, consumers, family members, service providers, county agencies, and representatives of interested organizations throughout the county. The PEI Plan will be proposed to State Department of Mental Health for funding under MHSA

and will be reviewed by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

The MHSOAC is responsible for providing overarching oversight and accountability for implementation of the MHSA. MHSOAC is responsible for redirecting California's mental health system toward transformation, such that all mental health activities and programs stress prevention, early intervention, wellness, recovery and resilience. PEI Plans are reviewed by OAC staff, interested MHSOAC commissioners, and expert consultants. Post review, plans are recommended for final approval per MHSOAC consent agenda with the assurance that DMH can execute a contract.

In conclusion, while the PEI Plan cannot meet the demand for all services, it can work to continue the transformation of mental health services at the local level. The Prevention and Early Intervention concept begins the important work of changing the mental health system from a fail first system to a help first system.

## COMMUNITY PROGRAM PLANNING PROCESS

### **Part VII: Appendices 2 Program & Expenditure Worksheets Enclosure 3, Form # 2**

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

**County:** San Bernardino

**Date:** January 9, 2008

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

During 2005, San Bernardino (SB) County's Mental Health Services Act (MHSA) Community Program Planning (CPP) process for Community Services and Supports (CSS) included extensive MHSA orientation/training, community public forums, targeted interagency forums, consumer/family-driven and staff focus groups, survey tools and strategic outreach throughout our large and culturally diverse county. Thus, the development of SB County's CSS component of the Mental Health Services Act (MHSA) reflected a comprehensive planning process which involved consumers and their families as full partners, along with stakeholders from partner agencies, community organizations, community members and mental health system staff.

While SB County moved from the CPP process to the CSS implementation effort in 2006, the established network of stakeholder engagement channels/structures were strengthened and expanded. These resources have continued to serve as feedback mechanisms, fulfilling a variety of evaluation, planning, needs assessment and program implementation support roles. Among these resources are the Community Policy Advisory Committee (CPAC), the MHSA Executive Planning Committee, the MH Commission, four (4) age-specific MHSA Work Groups, the Clubhouse Consumer Peer Support Groups, the Parent Partners Network, DBH Peer and Family Advocate employees, the Older Adult Peer Counselor Support and Outreach System, the evolving Transitional Age Youth (TAY) Network and the MHSA Planning, Development, Community Education and Outreach Services unit. These ongoing MHSA implementation and transformation supports have been accessible as SB County focused attention on Prevention and Early Intervention (PEI) planning in early 2007. An overview of the PEI-CPP effort, which involved these system resources, is outlined below.

**a. The overall Community Program Planning Process.**

- The DBH Director, in conjunction with Community Policy Advisory Committee (CPAC), assumed central responsibility for the overall Prevention and Early Intervention (PEI)-Community Program Planning (CPP) process. *Attachment A* shows CPAC membership.
- The MHSA Executive Planning Committee, in weekly meetings, provided oversight, guidance and support to SB County's PEI-CPP process. See *Attachment B* for MHSA Executive Planning Committee membership.



- The standing MHSA Age-Specific Work Groups, in meetings during 2007, provided members and stakeholders with PEI plan-to-plan information and opportunities. Membership on these MHSA Work Groups is reflected in *Attachment C*.
- The Prevention and Early Intervention Subcommittee (of the CPAC) first convened on February 27, 2007 in order to build on prior MHSA Community Services and Supports (CSS) community program planning efforts, expand outreach and stakeholder input opportunities and include a broad set of voices in the anticipated PEI plan development process. Ultimately, the membership of this subcommittee grew to over 100 and established its own age-specific work groups. These work groups collaborated with the MHSA Age-Specific Work Group Chairs to ensure that PEI data and stakeholder input analysis and plan development would remain consistent with overall MHSA implementation, transformation and integration. Membership of the PEI Subcommittee and its PEI Age-Specific Work Groups is shown in *Attachment D*.

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

- The MHSA Planning, Development, Community Education and Outreach Services unit assumed responsibility for coordination and management of the PEI-CPP process, building upon existing stakeholder engagement components, mechanisms and collaborative networks within the mental health system and evolving out of the CSS-CPP initiated in 2005.
- Specifically, this unit's MHSA Coordinator, Mental Health (MH) Program Manager II (0.25 FTE) managed the PEI-CPP effort while two 0.5 FTE MH Program Managers II (returning retiree/consultants) coordinated the stakeholder engagement, training/orientation, input and PEI project planning process.
- One FTE MH Education Consultant coordinated the deployment of MHSA outreach staff in the PEI stakeholder engagement process.
- One FTE MH Specialist served as a PEI outreach coordinator, linking with all facilitators of stakeholder input/engagement activities and ensuring that participant input was recorded, compiled and reported to the age-specific work groups of the PEI Subcommittee and to the Chairs of the MHSA Age-Specific Work Groups.
- Clerical staff (1.25 FTEs) was dedicated to the extensive process of creating PEI and demographic/ educational materials, written tools and protocols for community public forums and targeted/specialty forums, flyers, documentation/minutes, monitoring systems, and data compilation and reporting formats.
- In addition, 0.2 FTE Program Specialist from the department's Alcohol and Drug program served as a key consultant to the PEI Subcommittee and its

work groups on Prevention and Early Intervention issues, particularly in the areas of reaching out to and designing PEI models for communities affected by and individuals with co-occurring disorders.

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

The process of coordinating the PEI Community Program Planning process began in February 2007 with a “plan-to-plan” phase. This entailed pulling together a network of active participants in SB County’s MHSAs implementation and transformation to specifically address the key component of prevention and early intervention. Existing MHSAs outreach staff built upon the 2005 CPP, expanding our linkages and partnerships with community and faith-based organizations, interagency partners, other services providers, underserved communities, and community constituents.

As part of the CSS implementation, county Peer and Family Advocate (PFA) positions were established, and deployed throughout SB County. These employees play a significant role in ensuring continued advocacy, needs assessment and nontraditional approaches to addressing those mental health needs.

The establishment of the PEI Subcommittee was met with enthusiastic support throughout the year, as this group studied MHSOAC materials regarding PEI policy, principles and priorities and then developed a comprehensive PEI stakeholder engagement and input plan prior to the release of the draft, proposed and final PEI Guidelines.

The department’s Research and Evaluation unit initiated an updating of demographic data for review during the February to July “plan-to-plan” period so that the expanded CPP process would appropriately focus on unserved/underserved individuals and family members, trauma-exposed individuals/communities, our diverse regional challenges, children and youth at risk, stressed families/communities, and marginalized communities and/or individuals.

With each of these priorities, the issues of stigma and discrimination were appropriately highlighted as challenges for those needing, seeking and offering help to at risk and un/underserved populations. The department’s Cultural Competence Office provided thought-provoking guidance on these issues throughout the plan-to-plan and community program planning phases. The following collaborative partners joined the effort to build a PEI-CPP that would ensure an expanded and meaningful PEI-Community Program Planning process.

- The MHSAs unit coordinated community public forums, held in the major regions of SB County which includes the West Valley, the San Bernardino/Mid-Valley, the Victor Valley desert region, the lower desert/Morongo Basin region and the mountain communities. These forums were co-hosted by the regional DBH management staff and the MH Commission.

- A consultant from the California Institute for Mental Health (CiMH), familiar and involved with SB County's 2005 CSS-CPP process, co-facilitated these events. Support staff from the MHSA unit, DBH regions, DBH contractors and the PEI subcommittee were involved in this opportunity for community members of each region to receive overview information on MHSA, PEI Guidelines and to engage in discussion on PEI policy, principles and priorities pertinent to their regions. *Attachment E* reflects Community Public Forum Protocols, discussion questions and Minutes formats.
- To ensure that stakeholders could fully benefit from the community public forums, Cultural Competence staff arranged for Spanish interpretation and American Sign Language for each event and, in one region where Vietnamese approaches "threshold language" status, Vietnamese interpretation was arranged.
- In addition to the MHSA staff principally responsible for coordinating PEI-CPP activities (referenced above), 0.25 FTE MHSA outreach staff linked with community, faith and interagency partners and co-facilitated targeted forums to elicit stakeholder input. See *Attachment F* for Targeted Forum Protocols, discussion questions and Minutes formats.
- The 0.1 FTE Office of Consumer Affairs Peer and Family Advocates (PFA) served in a leadership capacity, assisting the department-wide PFA network to convene and co-facilitate targeted forums with consumers/clients in local communities.
- Targeted forums were convened throughout SB County in a variety of community venues. Facilitators of these forums primarily came from the PEI subcommittee which included Cultural Competence Office staff members, consumers, consumer/family advocates, parent partners, social services, schools, juvenile justice/public defender, DBH and DBH contractor staff, and other stakeholders.
- The MHSA unit, in collaboration with the PEI Subcommittee and the DBH Research and Evaluation staff, developed a stakeholder input survey to serve as an alternative stakeholder engagement tool. The survey was made available online and as a hard copy survey. Thus, stakeholders unable to participate in face-to-face events could respond to these PEI-related survey questions during the CPP process.
- MHSA outreach staff utilized the tool in informal briefings/meetings with agency partners, "spreading the word" and inviting input from stakeholders such as primary health care providers, nursing staff, military veteran peer support networks, partners within the Native-American community, other ethnic/cultural communities, and individuals in natural community gathering places and community resource locations. This tool was also distributed at DBH/contractor clinics, facilities and sites, and at a variety of community events/fairs including the visible "Recovery Happens" event in San Bernardino and a major powwow Native-American gathering/event. In all, nearly 900 responses were received online, directly from respondents or via

the postage-paid envelope provided. See *Attachment G* for multilingual PEI input survey tools.

- *Attachment H* shows several sample publicity flyers and *Attachment O* includes press releases announcing SB Countywide regional PEI community public forums.

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

A first step in assessing SB County's CPP process in relation to PEI was to review stakeholder input collected during the CSS Community Program Planning process. While CSS-CPP stakeholder events held in 2005 primarily focused on the planning of CSS programs, documentation of stakeholder input reflected an intense interest among participants in the principles and priorities guiding Prevention and Early Intervention in California.

During our CSS-CPP process, we made a commitment to those stakeholders most interested in prevention and early intervention issues, strategies and settings that we would include their input during the PEI Community Program Planning process.

(*Attachment I* is a compilation of 2005 stakeholder input reflecting PEI concerns.) In addition, we made a commitment to utilize a similar array of outreach, large and small input forums, and survey tools with a specific emphasis on PEI priorities, in accordance with MHSOAC and State DMH guidance.

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

- A variety of community program planning partners and facilitators utilized strategies found to be effective during SB County's CSS-CPP process and to re-double efforts to reach those not more fully engaged during the 2005 CSS-CPP. Members of the PEI Subcommittee, the MHSA outreach staff, the Cultural Competence Office and the Consumer and Family Affairs Office Peer and Family Advocates were provided training in the principles/priorities of MHSA PEI as well as protocols, forum discussion process and documentation of input. Further, each of these teams were provided with paper survey tools in English, Spanish and Vietnamese in order to bring back input from events in un/underserved communities in which a forum event was not feasible.

**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 and race/ethnicity.**

- Because SB County is geographically the largest county in the 48 contiguous United States, making stakeholder input experiences available in the remote areas of SB County presents a challenge. For this reason, a variety of approaches were undertaken. We tapped into service delivery staff throughout the mental health system that could pull together forums among consumers and family members. In areas where services are not provided or

accepted, outreach staff partnered with community/faith based agencies or other community/peer leaders or attended community events in order to distribute/collect input surveys. In addition, the PEI input survey was posted on SB County website to reach community members interested in contributing to the discussion.

- While SB County has mechanisms to provide incentives such as gift cards, bus passes and other supports, these incentives were not needed due to the wide use of community-friendly forum meeting locations and flexible scheduling. All events included the provision of refreshments and facilitators offered future opportunities for forums and inclusion in PEI planning activities. In addition, the PEI outreach presence at community events and the use of prizes, refreshments and family/child activities served to help engage participants.
- Because SB County's age and ethnic demographics are particularly interesting when viewed in combination with the varied regional characteristics, CPP strategies have been necessarily flexible and comprehensive. The five community public forums purposely sought to reach specific regional areas. Within these regions, varying age-specific and racial/ethnic/cultural/linguistic issues emerged. Thus, these larger forums themselves served as a needs assessment process early in the CPP. We could follow up with targeted forums, designed to provide smaller, issue-specific forums for exploration of the impact of these issues in relation to PEI needs in target communities.
- During the PEI "plan to plan" phase starting in February 2007, the PEI subcommittee noted that gender and gender identity issues should receive attention during the PEI-CPP. Plans were made to facilitate the targeted forum format, specifically focusing on the network of domestic violence providers, on female consumers as a "focus", and recognizing the Lesbian Gay Bi-sexual, Trans-gender and Questioning (LGBTQ) community as important in terms of PEI priority language (trauma, risk, suicide risk, cultural competence, stigma and discrimination). The PEI Subcommittee, among other resources within the planning collaborative, included representatives from individuals and advocates around these issues. In addition, the survey tool was made available for use in venues that would reach any of these at risk populations.
- SB County family includes the Department of Veterans Affairs. Representatives from this partner agency have been at the MHSAs "table" since the beginning of the CSS-CPP process in 2005. The PEI priorities, especially those focusing on trauma, stigma/discrimination, cultural issues, early onset and "first break", and children/youth in stressed families, have enabled us to partner in expanding the participation by military veterans in SB County.
- An ongoing MHSAs Native-American collaborative partnership lent itself to responsive stakeholder engagement through the use of the PEI input survey and targeted discussions.

- Throughout the months of the stakeholder input and engagement phase, representatives of unserved/underserved populations and communities emerged, articulating issues around PEI priorities and identifying existing resources and strengths within those communities. As a result, SB County dedicated several staff resources to coordinating and formalizing links between various racial, ethnic and cultural coalitions and the PEI process.
- A concerted effort to convene formal collaborative coalitions with the African-American, Asian-American and Latino communities was initiated. While these coalitions will partner with the local MH system on an ongoing basis around a variety of system transformation, continuum of care, collaboration and service integration issues, it was immediately important to ensure direct participation in the PEI Planning process. The PEI Age-Specific Work Groups and representatives of these “cultural coalitions” worked together to ensure clear focus on needs assessment, resource assessment and plan development around these priority populations in our culturally diverse county. The department’s Research and Evaluation staff and Cultural Competence staff were directly involved in supporting and consulting in this endeavor.

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

- The multiple strategies designed for the PEI CPP process were developed to be adaptable and conducive to active engagement with clients and their families. The region-based community public forums were broadly publicized through the network of DBH and contractor clinics and programs, including the existing clubhouse network. The Peer and Family Advocate employees within the DBH Consumer Affairs Unit have served as active members of the CPAC, its PEI Subcommittee and the PEI Subcommittee work groups.
- These staff members were oriented and trained in PEI Policy, Principles and Priorities throughout 2007 and participated in the planning of targeted forums for clients and their families. Our Peer and Family Advocates facilitated PEI targeted forums with consumer/client groups in various client-operated network settings.
- In addition, the existing Parent Partners network, in place in SB County through the Children’s System of Care since 1997, engaged parents/families of seriously emotionally disturbed children and youth in targeted forums.
- The MHSA staff unit specifically worked to publicize and facilitate forum and outreach events via NAMI and other client advocacy groups, including the distribution and collection of the PEI-related input survey, which offered an alternative source of stakeholder engagement.

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

**a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2. Section 3200.270, CCR, including but not limited to:**

- Individuals with serious mental illness and/or serious emotional disturbance and/or their families
  - Providers of mental health and/or related services such as physical health care and/or social services
  - Educators and/or representatives of education
  - Representatives of law enforcement
  - Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families
- As indicated in the section above, the CPAC created the PEI Subcommittee in February 2007 in order to embark on a focused “plan to plan” process. The Subcommittee took advantage of guidance materials provided by the State DMH and the MHSOAC, devising strategies for recruiting stakeholders to the Subcommittee including, but certainly not limited to, those categories of partners listed above.
  - An encouraging level of interest in planning to plan emerged among a variety of CPAC members and through continual recruitment. From February until the release of the PEI draft requirements in July 2007, the subcommittee’s size doubled. Represented are clients, family members, Peer and Family Advocate staff, Parent Partners, mental health clinical, case management and administrative staff representatives from the physical health care arena, social services, law enforcement/juvenile justice/public defender, schools, children’s network, early childhood education, community based organizations, substance abuse providers/advocates, drug court advocates, LGBT advocates, domestic violence advocates, military veterans and other stakeholders and organizations. With this broad level of representation in the group charged with “planning to plan”, there has been a major commitment to inclusion of all levels of stakeholders, existing, potential and new.
  - Attachment J, a “partnership grid”, reflects the breadth of stakeholder participation during the PEI-CPP across consumers groups, advocacy groups, community resources and public agencies.

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

Beginning in January 2007, the CPAC agenda included the MHSA Prevention and Early Intervention component as a regular discussion item in order to begin conceptualizing PEI in the context of overall MHSA transformation. MHSOAC policy guidance materials were reviewed and discussed on a monthly basis. PEI Subcommittee members utilized a portion of monthly meetings to concentrate on the policies, principles and priorities that had already emerged over some months of statewide stakeholder input and planning.

Subcommittee training included review of MHSOAC/CMHDA/CiMH policy forum literature, updating of county demographic data, self-assessment of existing resources/networks and potential stakeholders, assessment of service gaps, discussion of the various types of cultural issues existing in SB County, the PEI-priority risk factors affecting different regions and the importance of utilizing a varied community program planning process. With the release of the PEI draft Guidelines, training of an expanded network of stakeholders began as preparations were made for embarking on the CPP.

MHSA outreach staff, Cultural Competence Office staff, Peer and Family Advocate Staff, Parent Partners, DBH management staff, and PEI Subcommittee members attended focused training on the PEI policy/principles/priorities, PEI-CPP and the process for facilitating PEI targeted forums. (*Attachments E and F* for Community Public Forum and Targeted Forum Protocols/Minutes formats)

Informational materials prepared for distribution at all stakeholder engagement events contained background information regarding the Mental Health Services Act, SB County's Community Services and Supports planning and implementation efforts, the current PEI community program planning process and the importance of stakeholder participation and input.

In addition, a community-friendly brochure presented county demographic data along with a discussion of PEI policy, principles and priorities. Forums included an overview of the link between PEI and the overall mental health system transformation within the Mental Health Services Act. (See *Attachment K* for forum stakeholder data collection and informational materials and brochures.)

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

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

Throughout the 2005 CSS-CPP, the varied strategies devised to reach and engage stakeholders were felt to be relevant for reaching a culturally and geographically diverse population. However, the CSS stakeholder engagement process was, in many ways, an intense learning and coalition-building process.

The CSS-CPP strategies were found to be effective within existing networks and brought in new participants interested in CSS-oriented concerns. We remained concerned, however, about difficulties in linking to un/underserved communities. During the CSS-CPP, outreach efforts were made to reach into these additional groups and communities with face-to-face consultations, input surveys and planning for subsequent partnership.

While this initiated the development of new coalitions and partnerships with faith centers, Native-American groups, African-American community groups, Latino and Asian-American populations and others, our findings suggested that issues relevant to PEI were resonating even during the CSS-CPP. Thus, the planning of the PEI CPP was informed by the early knowledge that un/underserved communities will partner and engage when we find them in nontraditional



gathering places, when we work through alternative community agencies and organizations and when a multicultural, multilingual outreach staff are deployed to make contact.

All strategies were utilized and offered according to the needs and desires of each group or community involved. Importantly, the planning of the PEI-CPP was also informed by the early knowledge that un/underserved communities have been eager to discuss MHSa Prevention and Early Intervention and would contribute significantly to the planning process. While individuals from un/underserved communities remain underrepresented during the PEI-CPP, their advocates and community-based organizations have been assertively present during this stakeholder input process. Stakeholder input reflects that our stakeholder communities can effectively relate to the principles and priorities highlighted in this effort, have articulated individual and community concerns clearly and have ably identified opportunities for partnership and system transformation. (See *Attachment L* for compiled PEI forum input and *Attachment M* for an executive summary of the PEI input survey findings)

CSS stakeholder demographic data showed that, in 2005, we reached higher proportions of all racial/ethnic communities than are represented in this county's 200% of poverty population with the exception of the Latino community. Thus, the PEI-CPP effort immediately focused on the need for strategic and specialized outreach to this population through bilingual consumers/family members, advocates, community organizations and interagency partners. In addition, we intentionally planned to seek PEI input from those advocates and agencies which serve the Latino community.

The CSS-CPP successfully reached adult stakeholders while stakeholder demographic data suggest that outreach to older adults needed to be adapted for better access. Likewise, demographic data suggest that strategies for reaching TAY stakeholders should be adapted to reach advocates and agencies which serve TAY while also enhancing TAY participation during the PEI-CPP.

The CSS-CPP showed low participation by children. For obvious reasons of child protection and confidentiality for at risk child groups, we anticipated that direct participation by children might continue to be a challenge. However, a CSS-PEI "lesson learned" has been that aggressively expanding our PEI planning work with family members, parent partners, schools, child advocates, social services, primary care providers, public defenders, law enforcement, faith centers and other community support networks has assured that children's PEI needs have been surfaced and considered strongly.

During the CSS-CPP, the gender specific and gender identity issues raised tended to fall into the "early end of the spectrum." These issues have re-emerged as the PEI-CPP was initiated. Stakeholders from the CSS-CPP who brought concerns about community and individual PEI risk factors and needs were assured that their concerns would be reviewed during the PEI-CPP.

**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.**

- *Attachment N*, entitled MHSА-PEI 2007 Survey Data Results, provides an overview of demographic characteristics of the 1,792 participants reached throughout the PEI stakeholder engagement process. Some of the data show that targeted outreach into partner agencies and natural gathering places facilitated participation by higher proportions of African-Americans, Native-Americans and “others” than are represented in the general poverty population.
- While children are underrepresented (2%) as direct participants in the stakeholder input process, our assessment of PEI planning partners shows that child-serving agencies and advocates were well represented. Nevertheless, we plan to continue working with schools and child-serving agencies to facilitate focus groups with willing children and youth around issues of prevention and early intervention on an ongoing basis.
- While Transitional Age Youth (TAY) constitute 16% of the target population, 8% of stakeholders identified within that age range. Fortunately, TAY agencies and advocates participated on behalf of this population in large numbers. In addition, the MHSА CSS TAY network program continues to expand forums for future and ongoing TAY participation.
- Asian-American individuals are 5% of the poverty population but constituted 3% of PEI-CPP participants. Latino individuals are 51% of the poverty population but constituted 30% of PEI-CPP participants. To ensure continued progress in the direct participation by these populations, formal community-based Asian-American and Latino coalitions have been forged and are serving in advisory and consultative capacities throughout PEI planning, pre-implementation, implementation phases and subsequent MHSА development, transformation and integration processes. In addition, similar coalitions have been developed with the Native-American and African-American communities. These advisory and consultative partnerships will continue to assist in transforming the mental health system by identifying existing relevant resources, community priorities and partnership opportunities.
- We have been pleased to see that PEI-CPP participants include significant proportions of consumers. (Of 1,482 stakeholders choosing to respond to survey/data collection form self-identification categories, twenty-two percent were consumers.)
- SB County’s active network of Peer and Family Advocate (PFA) county employees, led by the Office of Consumer Affairs PFA’s, facilitated several very successful targeted forums among consumers/clients. While these stakeholders have historically received long-term and higher intensity services, their input on PEI issues was thoughtful and insightful. Participants willingly used their own experiences, ready to show the way and offer ideas

and alternatives for addressing issues such as “early onset,” stigma and trauma.

- Mental health system staff participated in large numbers. Participation also included partners such as faith-based centers, primary health care providers, foster care providers, the local and district schools, family members, advocates, community-based organizations and community members.
- In addition, the “partnership grid” mentioned above (again, *Attachment J*), reflects the array of “required” sectors, agencies, organizations and partners joining us in the PEI-CPP. We are pleased to have joined with a broadened array of community and interagency partners through this phase of the community program planning process.
- A review of the compiled stakeholder forum input (again, *Attachment L*) reflects comments articulating “specialty” population needs. For example, military veterans and their advocates were very helpful in expressing PEI priorities which affect this community and the strategies that would be accepted and effective. Likewise, the needs of domestic violence survivors, LGBTQ individuals, and other underserved groups were clearly described by participants.
- Simultaneously, we have been pleased to see that our stakeholders and communities have advocated for each other, have identified PEI strategies that would benefit many target populations within communities and that are adaptable within communities of stakeholders. A significant theme within the stakeholder forums was that communities embrace the PEI policies, principles and priorities and wish to join the transforming mental health system in addressing community needs.

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

**a. The date of the public hearing.**

Public hearings were conducted on June 18, 24, 25, and 26, 2008. Due to the geographic span of San Bernardino County, hearings were conducted in four (4) regions; Victorville, Yucca Valley, Upland, and Rialto (see Attachment P for Public Hearing flyers). All attendees were provided with handouts which included an agenda, meeting regulations for MHSA Public Hearings, a Comment Form, a copy of the MHSA PEI overview PowerPoint Presentation, and a summary of the proposed projects (Attachment Q). Interpretive services were offered at each Public Hearing.

A flyer advertising the hearings was mailed, e-mailed, posted on the San Bernardino County Intranet and the Internet, and hand carried by MHSA Outreach Staff, as follows:

- With the PEI Draft plan for public viewing for posting;
- To the Community Policy Advisory Council (CPAC);
- To the Mental Health Commission members;

- To Superintendent of Schools Administrative Office for posting and public distribution;
- To all Department of Behavioral Health (DBH) Clinics and contract agencies for posting and public distribution;
- To all DBH staff via e-mail;
- To all San Bernardino County staff;
- To city libraries, city halls, chamber of commerce offices, and city police departments; and
- To various medical facilities, colleges and senior centers

In addition, a press release was created to inform all county residents (Attachment O).

**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**

**March 25, 2008**

- The Prevention and Early Intervention Subcommittee met to review the draft of the PEI Plan.

**April 17, 2008**

- The Community Policy Advisory Committee (CPAC) met to review and approve the draft PEI Plan.

**The 30-day Public Review period was initiated and copies were made available through the following methods:**

**May 19, 2008**

- Copies of the draft PEI Plan were distributed to all County Library branches and to DBH Clinics and Contract Agencies for public display.
- Bound copies were also distributed to the Board of Supervisors, County Administrator's Office, Mental Health Commission, Work Group Chairpersons, and to key DBH personnel.

**May 21, 2008**

- The draft PEI Plan was posted to the San Bernardino County and DBH Internet site Home Page, as well as the Home Pages of the County and DBH Intranet sites linking directly to the draft plan and comment form.
- The link to the draft PEI plan was distributed via email to all DBH employees, subcommittee members, contract provider agencies, Community Action Network members, and County employees.

**June 5, 2008**

- The San Bernardino County Mental Health Commission reviewed and endorsed the final draft PEI Plan.

### **May 21, 2008 through June 21, 2008**

- All specific requests for copies of the plan were answered on an ongoing basis.
- The Interim Prevention and Early Intervention Coordinator, MHSA Mental Health Education Consultant, and Office Assistant III kept copies of the Draft Plan on hand and made them available to stakeholders and representatives while conducting ongoing Community Outreach.
- To ensure that knowledge of the plan was countywide, a media advisory was directed to all county residents. Server statistical reports indicate the Plan was downloaded 5,729 times.
- Flyers advertising the Mental Health Commission Public Hearings were distributed to all DBH Contract Provider Agencies, all DBH personnel via email, to all members of Children's Network Community Action Network, and communities via MHSA Education Consultant and Interim PEI Coordinator.

### **July 3, 2008**

- Provided overview of PEI Public Hearings to San Bernardino County Mental Health Commission.

### **July 11, 2008**

- On June 3, 2008, San Bernardino County Board of Supervisors (BOS) authorized Department of Behavioral Health Director to execute modifications to MHSA Agreement, when presented by the State. DBH provided the Board a memo informing them of the tentative submission of the Plan to the state.

### **July 14, 2008**

- The final PEI Plan submitted to the State Department of Mental Health.

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

During the 30-day Public Review Process, DBH received five (5) written comments via email. Four (4) of the five (5) reported support of the overall plan, providing comments such as:

*"I particularly think targeting children in stressful home situations will be helpful. The teacher's ability to identify mental illnesses is crucial as is mentoring the child and parent"*

*"Strong emphasis on working with schools where early problems will be identified."*

*I found "Improving the overall system" to be positive.*

*"I am looking forward to the implementation once DBH receives the approval."*

Additional comments regarding concerns or recommendations included improving community education and support for "parents in understanding and providing an environment for children and adults who are mildly autistic". Comment from a domestic violence shelter recommended, "domestic violence

service agencies in the community have few resources, but could greatly expand their services and scope with increased resources. We are a natural fit for this type of funding as our clients prefer to receive comprehensive services at one agency.” The representative was contacted and invited to attend one of the four (4) Public Hearings.

There were an additional thirty-one written comment forms received during the four (4) Public Hearings to total thirty-six written comments. 91.7% of respondents reported being very satisfied, somewhat satisfied, or satisfied with the Prevention and Early Intervention (PEI) Plan and 8.3% reported being unsatisfied. Those who reported unsatisfied commented that domestic violence survivors, Lesbian Gay Bi-sexual, Trans-gender and Questioning (LGBTQ) groups, or Latinos should be specifically identified as recipients of services in the plan, not just implied recipients of services.

DBH received several positive verbal comments about the PEI Plan, including a comment from a nursing student who indicated that the plan “is comprehensive and well-integrated”. Additional positive comments about the PEI Plan included appreciation of identifying the faith-based community, the LGBTQ population, schools, youth, children, cultural and ethnic groups, and groups misusing substances as populations for key consideration when Requests for Proposals are developed.

Although there were no substantive recommendations for revisions to the PEI Plan, there were many significant comments by consumers and stakeholders, which will be taken into consideration during the ongoing planning, implementation and evaluation process.

### ***Summary of Substantive Comments***

While the majority of comments received were extremely supportive, a few additional themes emerged from the Public Hearings. The DBH Director and the PEI Coordinator responded to all verbal comments. The themes included:

- ***Serving All Cultural and Ethnic Groups:*** An issue was raised about the importance of serving all ethnic and cultural populations, and not just those in the PEI Plan.
  - **Response:** While we have made marked improvements in targeting underserved populations during the extensive community planning process, we will continue to outreach to additional individuals and communities to build and strengthen relationships. In addition, “key” populations have been identified and will be targeted during procurement and implementation.
- ***Implementation of Services:*** There were concerns about the length of time it would take to have services in place and the ability for smaller community based organizations to be successful in a procurement process.
  - **Response:** It is estimated that we will not receive final approval until Fall 2008. However, we are committed to move forward in planning while we

are waiting for approval from the State. This includes preliminary development of Requests for Proposals (RFP) and Memorandum of Understandings, developing system wide supports, and providing training to community-based organizations around writing successful proposals. DBH wants to be in a position to be able to implement services as quickly as possible once the PEI Plan is approved.

While the written feedback outlined above is significant, it did not appear to warrant any substantive changes to the overall PEI Plan. These comments and suggestions will be incorporated in the ongoing planning and implementation process to further enhance the services offered under Mental Health Services Act.

#### **d. The estimated number of participants**

During the 30-day Public Review Process, DBH tracked the number of times the PEI Plan, the Comment Form, and Public Hearing Flyer was downloaded. Per a report generated by our Automated Systems Group, the PEI Plan was downloaded a total of 5,729 times, the Comment Form was downloaded a total of 603 times, and the Public Hearing Flyer was downloaded 334 times.

Seventy-five (75) people attended the Public Hearings, including consumers, family members, community members, service agency representatives, advocates, students of local universities, DBH staff, and Mental Health Commissioners from a bordering county.

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

## School Based Initiatives Summary Sheet

Form 3	Brief Summary
Comprehensive Student Assistance Program (SAP)	The goal of this program is to minimize barriers to learning and to support students in developing academic and personal success. This is accomplished through providing selected educators with a five day training/workshop on effective curriculum, focused on promoting resiliency through asset development. Educators will also be trained on identifying students who need additional interventions, the referral process, developing a menu of services, and developing a crisis plan. Additional supports to provide early intervention and prevention counseling services at schools for identified at risk, stressed, and underserved students will be implemented by community-based organizations. Multidisciplinary teams with mental health specialists and alcohol and drug counselors will be able to provide prevention/early intervention activities at school sites.
Resilience Promotion in African-American Children	This program promotes resilience in African-American children in order to mediate the development of Post Traumatic Stress Disorder (PTSD), Mood Disorders, other Anxiety Disorders, Substance Abuse, and Psychotic Disorders. The program consists of a 12-week intensive program, followed by on-going weekly interventions, and tracking off site at youth centers, churches, or other community settings through adulthood. The program also includes a mentoring component and will be administered through a community-based organization.
Preschool Prevention and Early Intervention (PEI) Project	This multi-faceted project targets Head Start children through the use of the <i>Incredible Years Program</i> by addressing the needs of young children displaying aggressive behaviors. The <i>Preschool Bereavement &amp; Loss Program</i> , which addresses significant trauma in children's lives, and the <i>Mental Health Intern Program</i> , which helps identify and assess those who need referrals for more intensive mental health services. The latter provides direct services to the preschool children, their caregivers (parents and teachers), as well as support and consultation to the teacher as necessary.



PEI PROJECT SUMMARY

Form No. 3

County: **San Bernardino**

Date: **4/10/08**

PEI Project Name: **Student Assistance Program (SAP)**

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
<p><i>Select as many as apply to this PEI project:</i></p> <ol style="list-style-type: none"> <li>Disparities in Access to Mental Health Services</li> <li>Psycho-Social Impact of Trauma</li> <li>At-Risk Children, Youth and Young Adult Populations</li> <li>Stigma and Discrimination</li> <li>Suicide Risk</li> </ol>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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			
	Child and Youth	Transition Age Youth	Adult	
<p>A. <i>Select as many as apply to this PEI project:</i></p> <ol style="list-style-type: none"> <li>Trauma Exposed Individuals</li> <li>Individuals Experiencing Onset of Serious Psychiatric Illness</li> <li>Children and Youth in Stressed Families</li> <li>Children and Youth at risk for School Failure</li> <li>Children and Youth at risk of or Experiencing Juvenile Justice Involvement</li> </ol>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**PEI PROJECT SUMMARY**

Form No. 3

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

The Student Assistance Program (SAP) Prevention and Early Intervention (PEI) Project described is the result of a collaborative planning effort between the San Bernardino County Department of Behavioral Health (DBH), school districts, community-based mental health organizations, parents, teachers and students. As part of the PEI planning process, a subcommittee dedicated to promoting school-based mental health prevention and early intervention services subcommittee was formed following the completion of the San Bernardino (SB) County's Community Services and Support (CSS) planning process in recognition of the need for the two systems to collaborate on issues related to children's mental health.

The data analysis and stakeholder processes used for the PEI plan are an extension and augmentation of those developed during the CSS planning process. These included an extensive needs assessment process that captured input across San SB and a stakeholder process that contained recommendations for prevention and early intervention services in addition to those developed for the CSS priority populations.

Data Review and Analysis

Representatives from both San Bernardino County mental health services and the education system were identified to review the needs assessment data from the initial CSS process, and to identify additional data sources needed for prevention and early intervention. For this priority population, the data that was reviewed included school district data as well as community level data from the SB County's "Community Indicators of Alcohol & Drug Abuse." This latter source was used because while mental health prevention and early intervention is a new endeavor for SB County, alcohol and drug prevention efforts have been underway for several years in the community. This project will build upon and use lessons from those prevention efforts to guide the project. The data that was reviewed and analyzed included the following:

- California Healthy Kids Survey results
- School attendance/expulsion rates
- Rainbow Referral Guide to locate areas with fewer mental health services
- Review of SB County's districts and schools low Academic Performance Index (API) scores, Adequate Yearly Progress (APY) Standings,
- Review of juvenile arrest data

**PEI PROJECT SUMMARY**

Form No. 3

- Community Risk Indicators for Alcohol and Drug Abuse Risk (including review of San Bernardino County Department of Children's Services (DCS) data and data on the number of children in foster care).

Stakeholder Input

The stakeholder input for selecting programs and strategies for this population began with a review of recommendations gathered as part of the CSS planning process. These recommendations were determined to be relevant to prevention and early intervention, more so than CSS. A list of recommendations for relevant services to address the needs of children and youth at risk for school failure was drafted for stakeholders' review and comment. Key partners in reviewing and providing input into draft recommendations were parents, family members, consumers, representatives from school districts and community-based child and Transitional Age Youth (TAY) advocacy and service organizations.

The Mental Health Services Act (MHSA) unit then convened five (5) community public forums in the five (5) major regions of the county. The regions are: West Valley, Mid-Valley/San Bernardino, High Desert/Victorville, Low Desert/Morongo Basin, and Mountain Communities. In addition, targeted forums were held throughout the planning process to include children and TAY serving agencies and advocates. A web-based survey was posted on the DBH website, and an email address made available where stakeholders could provide additional comment and input. The comments received from all the input were reviewed to develop priority recommendations. A key factor that led to program selection was the evidence of strong community support for projects providing school-based programs that will address the needs of students at risk of school failure. Program selection was also based on a combination of other factors of:

- High rates of mental health risk factors,
- Low test scores in schools, and
- High levels of other community risk factors.

Sites will be chosen when the SAP PEI Project is funded, and will take these factors into consideration when deciding which school districts will participate. A key factor that led to program selection was the evidence of strong community support for school-based programs to address the problem of students at-risk of school failure.

**PEI PROJECT SUMMARY**

Form No. 3

**3. PEI Project Description:**

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

The Student Assistance Program (SAP) PEI Project addresses the key community need of at risk children, youth and young adult populations, and their families or caregivers. The priority population to be addressed is children at risk of school failure.

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

San Bernardino County currently has thirty-three school districts with a total of 523 school sites. There are currently 427,234 students enrolled countywide with a faculty of 71,721. Even though programs such as SAP have proven to be effective over time, most districts do not have resources to implement or expand Student Assistance Programs. As a result the SAP programs have suffered. Only eleven (11) out of thirty-three (33) districts have programs at this time. Those eleven districts will possibly need some technical assistance in gearing back up to fully functioning programs.

During the 2008-2009 school year San Bernardino County Superintendent of Schools could offer SAP trainings for 140 schools. These five-day trainings will provide all materials needed to start an effective program and the appropriate instruction to support school site and district efforts. With teams of at least five (5) people from each school site DBH can expect to train a minimum of 700 participants within a calendar year. From these trainings an estimated 47,000 students and 3,500 parents will receive prevention education while 3,467 students and 2,850 families will receive intervention services.

DBH will target priority schools and school districts with:

- High number of children and youth from underserved ethnic/cultural groups
- High poverty
- Low academic achievement
- High rates of suspension, expulsions and drop out
- High number of children and youth in foster care
- High number of children and youth at risk of experiencing juvenile justice involvement
- High rates of violence in the community

## PEI PROJECT SUMMARY

Form No. 3

The following table describes demographic data for children in San Bernardino County.

SAN BERNARDINO COUNTY TOTAL POPULATION, BY: REGION, AGE AND ETHNICITY GROUPS								
TOTAL POPULATION	DESERT REGIONS		MID-VALLY/ MOUNTAINS		WEST VALLEY		TOTAL	
<b>AGE GROUPS</b>								
<b>CHILDREN: 00-15 YEARS</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
AFRICAN-AMERICAN	9,839	10%	22,124	17%	30,696	10%	62,659	12%
ASIAN-AMERICAN	2,141	2%	7,449	6%	14,980	5%	24,570	5%
EURO-AMERICAN	36,175	37%	26,146	20%	43,058	14%	105,379	20%
LATINO	45,517	46%	66,392	52%	209,496	68%	321,405	60%
NATIVE-AMERICAN	1,039	1%	1,148	1%	872	0%	3,059	1%
OTHER	4,278	4%	5,616	4%	7,751	3%	17,644	3%
<b>TOTAL</b>	<b>98,988</b>	<b>100%</b>	<b>128,875</b>	<b>100%</b>	<b>306,854</b>	<b>100%</b>	<b>534,717</b>	<b>100%</b>
Percentage	19%		24%		57%		100%	
<b>TAY: 16-25 YEARS</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
AFRICAN-AMERICAN	6,789	10%	13,254	16%	19,945	10%	39,988	7%
ASIAN-AMERICAN	2,117	3%	7,707	9%	12,515	6%	22,338	4%
EURO-AMERICAN	28,155	40%	20,262	24%	31,494	16%	79,911	15%
LATINO	30,090	43%	40,639	48%	130,467	66%	201,196	38%
NATIVE-AMERICAN	845	1%	788	1%	667	0%	2,300	0%
OTHER	2,193	3%	2,850	3%	3,587	2%	8,629	2%
<b>TOTAL</b>	<b>70,189</b>	<b>100%</b>	<b>85,499</b>	<b>100%</b>	<b>198,674</b>	<b>100%</b>	<b>354,362</b>	<b>66%</b>
Percentage	20%		24%		56%		100%	
<b>ADULTS: 26-59 YEARS</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
AFRICAN-AMERICAN	13,301	8%	28,451	13%	51,219	9%	92,971	10%
ASIAN-AMERICAN	6,727	4%	22,822	10%	42,389	8%	71,938	8%
EURO-AMERICAN	90,667	51%	77,446	34%	126,932	24%	295,045	31%
LATINO	60,368	34%	89,336	40%	310,470	57%	460,174	49%
NATIVE-AMERICAN	2,348	1%	2,367	1%	2,249	0%	6,964	1%
OTHER	3,547	2%	5,252	2%	6,862	1%	15,661	2%
<b>TOTAL</b>	<b>176,957</b>	<b>100%</b>	<b>225,673</b>	<b>100%</b>	<b>540,122</b>	<b>100%</b>	<b>942,752</b>	<b>100%</b>
Percentage	19%		24%		57%		100%	

## PEI PROJECT SUMMARY

Form No. 3

<b>OLDER ADTS: 60+ YEARS</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
<b>AFRICAN-AMERICAN</b>	<b>4,129</b>	<b>6%</b>	<b>6,051</b>	<b>9%</b>	<b>9,936</b>	<b>9%</b>	<b>20,116</b>	<b>8%</b>
<b>ASIAN-AMERICAN</b>	<b>2,246</b>	<b>3%</b>	<b>6,283</b>	<b>9%</b>	<b>9,350</b>	<b>9%</b>	<b>17,878</b>	<b>7%</b>
<b>EURO-AMERICAN</b>	<b>53,009</b>	<b>72%</b>	<b>42,283</b>	<b>61%</b>	<b>47,223</b>	<b>44%</b>	<b>142,515</b>	<b>57%</b>
<b>LATINO</b>	<b>12,584</b>	<b>17%</b>	<b>13,192</b>	<b>19%</b>	<b>40,158</b>	<b>37%</b>	<b>65,934</b>	<b>26%</b>
<b>NATIVE-AMERICAN</b>	<b>665</b>	<b>1%</b>	<b>555</b>	<b>1%</b>	<b>514</b>	<b>0%</b>	<b>1,734</b>	<b>1%</b>
<b>OTHER</b>	<b>1,033</b>	<b>1%</b>	<b>1,290</b>	<b>2%</b>	<b>1,310</b>	<b>1%</b>	<b>3,633</b>	<b>1%</b>
<b>TOTAL</b>	<b>73,666</b>	<b>100%</b>	<b>69,653</b>	<b>100%</b>	<b>108,490</b>	<b>100%</b>	<b>251,809</b>	<b>100%</b>
<b>Percentage</b>	<b>29%</b>		<b>28%</b>		<b>43%</b>		<b>100%</b>	
<b>GRAND TOTAL</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
<b>AFRICAN-AMERICAN</b>	<b>34,058</b>	<b>8%</b>	<b>69,879</b>	<b>14%</b>	<b>111,797</b>	<b>10%</b>	<b>215,734</b>	<b>10%</b>
<b>ASIAN-AMERICAN</b>	<b>13,231</b>	<b>3%</b>	<b>44,261</b>	<b>9%</b>	<b>79,234</b>	<b>7%</b>	<b>136,725</b>	<b>7%</b>
<b>EURO-AMERICAN</b>	<b>208,006</b>	<b>50%</b>	<b>166,137</b>	<b>33%</b>	<b>248,707</b>	<b>22%</b>	<b>622,849</b>	<b>30%</b>
<b>LATINO</b>	<b>148,558</b>	<b>35%</b>	<b>209,559</b>	<b>41%</b>	<b>690,591</b>	<b>60%</b>	<b>1,048,708</b>	<b>50%</b>
<b>NATIVE-AMERICAN</b>	<b>4,897</b>	<b>1%</b>	<b>4,858</b>	<b>1%</b>	<b>4,302</b>	<b>0%</b>	<b>14,057</b>	<b>1%</b>
<b>OTHER</b>	<b>11,050</b>	<b>3%</b>	<b>15,007</b>	<b>3%</b>	<b>19,510</b>	<b>2%</b>	<b>45,567</b>	<b>2%</b>
<b>TOTAL</b>	<b>419,800</b>	<b>100%</b>	<b>509,700</b>	<b>100%</b>	<b>1,154,140</b>	<b>100%</b>	<b>2,083,640</b>	<b>100%</b>
<b>Percentage</b>	<b>20%</b>		<b>24%</b>		<b>55%</b>		<b>100%</b>	

(\*) Estimated January, 2008

**Highlights of new or expanded programs.**

The expanded Student Assistance Program (SAP) minimizes barriers to learning and Includes early intervention, counseling, and Alcohol and Drug Services Administration services as well as administrative support to schools to administer training component.

## PEI PROJECT SUMMARY

Form No. 3

**Implementation partners and types of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services ties, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.**

Implementation partners will include teachers, school staff, mental health counselors, health and social services agencies, law enforcement, probation and other agencies and community-based organizations for youth development. The setting for this PEI project will be classrooms and meeting rooms in school sites (elementary, middle and high schools). Family members will also receive selected services.

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

**Universal, Selective/Early Intervention: Student and Assistance Program (SAP):** A comprehensive Student Assistance Program (SAP) provides a wide range of services both universal and indicated in scope. The focus of this multi-disciplinary team is to minimize barriers to learning and support students in developing academic and personal success.

While all staff members are expected to participate in modeling pro-social skills and promoting positive choices, a core group of staff members are trained in the SAP process. The SAP team generally is comprised of administrators, counselors, nurses, community resource workers, psychologists, school resource officers, and any teacher or faculty member who holds a vested interest in supporting students in meeting their individual challenges. DBH plans to strengthen these efforts by contracting with Community-based organizations to work with local education areas to provide the PEI and mental health expertise that will optimize student success.

District and Community based organization staff members are sent through an intensive five-day SAP training. During these trainings participants receive information on:

- Effective research based curriculum that addresses the five (5) content areas of prevention education; alcohol, drugs, tobacco, violence, and positive youth development (**universal**)
- Strategies on how to promote resiliency through asset development (**universal**)
- Identification of students who require additional intervention in order to experience academic and social success (generally about 8% to 10% of the total school population)
- Developing an effective referral process for identified students (**selective**)
- Developing a menu of services available at the school site to foster success for identified students and

## PEI PROJECT SUMMARY

Form No. 3

- Developing a crisis response plan for students who require immediate attention for issues around emotional distress (**early intervention**)
- Developing a referral process to outside agencies for students who require more extensive support for academic, health, mental health and behavioral intervention (**early intervention**)
- Evaluating the Student Assistance Programs

As subsequent training takes place the number of those who will receive direct benefit from the service will increase. After a site has been trained in developing an effective program only technical assistance is needed for follow up. Sustainability is built into the training model. Districts and/or individual school sites would be required to create positive relationships with community based organizations and social service agencies in order to build an infrastructure to promote individual success.

### Key milestones and anticipated timeline for each milestone.

Each school will customize their programs to meet their student's needs. The following components are common to all SAP programs.

#### Component 1. Policy and Procedures

- Involve School administrators to support SAP – presentations for administrators will be given upon approval of PEI funding – Months one to three (1-3)
- Drug and Alcohol and Intervention Specialist will hire Intervention Specialists and Counselors – Months one to four (1-4)
- Orientation for Intervention Specialists and Counselors – Months two to four (2-4)
- Create a clear SAP structure and organization including members and titles, clear delineation of roles and responsibilities, meeting times, membership selection criteria, etc.) Develop clear structure – Months one through three (1-3)

#### Component 2. Communications

- A specific parent communication strategy will be developed and disseminated (parent forms are developed and a protocol for parent involvement is set – Months two to four (2-4)

#### Component 3. Referral Mechanisms

- Ensure screening process includes clear and consistent student data collection and review procedures, develop a



**PEI PROJECT SUMMARY**

Form No. 3

checklist of student data to be collected for the Coordination of Services Team (COST) monitoring and follow-up – Month two (2)

**Component 4. Parent Participation**

- Involve parents from the earliest contact with the student; parents have a clear and consistent parent consent process and procedures. Parent forms are developed and a protocol for parent involvement and consent is set – Months two to four (2-4)
- Provide early intervention for the family at a school/community-based facility using empirically supported (cognitive behavioral intervention) implementation of individual counseling services for students for whom group is not appropriate or who require a higher level of intervention – Months five through twelve (5-12).
- Provide Parent Education and Family Management classes (implementation of The Parent Project, including training and material purchase) – Months three through twelve (3-12)

**Component 5. Team Planning****Component 6. Intervention and Recommendations****Component 7. Follow-up and Support**

- Ensure students have access to school and community services and treatment recommendations - Ongoing
- Create student follow-up procedures and processes to promote student contact and support (follow-up procedures are developed and documented) – Months two through six (2-6)
- Ensure community resources are available and accessible (resource lists are developed and maintained/updated through contract agency) – Month one (1) and ongoing
- Continuous monitoring of student progress, parent involvement and treatment recommendations compliance (COST meets at least monthly to monitor progress) – Months four through twelve (4-12)

**Component 8. Training**

- Team members participate in all available trainings (All Points identify appropriate training modules for school sites; schedule trainings with County Superintendent of Schools) – Months three through twelve (3-12)
- Team members participate in a maintenance and development training program – Months six through twelve (6-12)
- Team has adequate training schedule and budget - Ongoing
- Team members have opportunity and support for advanced SAP training - Ongoing

## PEI PROJECT SUMMARY

Form No. 3

## Component 9. Outcome Indicators and Evaluation

- Staffing support funded by MHSA for this project will include a .5 FTE SAP Coordinator, .5 SAP Office Assistant, and .5 Data Collector.

## 4. Programs:

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Student Assistance Programs (SAP) Train 700 staff members =140 schools x 5 participants per school = 700 trained staff members	Individuals: 47,000 Families: 3,500	Individuals: 3,467 Families: 2,850	12
Universal prevention curriculum Edelivered to estimated 3,500 students in 140 schools, and 25 parents per school (e.g. "Peace builders," "Too Good for Drugs," & "Parent Project")	Individuals: Families:	Individuals: Families:	12
Selective/Indicated Education Eprovided to estimated 250 students per school, and 200 parents per school (e.g.x support groups)	Individuals: Families:	Individuals: Families:	12
<b>Total PEI project estimated unduplicated count of individuals to be served</b>	<b>Individuals: 50,500</b> <b>Families:</b>	<b>Individuals:</b> <b>Families: 6,317</b>	12
Proposed number of individuals or families through PEI expansion to be served through June 2009 by type	<b>Prevention 50,500</b>	<b>Early Intervention 6,317</b>	<b>12</b>

**PEI PROJECT SUMMARY**

Form No. 3

**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:**

Key community partners and service providers include San Bernardino County alcohol and drug prevention and treatment providers SB County Office of Education and school districts.

Partnerships that have been formed as a result of the CSS planning process have resulted in agreement by the San Bernardino County Alcohol and Drug Services Administration to prioritize the youth and families that are referred by this project for services. The SB County DBH will provide on-site consultation and technical assistance on best practices to link families to more extensive services as indicated.

With implementation of additional PEI initiatives, additional support and linkages to community-based services and programs will strengthen and support school-based programs to begin to create a PEI system.

**7. Collaboration and System Enhancements:**

This school-based initiative links education, programs and services within and across systems. It provides linkages for students and their families to behavioral health education, programs, and services. When appropriate, makes referrals to longer-duration counseling. The SAP PEI Project develops new partnerships and delivers services in settings which are non-threatening/non-stigmatizing to students and families.

This initiative strengthens schools' infrastructure for supporting student's mental health and the coordination of resources; and is especially effective in schools in low-income communities that provide services to highly diverse and underserved populations.

Cultural competence issues are addressed in this initiative by providing training for all staff in the culture of poverty, cultural norms of the represented ethnic groups, and respect for all cultural and ethnic groups. A focus on cultural

**PEI PROJECT SUMMARY**

Form No. 3

competence improves access to student assistance services for unserved/underserved students and families that move to relieve the disparities in mental health services across racial and economic groups.

**8. Intended Outcomes:**

This school-based initiative will track data through systems integration and student level results. The results focus first on the students' linkages to the behavioral health care education, programs and services in the school and community. Second, school outcomes of improved attendance, decreased suspensions, and grade promotion, graduation or retention after participation in the initiative programs are examined. In San Bernardino County, the four-year derived rate for high school dropouts was 21%, which is significantly higher than the State of California rate of 15%. Student Assistance Programs hope to reduce this rate over time.

**Individual/Family**

- Increased knowledge of social, emotional and behavioral issues
- Increased knowledge of risk and resilience/protective factors
- Increase in successful follow through on linkages/referrals
- Reduction in number of suspensions
- Increased school attendance
- Increased grade promotion/graduation rate

**Program/System**

- Increase in number of prevention programs and early intervention activities in schools
- Increase in number of individuals and families identified as needing prevention programs and early intervention services
- Increase in number of individuals and families identified who receive prevention programs and early intervention services
- Increase in number of individuals and families from underserved populations who receive prevention programs and early intervention services
- Development of procedures to improve access for referred individuals and families

**PEI PROJECT SUMMARY**

Form No. 3

- Increase in number of cooperative relationships with other organizations and systems through use of the Coordination of Services Team (COST) system (higher degree of collaboration and community linkages into schools)
- Enhanced cultural competence in dealing with referrals through training and technical assistance
- Reduction of disparities in access to mental health prevention and intervention services
- Reduction in stigma in accessing mental health services (SAP is a “help first” approach)
- Increased facilitation for accessing supports at the earliest sign of mental illness

**Long-term Community**

- Lower incidence of mental illness
- Enhanced wellness and resilience in youth
- Reduced stigma
- Earlier access to MH services
- Reduced suicide
- Earlier access to MH treatment and services, as appropriate
- Shorter duration of untreated illness

**9. Coordination with other MHSA Components:**

The SAP Coordinator of this project will be invited to meet monthly with San Bernardino County Department of Behavioral Health staff who are currently involved in the implementation of other MHSA components such as PEI, CSS and MHSA Workforce Education and Training.

This meeting will be used for updates about the project’s progress during implementation and allow the opportunity to discuss barriers and solutions. It will also be an opportunity to educate, inform and support families and individuals that may qualify for on-going Community Services and Support offered through existing MHSA programs.

In addition, SAP will provide access to programs and services for those who may initially be referred but are not appropriate for CSS programs.

**10. Additional Comments (optional)**

**PEI Revenue and Expenditure Budget Worksheet**

**Form No. 4**

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

County Name: San Bernardino

Date: 2/21/08

PEI Project Name: Student Assistance Program

4. Children and Youth at Risk for School Failure

Provider Name (if known): San Bernardino County Superintendent of Schools

Intended Provider Category: PreK-12 school

Proposed Total Number of Individuals to be served:	FY 07-08	<u>16,822</u>	FY 08-09	<u>33,644</u>
Total Number of Individuals currently being served:	FY 07-08	<u>          </u>	FY 08-09	<u>          </u>
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	<u>16822</u>	FY 08-09	<u>33644</u>
Months of Operation:	FY 07-08	<u>2</u>	FY 08-09	<u>12</u>

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
<b>a. Salaries, Wages</b>			
SBCSS Coordinator, 1 FTE		\$75,000	\$75,000
SBCSS Clerical, 1 FTE		\$30,000	\$30,000
SBCSS Data Collector 1 FTE		\$30,000	\$30,000
CBO Alcohol and Drug Counselor, 5 FTE		\$175,000	\$175,000
CBO Social Worker II, 5 FTE		\$200,000	\$200,000
CBO Clinical Therapist, 5 @ .50 FTE		\$150,000	\$150,000
<b>b. Benefits and Taxes @ 25.00%</b>		<b>\$165,000</b>	<b>\$165,000</b>
<b>c. Total Personnel Expenditures</b>		<b>\$825,000</b>	<b>\$825,000</b>
<b>2. Operating Expenditures</b>			
<b>a. Facility Cost</b>		\$115,000	\$115,000
<b>b. Other Operating Expenses</b>		\$285,000	\$285,000
<b>c. Total Operating Expenses</b>		<b>\$400,000</b>	<b>\$400,000</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
a. SAP consulting and training contract		\$150,000	\$150,000
_____			\$0
	\$0	\$0	\$0
<b>a. Total Subcontracts</b>	<b>\$0</b>	<b>\$150,000</b>	<b>\$150,000</b>
<b>4. Total Proposed PEI Project Budget</b>	<b>\$0</b>	<b>\$1,375,000</b>	<b>\$1,375,000</b>
<b>B. Revenues (list/itemize by fund source)</b>			
_____			\$0
_____			\$0
_____			\$0
<b>1. Total Revenue</b>			<b>\$0</b>
<b>5. Total Funding Requested for PEI Project</b>	<b>\$0</b>	<b>\$1,375,000</b>	<b>\$1,375,000</b>
<b>6. Total In-Kind Contributions</b>		<b>\$57,920</b>	<b>\$57,920</b>

## **BUDGET NARRATIVE MHSA PEI STUDENT ASSISTANCE PROGRAM:**

The Student Assistance Program (SAP) budget reflects the intent to contract a portion of this budget (approximately \$1,375,000.00) to San Bernardino County Superintendent of Schools (SBCSS) via a Memorandum of Understanding (MOU) to provide Student Assistance Program (SAP) training and tools to potentially 140 schools. The remaining amount will be allocated to currently unidentified community based organizations to work with local education areas to implement SAP teams in at least five (5) areas of San Bernardino County. The community based agencies will be chosen through a Request for Proposal (RFP) process.

## **PERSONNEL: Year 1 (07-08) - \$0 Year 2 (08-09) - Salary & Benefit Total \$825,000**

Staff will be allocated/hired by the agency(ies) selected for implementation in the MOU and RFP processes, and will consist of the following:

### **SAP Education and Training**

- **1 FTE SBCSS Coordinator equivalent at \$75,000 Total \$135,000**

The coordination function will support SAP strategies implemented throughout San Bernardino County, providing training and technical assistance to schools and community-based organizations. This allocation will fund 1.0 FTE staff that is trained and highly skilled in coordinating, implementing, and providing ongoing technical assistance for Student Assistance Programs. Selected staff will also be skilled at public speaking, presentation, and have excellent knowledge of community resources.

- **1 FTE Administrative Support staff equivalent at Total \$30,000**

This administrative position would directly support the Coordinator(s), scheduling of related meetings, trainings, processing of program referrals across strategies and agencies.

- **1 FTE Data Entry Clerk equivalent at Total \$30,000**

This administrative position would directly support the Coordinator and Administrative support staff through collection, entry and management of data.

### **Community-Based SAP Implementation Partners**

- **5.0 FTE Alcohol and Drug Counselors at an average of \$35,000 each,**

- **5.0 FTE Social Worker II at an average of \$40,000 each,**

- **2.5 FTE Clinical Therapists at an average of \$60,000 Total \$525,000**

This amount reflects the anticipated community-based organization staff that will make up the teams working with school staff in the implementation of SAP projects. Teams will consist of part-time Clinical Therapists, Certified Alcohol and Drug Counselors, and Bachelor's level staff (or equivalent) trained in child development, psychology or related field with experience in group facilitation, developmental and social emotional screening, and/or case management.

## **BENEFITS AND TAXES: Year 1 (07-08) - \$0 Year 2 (08-09) \$165,000**

Benefits and Taxes are calculated at 25% of salary, and includes FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes.

**OPERATING EXPENSES: Year 1 (07-08) - \$0 Year 2 (08-09) Total \$400,000**

**Facility Costs Total \$115,000**

Rental for SBCSS training and meeting space for a minimum of four (4) countywide trainings per year estimated total of \$15,000

Rented space as needed for a minimum of five (5) Community Based Organizations (CBO) to hold groups/meetings and conduct business \$100,000

**Other Operating Expenses Year 1 (07-08) - \$0 Year 2 (08-09) Total \$285,000**

Will be allocated as appropriate to each strategy plus Coordination function when RFPs are written.

Curriculum- training, "Peace Builders", "Too Good for Drugs", or "Parent Project" as examples	\$50,000
Professional Development – staff development and training for additional training required per licensing, certification, or special trainings for culturally specific delivery of services, etc.	\$6,200
Travel and transportation for staff based on average annual cost per budgeted FTE of \$750.00	\$11,600
Screening and Assessment Instruments and forms (multiple sites), other best practice tools and resources	\$10,000
Computers for new employees - 15.5 staff at average of \$2,432 per employee including set up) rounded up to \$37,700	\$37,700
General office expenditures based on current average cost per budgeted FTE of \$3,000.00	\$ 46,500
Utilities and Equipment based on current average cost per budgeted FTE of \$4,864 rounded up to \$75,000	\$75,000
Other Miscellaneous Operating Expenses - general liability, vehicle insurance premiums based on current average annual cost of 3,075 per FTE	\$48,000

**SUBCONTRACTS: Year 1 (07-08) - \$0 Year 2 (08-09) - \$150,000**

A subcontract line item will fund training of up to 140 five (5) person School SAP teams and CBO/School partner teams across San Bernardino County by consultants certified in the SAP model, including the cost of travel and accommodations. Additional consultants, not yet identified, will be contracted to provide education and training to teachers and administrators on school sites concerning mental health.

**In-Kind contributions – Value \$57,920**

Finally, the budget includes an estimate of in-kind contributions from SBCSS. SBCSS is providing in-kind staff to support training and technical assistance to any school in San Bernardino County that wishes to establish SAP programs. Individual school districts will eventually provide in-kind school personnel to work with local CBOs to implement their local projects. In addition, school districts have extensive data collection systems in place, as well as trained data input and administrative support personnel that will provide additional in-kind support to gather information necessary for accountability reporting and progress monitoring.



**PEI PROJECT SUMMARY**

Form No. 3

**County: San Bernardino**

**Date: 9/03/08**

**PEI Project Name: Resilience Promotion in African-American Children**

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
<p><i>Select as many as apply to this PEI project:</i></p> <p>1. Disparities in Access to Mental Health Services</p> <p>2. Psycho-Social Impact of Trauma</p> <p>3. At-Risk Children, Youth and Young Adult Populations</p> <p>4. Stigma and Discrimination</p> <p>5. Suicide Risk</p>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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
<p><i>A. Select as many as apply to this PEI project:</i></p> <p>1. Trauma Exposed Individuals</p> <p>2. Individuals Experiencing Onset of Serious Psychiatric Illness</p> <p>3. Children and Youth in Stressed Families</p> <p>4. Children and Youth at risk for School Failure</p> <p>5. Children and Youth at risk of or Experiencing Juvenile Justice Involvement</p>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**PEI PROJECT SUMMARY**

Form No. 3

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

The Resilience Promotion in African-American Children Prevention and Early Intervention (PEI) Project described is the result of a collaborative planning effort between the San Bernardino County Department of Behavioral Health, schools, faith-based and community-based organizations, and a Cultural Coalition. Part of the PEI planning process consisted of a subcommittee that was dedicated to promoting prevention and early intervention activities for underserved youth. This subcommittee was formed to participate in reviewing stakeholder input, including recommendations for prevention and early intervention services.

The data analysis and stakeholder processes used for the PEI plan are an extensions and augmentations of those developed during the Community Services and Supports (CSS) planning process. These included an extensive needs assessment process that captured input across the San Bernardino (SB) County and a stakeholder process that contained recommendations for prevention and early intervention services in addition to those developed for the CSS priority populations.

Data Analysis

Representatives of San Bernardino County mental health, faith-based and community-based organizations were asked to identify additional data sources needed for prevention and early intervention. For this priority population, the data that was reviewed included review of school district data as well as community level data from the SB County's "Community Indicators of Alcohol & Drug Abuse." Community level data was used because while mental health prevention and early intervention is a new endeavor for SB County, alcohol and drug prevention efforts have been underway for several years in the community. This project will build upon and use lessons from those prevention efforts to guide this project. The data that was reviewed and analyzed included the following:

- Census Demographic data
- Medi-Cal penetration rates
- Rainbow Referral Guide to locate areas with fewer mental health services
- Review of county's districts and schools with low Academic Performance Index [API] scores),
- Review of Juvenile arrest data
- Community Risk Indicators for Alcohol and Drug Abuse (including review of SB County Department of Children's Services (DCS) data, and data on the number of children in foster care)

## PEI PROJECT SUMMARY

Form No. 3

### Stakeholder Input

The stakeholder input for selecting programs and strategies for this population began with a review of recommendations that were gathered as part of the CSS planning process. These recommendations were determined to be relevant to prevention and early intervention, more so than CSS. A list of recommendations for services to address culturally diverse populations was drafted for stakeholders' review and comment. Key partners in reviewing and providing input into draft recommendations were representatives from faith-based and community organizations, who advocate and provide services to diverse youth and to a cultural coalition.

The input received was then reviewed to determine priority recommendations. A key factor that led to program selection was the evidence of strong community support for projects that provide services to children and transition age youth within accessible community settings, while also reducing stigma.

The Resilience Promotion in African-American Children Program selection was also based on a combination of other factors, such as:

- High needs for substance abuse education,
- High rate of gang activity in San Bernardino County,
- Low test scores in schools, and
- High levels of other community risk factors.

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

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

The Resilience Promotion in African-American Children PEI Project will address the community need of children and Transitional Age Youth (TAY), and their families. The priority populations to be addressed are

- Trauma exposed individuals,
- Individuals experiencing onset of serious psychiatric illness,
- Children and youth in stressed families,
- Children and youth at risk for school failure, and
- Children and youth at risk of or experiencing Juvenile Justice involvement.

**PEI PROJECT SUMMARY**

Form No. 3

The Resilience Promotion in African-American Children PEI Project is adapted from other successful programs like *Self Enhancement Inc.* (Oregon community based program). To promote resilience in African-American children, the resilience development program focuses on the strengths of the African-American community and deals directly with the deleterious effects of racism. African-American children, vulnerable victims of racism, are at significantly increased risk of

- Incarceration,
- School failure,
- Victimization by violent crime,
- Teen pregnancy,
- Reliance on social programs,
- Lack of medical insurance,
- Unemployment or underemployment,
- Poverty.

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

This project will be offered in the City of San Bernardino. We are targeting African-American youth in this neighborhood. The following children and youth demographic data apply to the in the Mid-Valley/San Bernardino and Mountain Communities of San Bernardino County:

TOTAL POPULATION	MID-VALLEY/SAN BERNARDINO AND MOUNTAIN COMMUNITIES	
AGE GROUPS		
CHILDREN: 0-15 YEARS	NUMBER	%
AFRICAN-AMERICAN	22,124	17
ASIAN-AMERICAN	7,449	6
EURO-AMERICAN	26,146	20
LATINO	66,392	52
NATIVE-AMERICAN	1,148	1

**PEI PROJECT SUMMARY**

Form No. 3

<b>OTHER</b>	<b>5,616</b>	<b>4</b>
<b>TOTAL</b>	<b>128,875</b>	<b>100</b>
<b>Percentage</b>		<b>24</b>
<b>TAY: 16-25 YEARS</b>	<b>NUMBER</b>	<b>%</b>
<b>AFRICAN-AMERICAN</b>	<b>13,254</b>	<b>16</b>
<b>ASIAN-AMERICAN</b>	<b>7,707</b>	<b>9</b>
<b>EURO-AMERICAN</b>	<b>20,262</b>	<b>24</b>
<b>LATINO</b>	<b>40,639</b>	<b>48</b>
<b>NATIVE AMERICAN</b>	<b>788</b>	<b>1</b>
<b>OTHER</b>	<b>2,850</b>	<b>3</b>
<b>TOTAL</b>	<b>85,499</b>	<b>100</b>
<b>Percentage</b>		<b>24</b>

(\*) Estimated January 2008 Data Source: California Department of Finance, Demographic Research Unit and SB County DBH, R&E Data Bases

**Implementation partners and types of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services ties, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.**

This program will be offered at a school within the City of San Bernadino with follow up activities at one community based after school site. Project staff will identify children and family members in need of treatment services and/or interventions, and offer the appropriate referrals to agencies with whom relationships have been established. Relationships with key representative contacts will be established in as many relevant service locations as required and will include relationships with:

- Schools,
- Churches,
- Community centers,
- Health clinics,
- Social Workers,
- Juvenile Justice system,

## PEI PROJECT SUMMARY

Form No. 3

- Head Start Program,
- Wrap Around programs,
- Battered women's shelters,
- Dual diagnosis groups, and
- Drug and alcohol rehabilitation programs.

### Highlights of new or expanded programs.

The new Resilience Promotion in African-American Children PEI Project will:

- Target African-American Youth,
- Employ an evidence-based curriculum,
- Provide the opportunity for youth to meet positive, successful African-American adults in their community, and
- Provide a multi-modal approach, utilizing cultural resources and engaging families and African-American community members (i.e. The project follows the recommendations of the June 11, 2003 Task Force on Early Mental Health Intervention Report to the Surgeon General.)

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

#### **Selective: Resilience Promotion in African American Children PEI Project**

The Resilience Promotion in African-American Children PEI Project consists of a 12-week daily, intensive school-based program, followed by on-going weekly interventions, and tracking off site at youth centers, churches or other community settings until adulthood. It is designed in two phases. Two school sites will be targeted to serve 120 students over the year at each. The first phase is an intensive 12-week multimodal after-school program. The second phase involves weekly follow up, community and family engagement and leadership promotion. Sixty students, ages 5 through 11, will work with health care educators, tutors and African-American professionals Monday through Friday. Through age appropriate African-American History education, bibliotherapy and story telling activities, exercise and health education, conflict resolution skills training and academic tutoring, the participants will gain academic competence, a sense of African-American identity, and the confidence that they can address life's challenges successfully within the African-American community and develop allies outside the community. A community site will offer the setting of the second phase. In this phase, follow up occurs with the phase one graduates in a group setting designed to promote leadership and encourage school participation and community connection. On-going monitoring of the program's efficacy occurs in the second phase of the program as well.

## PEI PROJECT SUMMARY

Form No. 3

The design of the program allows frequent self-assessment and appropriate adaptations as it grows. The main goal is to start small, build on the successes, retain the participants and include them in positions of increasing responsibility until adulthood. Youth participate until adulthood. By the end of the first year, 240 participants and their families will continue to participate.

Program participants come from referrals from schools, churches and other settings. Baseline self esteem measures, degree of distress measures, exposure to violence measures as well as school academic and behavioral rating questionnaires will enable program effectiveness monitoring. Six (6) small, age specific groups will learn to work together to complete short term and long term learning objectives in African-American history, conflict resolution, health and academic areas.

The following are program elements of this project.

**Peacemakers (*Universal*):** This school-based violence prevention program will be offered to all students at two school sites. The curriculum consists of 17 lessons and will be delivered over a 17-week period by prevention staff.

**Group presentations (*Selective*):** Over the course of a year, 240 participants experience working together, sharing feelings and problem solving while promoting trust and reinforcing emotional competence and promoting resilience.

**Cultural Awareness (*Selective*):** Through bibliotherapy, selected students read and discuss African-American themed literature designed to promote discussions regarding African-American cultural awareness, sensitivity toward other cultures, trust, conflict resolution and effective ways of managing feelings in general and feelings related to confronting racism and marginalization in particular. Other Afro-centric cultural components like art, music and science are integrated into the program as well.

**Conflict Resolution (*Early Intervention*):** Conflict resolution counselors promote empathy and teach healthy conflict resolution strategies using operational conflict resolution manuals and drama therapy. Both families and individual children will participate.

**Educational Workshops (*Selective*):** Peacemakers curriculum will be utilized, along with mental health, nutrition education, and stress reduction techniques that will be taught in a fun and age appropriate fashion to all students at the selected school sites. General health education programs and healthy life styles promotion are important prevention principles.

## PEI PROJECT SUMMARY

Form No. 3

**Meet a Pro (Selective):** Black African-American professionals will talk with the participants about their careers, their experience of racism and the concept of the need to be twice as good in order to make it. Six-year old children are noted to devalue potential careers if they perceive them to be careers for African-Americans. The mere presence of African-American professionals will mitigate such negative automatic thinking by altering participants' self-perception and challenging their concepts regarding careers. Discussions of career mapping and "how to get there," will stir imagination and instill hope. The professionals will model generativity and enhance participants' sense of community.

**Parent Involvement (Selective):** Weekly parent groups will be facilitated by a Parenting Skills Counselor to promote discussion about the common challenges they face as African-American parents and development of healthy parenting strategies to help their children develop self esteem and promote resilience. Resilience is strongly related to the feeling of being loved by ones' family. The Effective Black Parenting, an evidence-based curriculum will be used. This component will be open for all interested families, not just core participants. This allows an opportunity for core participant families to outreach to cohorts and refer to beneficial services.

**Follow up phase (Selective):** Participants will engage in school activities, extracurricular activities and continued involvement with their program cohorts and community activities as they mature and matriculate into colleges and universities. Most effective programs occur over several years.

### Key milestones and anticipated timeline:

Select school and community center for the project – One to three (1-3) months  
 Recruit and train educators, tutors and professionals – Months three to six (3-6)  
 Recruit students for the program – Months three to six (3-6)  
 Phase 1 of the program with first 30 students – Months six to nine (6-9)  
 Phase 2 of the program – Months nine to twelve (9-12)  
 2<sup>nd</sup> group of phase 1 programming – Months nine to twelve (9-12)  
 Monitoring – Ongoing  
 Evaluation – Months six to twelve (6-12)

One (1) FTE Clinical Therapist I will manage coordination for this project. Staffing support includes 3 FTE Mental Health Specialists and 1 FTE Office Assistant III.



**PEI PROJECT SUMMARY**

Form No. 3

**4. Programs:**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Cultural Awareness Estimated that 1000 students will receive at least two cultural awareness sessions per year. 240 students will receive 24 cultural awareness sessions each year	Individuals: 1240 Families:	Individuals: Families:	12
Educational Workshops (including Peacemakers) 1000 youth receive 17 Peacemaker lessons. 240 youths receive minimum of 4 educational sessions per month.	Individuals: 1240 Families:	Individuals: Families:	12
Meet a Pro: 240 youth participate in weekly meetings with the "pro"	Individuals: 240 Families:	Individuals: Families:	12
Parenting: Effective Black Parenting Estimated 400 parents receive 14 three-hour sessions	Individuals: Families: 400	Individuals: Families:	12
Conflict Resolution: Estimated that 240 families will receive a minimum of 4 educational session	Individuals: Families:	Individuals: 240 Families:	
Total PEI project estimated unduplicated count of individuals to be served	Individuals: 1400 Families:	Individuals: 240 Families:	12
Proposed number of individuals or families through PEI expansion to be served through June 2009 by type	Prevention	Early Intervention	12

**PEI PROJECT SUMMARY**

Form No. 3

**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:**

The Resilience Promotion in African-American Children Project staff will identify children and family members in need of treatment services and/or interventions, and will offer appropriate referrals to agencies with whom relationships have been established. Relationships with key representative contacts will be established in as many relevant service locations as required and will include relationships with:

- Schools
- Churches
- Community centers
- Health clinics
- Social Workers
- Juvenile Justice system
- Head Start Program
- Wrap Around programs
- Battered women's shelters
- Dual diagnosis groups
- Drug and alcohol rehabilitation programs

Referrals will be made, but not limited to substance abuse prevention and treatment; parenting and anger management services, community, family or sexual violence prevention and intervention, and basic needs (food, housing and employment). The SB County Department of Behavioral Health (DBH) will provide on-site consultation and technical assistance on best practices to link families to more extensive services as indicated.

**7. Collaboration and System Enhancements:**

This project will develop new partnerships and expand services in settings which are non-threatening/non-stigmatizing to children, TAY, and their families. Collaboration will be done with juvenile justice, school districts, mental and behavioral health clinics, school attendance review boards. Collaborating partners will meet quarterly to review progress of this

**PEI PROJECT SUMMARY**

Form No. 3

project, and to make course correction as necessary to ensure that goals and objectives are met. Formal agreements, either Memorandums of Understanding (MOU) or interagency agreements, will be developed and used as a model for future collaborative efforts.

**8. Intended Outcomes:****Individual/Family**

- Improved resilience and feelings of self-efficacy
- Reduction in truancy, drop-outs, suspensions, expulsions
- Increase knowledge of social emotional and behavioral issues
- Increase knowledge of risk and resilience/protective factors
- Improve parenting knowledge and skills
- Reduce family stress/discord
- Reduce violenceReduce school drop-out, expulsion, suspensions
- Improve school performance
- Reduce involvement with law enforcements and courts

**Program/System**

- Increase in number of prevention programs and early intervention (EI) activates
- Increase in number of organizations providing prevention programs and EI programs
- Increase in number of individuals/families who receive PEI services
- Numbers of youth identified as potential participants and a percentage of these who agree to participate
- Number of parents with adequate participation
- Numbers of youth who start the program and complete it

**Long-term Community**

- Enhanced wellness and resilience in youth

**PEI PROJECT SUMMARY**

Form No. 3

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

Training and technical assistance will be utilized to train the program facilitators and counselors regarding required documentation, electronic records, and procedures and protocols. Mentors will be trained regarding mental illness, safety, boundaries, confidentiality, and cultural sensitivity.

The coordinator of this project will be invited to meet monthly with San Bernardino County Department of Behavioral Health staff who are currently involved in the implementation of other MHSA components such as PEI, CSS and MHSA Workforce Education and Training.

This meeting will be used for updates about the project's progress during implementation. It will also be an opportunity to educate, inform and support families and individuals that may qualify for on-going services such as Community Services and Support.

**10. Additional Comments (optional):  
Attachment to address #5**

Some of the elements of this program (*Cultural Awareness, Educational Workshops and Meet a Pro*) are not listed in the MHSA resource guide. However, the principles and the research underlying this project are sound. By following a general mental health and a long-term resilience development strategy, the program enhances individual participants and builds resilience in the community at large. The following references support our choice of programming.

**Bibliography**

- 1) Miller DB, Am J Prev Med. 1996 Sep-Oct;12(5 Suppl):48-55.
- 2) Barrow FH, Armstrong MI, Vargo A, Boothroyd RA. (Barrow FH, Armstrong MI, 2007) Understanding the findings of resilience-related research for fostering the development of African American adolescents: Am J Community Psychol. 2007 Mar;39(1-2):21-35.
- 3) Fact Sheet: Fostering Resilience in Response to Terrorism: For Psychologists Working With People of Color.
- 4) The Fostering Resilience series is a product of the APA Task Force on Resilience in Response to Terrorism.

**PEI PROJECT SUMMARY**

Form No. 3

- 5) Sense Of Community: Community Resilient Responses To Oppression And Change Christopher C. Sonn, Curtin University of Technology, Perth, Australia Adrian T. Fisher Victoria University of Technology. Melbourne, Australia.
- 6) Stevenson, Howard C.; Renard, Gary, Trusting ole' wise owls: Therapeutic use of cultural strengths in African-American families. Professional Psychology: Research and Practice. 1993 Nov Vol 24(4) 433-442
- 7) Rebecca S. Bigler and Cara J. Averhart, The University of Texas at Austin and Lynn S. Liben, The Pennsylvania State University; Race and the Workforce: Occupational Status, Aspirations, and Stereotyping Among African American Children : Developmental Psychology, Vol. 39, No. 3.

**PEI Revenue and Expenditure Budget Worksheet**

**Form No. 4**

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

County Name: San Ber County

Date: 8/14/08

PEI Project Name: Resiliency Pr 1. Trauma Exposed Individuals

Provider Name (if known): Unknown CBO

Intended Provider Category: Mental Health Treatment/Service Provider

Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 120

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

Total Number of Individuals to be served through PEI

Expansion: FY 07-08 0 FY 08-09 120

Months of Operation: FY 07-08            FY 08-09 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
a. Salaries, Wages	\$0		
Clinical Therapist I, 1 FTE		\$65,000	\$65,000
Mental Health Specialist, 3 FTE @ \$45,000		\$135,000	\$135,000
Office Assistant IV, 1 FTE		\$45,000	\$45,000
b. Benefits and Taxes @ 30 %		\$72,500	\$72,500
<b>c. Total Personnel Expenditures</b>	<b>\$0</b>	<b>\$317,500</b>	<b>\$317,500</b>
<b>2. Operating Expenditures</b>			
a. Facility Cost		\$44,630	\$44,630
b. Other Operating Expenses		\$116,700	\$116,700
<b>c. Total Operating Expenses</b>	<b>\$0</b>	<b>\$161,330</b>	<b>\$161,330</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
Consultant/Trainer-Resiliency Services		\$15,000	\$15,000
Consultant-Information/Technology		\$5,500	\$5,500
indirect costs @ 10%		\$16,670	\$16,670
<b>a. Total Subcontracts</b>	<b>\$0</b>	<b>\$37,170</b>	<b>\$37,170</b>
<b>4. Total Proposed PEI Project Budget</b>	<b>\$0</b>	<b>\$516,000</b>	<b>\$516,000</b>
<b>B. Revenues (list/itemize by fund source)</b>			
_____			\$0
_____			\$0
_____			\$0
<b>1. Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>5. Total Funding Requested for PEI Project</b>	<b>\$0</b>	<b>\$516,000</b>	<b>\$516,000</b>
<b>6. Total In-Kind Contributions</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**BUDGET NARRATIVE MHSA PEI RESILIENCE PROMOTION IN AFRICAN-AMERICAN CHILDREN:**

It is the intent of this budget to contract the full amount allocated to a single entity for the purpose of coordinating and implementing the overall project and implementing subcontracts to eligible consultants. The agency has not been identified and will be chosen as soon as possible through a Request for Proposal (RFP) process.

**PERSONNEL: Year 1 (07-08) - \$0 Year 2 (08-09) - Total \$245,000**

Staff will be allocated/hired by the agency(ies) selected for implementation through the RFP processes, and may consist of the following:

- **1 FTE Clinical Therapist at \$65,000**  
Staff will be trained and highly skilled in child development, early childhood mental health, parenting, screening and assessment, and other listed best practices. Selected staff will also be skilled at public speaking, presentation, and have excellent knowledge of community resources specific to this underserved population. This position will maintain clinical oversight of the project.
- **3 FTE Mental Health Specialists at an average of \$45,000 each for a Total \$135,000**  
Staff will be have successfully completed, at minimum, 45 quarter (60 semester) units of college coursework in child development, psychology or related field with at least two (2) years direct experience in working in prevention programs. Staff will have experience and training in facilitation and working with at-risk, culturally specific populations. These staff could potentially act as mentors for children participating in the program and will work with school site staff.
- **1 FTE Office Assistant IV at Total \$45,000**  
This highly skilled administrative position would directly support the Clinical Therapist, the Mental Health Specialists and schedule related meetings, trainings, process program referrals, and data collection as indicated

**BENEFITS AND TAXES: Year 1 (07-08) - \$0 Year 2 (08-09) \$72,500**

Benefits and Taxes are calculated at 30% of salary, and includes FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes.

**OPERATING EXPENSES: Year 1 (07-08) - \$0 Year 2 (08-09) Total \$161,330**

**Facility Costs Total \$44,630**

Agency rent and lease for structure, meeting space for trainings is estimated at a total of \$44,630. Rented space may be needed for larger community meetings of the African-American Coalition.

**Other Operating Expenses Year 1 (07-08) - \$0 Year 2 (08-09) Total \$116,700**

Will be allocated as appropriate when RFP's are written and awarded

Curriculum training, "Peacemakers"	\$30,000
Professional Development – staff development and training for additional training required to support delivery of program components based on average annual cost of \$480 per FTE.	\$2,400
Travel and transportation for staff based on average annual cost per budgeted FTE of \$900.	\$4,500
Computers and printers for new employees (5 staff at average of \$2,920 per employee including set up) rounded up to \$14,600.	\$14,600
General office expenditures based on current County estimated average cost per budgeted FTE of \$3,600 (5 X 3,600).	\$ 18,000
Utilities and Equipment based on current average cost per budgeted FTE of \$5,840 rounded up to \$29,200.	\$29,200
Other Misc. Operating Expenses (general liability, vehicle insurance premiums based on current average annual cost of \$3,600 per FTE) Rounded to \$18,000.00.	\$18,000

**SUBCONTRACTS: Year 1 (07-08) - \$0 Year 2 (08-09) - \$20,500**

A subcontract line item of \$15,000 will fund resiliency training and consultation services, not yet identified, for project implementation staff. An additional \$5,500 will be contracted to a consultant, not yet identified, to create a data management system used to track individual and program benchmarks and outcomes.

**Indirect costs - \$16,670**

10% has also been figured into the budget to offset indirect costs incurred by the contractor in the implementation of this grant.



**PEI PROJECT SUMMARY**

Form No. 3

**County: San Bernardino**

**Date: 8/18/08**

**PEI Project Name: Preschool PEI Project**

**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
<p><i>Select as many as apply to this PEI project:</i></p> <p>1. Disparities in Access to Mental Health Services</p> <p>2. Psycho-Social Impact of Trauma</p> <p>3. At-Risk Children, Youth and Young Adult Populations</p> <p>4. Stigma and Discrimination</p> <p>5. Suicide Risk</p>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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
<p>A. <i>Select as many as apply to this PEI project:</i></p> <p>1. Trauma Exposed Individuals</p> <p>2. Individuals Experiencing Onset of Serious Psychiatric Illness</p> <p>3. Children and Youth in Stressed Families</p> <p>4. Children and Youth at Risk for School Failure</p> <p>5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement</p>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**PEI PROJECT SUMMARY**

Form No. 3

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

The Preschool Prevention and Early Intervention (PEI) Project described is the result of a collaborative planning effort between the San Bernardino (SB) County Department of Behavioral Health (DBH), local universities, local school districts and the Head Start Program. As part of the PEI planning process, a subcommittee dedicated to promoting community-based mental health services for children to participate in, and review stakeholder input that included recommendations for prevention and early intervention services.

The data analysis and stakeholder processes used for the PEI plan are an extension and augmentation of those developed during the Community Services and Supports (CSS) planning process. An extensive needs assessment process was used to capture input across San Bernardino County. The stakeholder process also contained additional recommendations for prevention and early intervention services in addition to those developed for the CSS priority populations.

Data Review and Analysis

Representatives of county mental health and community-based organizations were asked to identify additional data sources needed for prevention and early intervention. For this priority population, the data that was reviewed included school district data, as well as community level data from the SB County's "Community Indicators of Alcohol & Drug Abuse." Community level data was used because although mental health prevention and early intervention is a new endeavor for SB County, alcohol and drug prevention efforts have been underway for several years in the community. This project will build upon community prevention efforts and use lessons from those prevention efforts to guide this project. The data that was reviewed and analyzed was drawn from the following sources:

- California Healthy Kids Survey results
- Head Start Program data
- Review of SB County's districts and schools with low Academic Performance Index [API] scores, Adequate Yearly Progress [AYP] Standings), and
- Community Risk Indicators for Alcohol and Drug Abuse (including review of SB County's Department of Children's Services (DCS); i.e. number of children in foster care)

## PEI PROJECT SUMMARY

Form No. 3

### Stakeholder Input

The stakeholder input for selecting programs and strategies for this population began with a review of recommendations gathered as part of the CSS planning process. These recommendations were determined to be applicable and relevant to prevention and early intervention, rather than to CSS. A list of recommendations for relevant services to address the needs of priority populations (i.e. youth exposed to trauma, children and youth in stressed families, children and youth at risk for school failure, and children and youth at risk of or experiencing juvenile justice involvement) were drafted for stakeholders' review and comment. Key partners in reviewing and providing input to draft recommendations were representatives from school districts, universities, mental health care agencies, and community-based child advocacy and service organizations.

The Mental Health Services Act (MHSA) unit then convened five (5) community public forums in the five (5) major regions of San Bernardino County. The regions are: West Valley, Mid-Valley/San Bernardino, High Desert/Victorville, Low Desert/Morongo Basin, and Mountain Communities. In addition, targeted forums were held through the planning process to include children and transition age youth (TAY) serving agencies and advocates. A web-based survey was posted on the DBH website and an email address made available where stakeholders could provide additional comment and input. The input received was then reviewed to determine priority recommendations. A key factor that led to program selection was the evidence of strong community support for projects that will address the mental health issues of children in school settings. The Preschool Program selection was also based on a combination of other factors, such as:

- High needs for substance abuse education,
- High rates of gang activity in SB County,
- Low school test scores, and
- High levels of other community risk factors.

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

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

This Preschool PEI Project addresses three (3) key community needs, disparities in access to mental health services, at-risk children, youth and young adult populations, and stigma and discrimination. This school-based project is aimed at

**PEI PROJECT SUMMARY**

Form No. 3

four (4) priority populations, including children and youth who have experienced trauma; children and youth in stressed families; children and youth at risk of school failure; and/or children and youth experiencing, or at risk of, juvenile justice involvement.

The Preschool PEI Project involves several components that will include direct service to children and training for parents and early childhood educators on:

- Dealing effectively with challenging behaviors,
- Addressing bereavement and loss,
- Recognizing potential mental health issues, and
- Utilizing school centered interventions with mental health professionals, when appropriate.

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

This project is proposed primarily for the West End of San Bernardino County, including the cities of Ontario, Chino, Rancho Cucamonga and Upland. The majority of the population to be served will be Head Start children. The Head Start Program sites in these areas serve a total 1,078 children. These sites also have 38 children on their waiting list, due to facilities currently serving at full capacity. Of these, 90% must come from economically disadvantaged families, foster care, a homeless living situation, or, must have a certifiable disability.

This project is proposed primarily for the West End of San Bernardino County (Ontario, Chino, Rancho Cucamonga and Upland). The Head Start sites in these areas serve a total 1078 children and their families. These sites also have 38 children on their waiting list who are currently being served due to existing facilities being served at full capacity. This project will be delivered in natural community settings which facilitates access for unserved and underserved communities and that contributes to reducing mental health disparities across socio-economic and racial groups. Countywide, the Head Start program demographics are as follows:

Latino	60.01%
Euro-American	27.26%
African-American	18.50%
Asian-American	2.55%
Native American	1.96%

## PEI PROJECT SUMMARY

Form No. 3

### Highlights of new or expanded programs

The new Preschool PEI Project:

- Targets preschool aged children
- Contains a preschool bereavement and loss program addressing significant trauma in a child's life
- Includes a screening, early assessment component.
- Offers bi-lingual and bi-cultural services (Spanish/English)

### Implementation partners and types of organization/setting that will deliver the PEI program and interventions.

This program will be delivered in preschools with Head Start Programs. Implementation partners include: SB County Preschool Services Department, DBH, local universities, local school districts and community based organizations. Additionally, many of the children served by the Preschool PEI Project may be referred to local SB County service providers, including SB County Screening, Triage, Assessment, Referral, and Treatment (START) Program, for follow-up and services.

### Actions to be performed to carry out the PEI project, including frequency or duration of key activities and key milestones and anticipated timeline for each milestone.

**Universal: Teacher Classroom Management Component:** The Teacher Training intervention is focused on strengthening teaching and classroom management strategies, promoting children's pro-social behaviors and school readiness (e.g. reading skills), and reducing classroom aggression, and non-cooperation with peers and teachers. Additionally, the intervention focuses on ways teachers can effectively collaborate with parents, in order to support the parents' school involvement and promote consistency from home to school. The program can be useful for teachers, teacher aides, psychologists, school counselors, and any school personnel working with young children. The program is comprised of the following five (5) components:

- Teacher Program 1 - The Importance of Teacher Attention, Encouragement, and Praise,
- Teacher Program 2 - Motivating Children Through Incentives,
- Teacher Program 3 - Preventing Behavior Problems—the Proactive Teacher,
- Teacher Program 4 - Decreasing Students' Inappropriate Behaviors, and

**PEI PROJECT SUMMARY**

Form No. 3

- Teacher Program 5 - Building Positive Relationships with Students.

Incredible Years is an evidence-based intervention, which was first developed in the United States over 25 years ago, and which now has a positive international reputation. There are over seven (7) published studies supporting its effectiveness. This component will be conducted in an inclusive manner, taking into account the need to appropriately address the diversity reflected in the communities served. At a minimum, the parent training will be conducted in the English and Spanish languages.

**1. Selective: Incredible Years:** Young children with high rates of aggressive behavior problems have been shown to be at greatest risk for continuing on the trajectory to deviant peer groups, dropping out of school, and engaging in delinquency, substance abuse, and violence. Ultimately the aim of the teacher, parent and child training programs is to prevent and reduce the occurrence of aggressive and oppositional behavior, thus reducing the chance of developing delinquent behaviors later in life.

The Incredible Years: Parents, Teachers, and Children Training Series is 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 program utilizes comprehensive, research-based interventions, comprised of specific activities for classroom teachers to use daily in the classroom, and for mental health consultants to use with parents during group and individual sessions. The goal of this project component is to:

- Support the healthy social and emotional development of children, ages 2-5 years,
- Increase positive home, school and community connections,
- Cohesively and comprehensively address mental health issues for preschoolers,
- Support school readiness, and
- Increase the chances of success for all participating children.

**PEI PROJECT SUMMARY**

Form No. 3

**2. Selective: Parent Training Component:** The Incredible Years Parent Training intervention is a series of activities focused on strengthening parenting competencies (e.g. monitoring, positive discipline, confidence, etc.) and on fostering parents' involvement in children's school experiences, in order to promote children's academic and social competencies and reduce conduct problems. The parenting programs are recommended by the American Psychological Association (APA) Task Force and have met the stringent "Chambless Criteria" for empirically supported mental health interventions for children with conduct problems.

**3. Selective: Preschool Bereavement and Loss Program:** Clinical practice and documented literature show that there is a high risk for long-term psychopathology as a consequence of childhood trauma. Prospective studies of bereaved children confirm the fact that bereavement constitutes a risk factor for subsequent child psychopathology. The death of a close individual (family member etc), or the loss of a caregiver due to divorce, incarceration or out-of-home placement), is a time of crisis for a child. If handled with love and support, can eventually become a process of growth. This program is preventative, working with the preschool child to provide a safe and healthy outlet for processing grief. When children are supported in what they are experiencing, it will be unnecessary to redirect them from unhealthy, self-destructive forms of expressing their grief, which may be exemplified by major depression, anti-social behaviors, physical complications, and sometimes involvement with the legal and judicial system. Further having a healthy outlet for their feelings will allow for them to utilize internal resources for classroom learning.

Pre-school aged children sometimes miss out on receiving bereavement support because of their age and level of understanding. Further, it is important that their parents or caregivers receive help and guidance in how best to support them. Studies have reported significant increased symptomatic negative behaviors in bereaved pre-school children as opposed to their counterparts.

This program will address losses related to death, separation (out-of-home placement) and divorce. It is based on the The Dougy Center, For Grieving Children and Families Program, located in Oregon. It will provide direct support group services to preschool children with nonpathological grief in the school setting. Further the caregivers of those children will also have a concurrent session should they wish to address the issues of loss facing their child. In addition, program personnell will be available to the preschool teacher to assit with the child's behavior in the classroom and how to best handle the loss issue as it affects classroom behavior.

The Preschool Bereavement and Loss Program focus is on grief resolution and extends to the caregiver and teachers in order to support the child's healing process. As grief is a constant part of a child's daily life until some resolution is

## PEI PROJECT SUMMARY

Form No. 3

achieved it is, therefore, important for both home and school environments to be aware of and have an understanding of the normal behaviors associated with child loss. The negative behaviors often present during grief can extend long after the actual trauma has occurred and can be unsettling in the classroom and the home environments.

As the nature of loss is quite different, separate groups will be offered for situations of death, out-of-home placement/incarceration and divorce. The groups for the preschool children will be once a week. Due to the child's need for structure each week will begin with an opening exercise and close with a ceremony. Each week there will be an activity and a snack. Some activities may include Feeling Charades, Feeling Cards, Person-to-Person Questions, and Candle Ceremonies.

For the caregivers of the Preschoolers there will be a coinciding support group. Topics for discussion at each of the sessions may include: understanding preschooler's perspectives on death, communicating with preschool children about grief, creating space and structure for grieving preschoolers, and responding to behavior and attitude changes. These groups will be open to parents, teachers or other caregivers. Specific trainings on preschool age child grief or consultation to the unique situation of the child will be available to the preschool teachers.

**4. Early Intervention: Preschool Mental Health Intern Program:** This component is designed to provide free or low-cost services related to the child for staff and families at Head Start Program and other early childhood developmental sites. It will accomplish this by strengthening linkages with university graduate school programs to promote clinical practicum sites and internships. A psychologist who will also supervise the activities in this component will provide appropriate supervision. In addition, this component will help to build capacity in our community by increasing the number of mental health professionals with experience in preschool mental health issues in SB County.

### Key Milestones & Timelines:

Outreach activities – One to two (1-2) months and ongoing

Obtaining program materials – One to two (1-2) months

Recruitment and hiring staff – One to two (1-2) months as needed

Obtain written agreements with partners (i.e. Psychologists, universities) – One to two (1-2) months and needed

Training of staff – Three (3) months and ongoing

Begin offering services – Month four (4) and ongoing



**PEI PROJECT SUMMARY**

Form No. 3

Two (2) .40 Psychologists will be contracted to oversee the components in the project. Further they will;

- Act as Clinical Consultants for Preschool Staff,
- Respond to referrals that are beyond the scope of practice of interns and mental health specialists,
- Assess referrals for children who present social, emotional and behavioral concerns,
- Substantiate any DSM diagnoses of children assessed,
- Recommend most appropriate referrals for each case assessed, and
- Supervise Mental Health Student and Interns as stipulated by the licensing boards.

Other staffing will include 2 FTE Facilitators, 1 FTE Office Assistant III and 2 .5 Mental Health Interns.

**4. Programs:**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
<b><i>Incredible Years</i></b> ( <i>Child</i> component) Estimate 12 classes per school year with 16 students= approx 200	Individuals: 200 Families:	Individuals: Families:	
<b><i>Incredible Years</i></b> ( <i>Parent training</i> component) Estimate 12 classes per school year with 16 parents= approx 200	Individuals: Families: 200	Individuals: Families:	12
<b><i>Incredible Years</i></b> ( <i>Teacher training</i> component) 4 classes per school year with 25 teachers	Individuals: 100 Families:	Individuals: Families:	12
<b><i>Preschool Mental Health Intern Program</i></b> 3 interns x 4 schools each year – each intern assess/early intervention with 55 families	Individuals: Families: 100	Individuals: Families: 12 65	12
<b><i>Preschool Bereavement &amp; Loss Program</i></b> Estimate 12 groups per school per year with 8 in each group =approx 100 of children Estimate 12 parent groups per school per year with 6 in each group =approx 70 parents	Individuals: 100 Families: 70	Individuals: Families:	12
<b>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	Individuals: 400 Families: 370	Individuals: Families: 65	
	<b>Prevention: 770</b>	<b>Early Intervention: 65</b>	<b>Total Months:12</b>

**PEI PROJECT SUMMARY**

Form No. 3

**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:**

Key community partners will be the San Bernardino (SB) County Preschool Services Department, the SB County Department of Behavioral Health (DBH), as well as local universities, school districts and community-based organizations. Additionally, many of the children served by the Preschool PEI Project may be referred to local county service providers, including the San Bernardino County Screening, Triage, Assessment, Referral, and Treatment (START) Program, for follow-up and services including the Countywide START project, for follow-up and treatment services

Partnerships that have been formed as a result of the Community Services and Supports (CSS) planning process have also resulted in an agreement with the San Bernardino County Alcohol and Drug Services Administration to prioritize the youth and families that are referred by this project for services. DBH will provide on-site consultation and technical assistance on best practices to link families to more extensive services as indicated. Referrals will be made, but not limited to: substance abuse prevention and treatment, parenting and anger management services, community, family or sexual violence prevention and intervention, and basic needs (food, housing and employment).

**7. Collaboration and System Enhancements:**

The Preschool PEI Project will be part of a collaborative effort with the San Bernardino County Preschool Services Department. The Preschool Services Department currently serves over 4,600 at risk children in 39 locations countywide and will contribute funding and in-kind services to this project. This will develop new partnerships and deliver services in settings which are non-threatening/non stigmatizing to children and families. District and school sites will become safe, accessible sites for preschool children and families to access needed services. Project staff, school staff and teachers, and university professors and interns will meet quarterly to review progress of this project and to make course correction as needed in order to ensure goals and objectives are reached. Formal agreements, such as Memorandums of Understanding (MOU) or interagency agreements, will be developed and used as a model for future collaborative efforts.

## PEI PROJECT SUMMARY

Form No. 3

**8. Intended Outcomes****Incredible Years Program**

*The Incredible Years Parents, Teachers and Children Training Series* will provide cost-effective, early prevention programs that all families and teachers of young children can use to promote social, emotional, and academic competence and to prevent children from developing conduct problems. The second goal is to provide comprehensive interventions for teachers and parents that are targeted at treating and reducing the early onset of conduct problems in young children. The expected outcomes of the proposed *Incredible Years Program* are:

## 1. Increase School Success and Readiness

- Strengthen children's social skills and appropriate play skills (turn taking, waiting, asking, sharing, helping complimenting)
- Boost academic success, reading and school readiness
- Reduce defiance, aggressive behavior and related conduct problems
- Reduce violence, drug abuse and delinquency in later years

## 2. Increase parenting competencies

- Increase positive and nurturing parenting.
- Reduce critical and violent discipline approaches by replacing spanking with positive strategies such as ignoring, using logical and natural consequences, redirecting, adequate monitoring, and problem-solving.
- Improve parents' problem-solving skills, anger management, and communication skills.
- Increase family support networks and school involvement.
- Help parents and teachers work collaboratively to ensure consistency across settings.
- Increase parents' involvement in children's academic-related activities at home.

## 3. Decrease levels of classroom aggression. Increase competencies and strengthen home-school connections:

- Strengthen teachers' effective classroom management skills, including proactive teaching approaches,
- Increase teachers' use of effective discipline strategies,
- Increase teachers' collaborative efforts with parents,

**PEI PROJECT SUMMARY**

Form No. 3

- Increase teachers' ability to teach social skills, anger management, and problem-solving skills in the classroom.

**Preschool Mental Health Project**

- Improved approaches for delivering integrated early mental health services in child care and education settings through positive relationships between service providers and families in order to support the parent-child relationship;
- More effective methods, measures, and resources for screening, assessment, service coordination, service delivery, and funding;
- Expanded community education, training opportunities, and support for non-mental health professionals concerning early parent-child relationships and early emotional-social development;
- Expanded education, training opportunities, support, and supervision for mental health professionals;
- Expanded ongoing interagency and interdisciplinary collaboration; and
- Evaluated outcomes and changes for children and families, service providers, service systems, and communities.

**Bereavement & Loss Component**

- To assist the bereaved child with the healing process, thus preventing more serious mental health concerns and later psychopathology
- Early identification of those with a more complicated grief reaction or early signs of more significant pathology will be afforded by this program and as such children will attain early identification and referral to mental health resources when necessary.
- To assist caregivers (parents & teachers) to better understand the pre-school child's grief process ameliorating home and school behavioral concerns by providing tools to better manage the child's bereavement in a healthy way.
- Provide the trauma exposed child with tools on how to deal with their emotions and normalize the grief response for them thus preventing more serious behavioral problems for the child. To assist the child to reinvest in life and other relationships thus impacting attachment capabilities.

**PEI PROJECT SUMMARY**

Form No. 3

**9. Coordination with other MHSA Components**

The Preschool Prevention and Early Intervention (PEI) Project will utilize the other components of MHSA in SB County Children's Crisis Response Team (CCRT) and Early Wraparound Services (Success First). The Children's Crisis Response Team provides needed crisis response for children within SB County. Staff from CCRT can provide community based mental health crisis intervention for children identified in the Preschool PEI Project that requires immediate mental health services. This will be a valuable and important service collaboration.

The Early Wraparound Services will be extremely useful as it specifically targets children who are at risk for school failure. Children identified by the Preschool PEI Project who require more intensive services will be referred to CCRT to assist with treatment planning, attendance and to empower the family to effectively utilize the necessary services for their child. Importantly, due to the high poverty and risk representation of this preschool population, these services are also provided in the home.

The coordinator of this project will be invited to meet monthly with DBH staff who are currently involved in the implementation of other MHSA components such as PEI, CSS and MHSA Workforce Education and Training.

This meeting will be used for updates about the project's progress during implementation. It will also be an opportunity to educate, inform and support families and individuals that may qualify for on-going services such as Community Services and Support.

**10. Additional Comments (optional)****Attachment to Address #5**

Many of the programs listed in the Prevention and Early Intervention (PEI) Resource Materials include assessment of Post Traumatic Stress Disorder (PTSD) and/or screening for young children removed from their homes. The Preschool Bereavement and Loss Program will utilize these components suggested by the PEI Resource Materials. However, there are no programs listed in the PEI Resource Materials that specifically address the bereaved preschooler. As noted above, traumatized children represent some of the most stressed children, at highest risk for future child and adult

**PEI PROJECT SUMMARY**

Form No. 3

psychopathology. Further, providing resources for the bereaved preschooler would serve what was a significant concern to community stakeholders.

Thus, a preschool-based bereavement program was developed based on its specificity to a population noted to be at need by PEI stakeholders. The Preschool Bereavement and Loss Program is based on The Dougy Center, For Grieving Children and Families Program model, which has been successfully utilized around the United States for over 20 years with reported success and positive outcomes. The Preschool Bereavement and Loss Program is consistent with and attends to the PEI community needs, priority populations and principles.

**PEI Revenue and Expenditure Budget Worksheet**

**Form No. 4**

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

County Name: San Bernardino County Date: 8/14/08

PEI Project Name: Preschool PEI Project

4. Children and Youth at Risk for School Failure

Provider Name (if known): Preschool Services Department

Intended Provider Category: PreK-12 school

Proposed Total Number of Individuals to be served: FY 07-08 100 FY 08-09 735

Total Number of Individuals currently being served: FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_

Total Number of Individuals to be served through PEI Expansion: FY 07-08 \_\_\_\_\_ FY 08-09 735

Months of Operation: FY 07-08 \_\_\_\_\_ FY 08-09 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
<b>a. Salaries, Wages</b>			
Psychologist(s), 2 @ .40 FTE		\$174,960	\$174,960
Facilitators for Incredible Years, 2 FTE		\$124,793	\$124,793
Interns, 2 FTE, 20 hours weekly, \$20/ per hr.		\$62,400	\$62,400
Office Assistant III, 1 FTE		\$31,158	\$31,158
<b>b. Benefits and Taxes @ 19 %</b>		\$74,978	\$74,978
<b>c. Total Personnel Expenditures</b>	<b>\$0</b>	<b>\$468,289</b>	<b>\$468,289</b>
<b>2. Operating Expenditures</b>			
<b>a. Facility Cost</b>			
			\$0
<b>b. Other Operating Expenses</b>			
	\$0		\$0
<b>c. Total Operating Expenses</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
_____			\$0
_____			\$0
_____			\$0
<b>a. Total Subcontracts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>4. Total Proposed PEI Project Budget</b>	<b>\$0</b>	<b>\$468,289</b>	<b>\$468,289</b>
<b>B. Revenues (list/itemize by fund source)</b>			
_____			\$0
_____			\$0
_____			\$0
<b>1. Total Revenue</b>			<b>\$0</b>
<b>5. Total Funding Requested for PEI Project</b>	<b>\$0</b>	<b>\$468,289</b>	<b>\$468,289</b>
<b>6. Total In-Kind Contributions</b>	<b>\$0</b>	<b>\$171,360</b>	<b>\$171,360</b>

**BUDGET NARRATIVE MHSA PEI PRESCHOOL PROJECT:**

It is the intent of this budget to contract the full amount of the Preschool PEI Program budget via a Memorandum of Understanding (MOU) with San Bernardino County Preschool Services Department to implement the Preschool PEI Projects.

**PERSONNEL: Year 1 (07-08) - \$0 Year 2 (08-09) - Total \$393,311**

Staff will be allocated/hired by the San Bernardino County Preschool Services Department (PSD) for implementation and will consist of the following:

**Preschool Bereavement and Loss Program and Intern Program**

- **Two (2) .40 FTE Licensed Psychologists at \$87,480 Total \$174,960**  
These positions will directly supervise interns involved in the Preschool PEI Project, on occasion provide free or low-cost services related to the child, or provide services to children and their caregivers in the Bereavement and Loss component.
- **2 FTE Incredible Years Facilitators at \$62,396 Total \$124,793**  
These positions will directly deliver the Incredible Years Parents, Teachers, and Children’s Training series. These will be Master’s Level employees who have appropriate training in psychology, child development or another related field.
- **2 Interns Total \$62,400**  
These positions will work 20 hours per week at a rate of \$20 per hour. These Interns, supervised by a Licensed Child Psychologist, will provide free or low cost services related to the child for staff and families at state programs.
- **1 FTE Office Assistant III Total \$59,100**  
This position will provide a skilled level of administrative support to assist in coordination, tracking, and data management related to services.

**BENEFITS AND TAXES: Year 1 (07-08) - \$0 Year 2 (08-09) \$74,978**

Benefits and Taxes are calculated at 19% of salary, and includes FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes.

**OPERATING EXPENSES: Year 1 (07-08) - \$0 Year 2 (08-09) Total \$0**

**Facility Costs and other operating expenses**

Facility Costs and other operating expenses will be provided in-kind.

**In-Kind contributions – Value estimated at \$171,360**

Finally, the budget includes an estimate of in-kind contributions from San Bernardino County PSD. PSD is providing in-kind staff such as site coordinators to provide minimal case management and follow up services for families. In addition, PSD is purchasing the Incredible Years Curriculum, providing facility space, computers for support personnel, paying for utilities, travel expenses, copying fees for handouts, and additional utilities and equipment.



## Community Based Initiatives Summary Sheet

Form 3	Brief Summary
Family Resource Center	The program's goal is to reduce stigma/discrimination, by providing a variety of prevention and early intervention services in a natural community settings. Each center will act as the hub to their respective communities and will implement culturally specific, community relevant services, including: youth leadership programs, community counseling, culturally specific education services, and community advocacy.
American Indian Resource Center	Provides culturally specific prevention and early intervention services to Native Americans in one locations, such as: Healing Circle, Sweat Lodge, Peer to Peer, and a medicinal garden.
National Curriculum and Training Institutes (NCTI) Crossroads Education	This program provides NCTI Crossroads classes at various sites, such as schools, clinics, community centers, in order to provide early intervention for children at risk of school failure and/or juvenile justice involvement. In addition, it will promote communication between youths, families, parents, and providers about other services that may be needed.
<i>Promotores de Salud</i>	This program will train identified community leaders to become personal contacts or liaisons to mental health resources and programs within the community. The goal is to reduce the stigma that groups and/or individuals have about mental health and it's services, and make information about mental health treatment services more accessible to community members.

**PEI PROJECT SUMMARY**

Form No. 3

**County: San Bernardino**

**Date: 8/18/08**

**PEI Project Name: Family Resource Center Associations**

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

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

**PEI PROJECT SUMMARY**

Form No. 3

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

The Family Resource Center Prevention and Early Intervention (PEI) Project described is the result of a collaborative planning effort between San Bernardino (SB) County Department of Behavioral Health (DBH), SB School Districts, health centers, law enforcement, and community based organizations. As part of the PEI planning process, a subcommittee dedicated to promoting mental health services in the community was formed to participate in, and review stakeholder input that included recommendations for PEI services.

The data analysis and stakeholder processes used for the PEI plan are an extension and augmentation of those developed during the Community Services and Supports (CSS) planning process. These included an extensive needs assessment process that captured input across SB County and a stakeholder process that contained recommendations for PEI services in addition to those developed for the CSS priority populations.

Data Analysis

Representatives of DBH and community-based organizations were asked to identify additional data sources needed for PEI. For this priority population, the data that was reviewed included review of school district data, census data, and community level data from the SB County's "Community Indicators of Alcohol & Drug Abuse." This latter source was used because while mental health prevention and early intervention is a new endeavor for SB County, alcohol and drug prevention efforts have been underway for several years in the community. The PEI project will build upon and use lessons from those prevention efforts as a guide. The data that was reviewed and analyzed included the following:

- Census Demographic data
- Medi-Cal penetration rates
- Child Welfare Information Gateway
- Review of SB County's districts and schools with low academic performance (API) scores
- Review of juvenile arrest data
- Community Risk Indicators for Alcohol and Drug Abuse Risk (including review of county Child Protective Services (CPS) data, and data on the number of children in foster care)

**PEI PROJECT SUMMARY**

Form No. 3

Stakeholder Input

The stakeholder input for selecting programs and strategies for this population began with a review of recommendations gathered as part of the CSS planning process. These recommendations were determined to be relevant to prevention and early intervention, more so than to CSS. A list of draft recommendations for services that were relevant for the five priority populations were compiled for review and comment by stakeholders. Key partners in reviewing and providing input into draft recommendations were representatives from SB County School Districts, SB County Probation Office, Juvenile Justice System, health care providers, mental health care providers, consumers, parents, family members, community members and community based organizations that advocate and serve children and TAY.

The Mental Health Services Act (MHSA) unit then convened five community public forums in the five major regions of SB County. Those regions are the West Valley, Mid-Valley/San Bernardino, High Desert/Victorville, Low Desert/Morongo Basin, and Mountain Communities. In addition, targeted forums were held through the planning process and included child and TAY serving agencies and advocates.

The input received was then reviewed to determine priority recommendations. A key factor that led to program selection was the evidence of strong community support for projects to address mental health issues in community settings to increase accessibility and reduce stigma. Program selection was also based on the combined factors of:

- High need for substance abuse education,
- High rate of gang activity in SB County,
- Low test scores in schools,
- High levels of community risk factors.

## PEI PROJECT SUMMARY

Form No. 3

**3. PEI Project Description:** (attach additional pages, if necessary)**Explain why the proposed PEI project, including key community need(s), priority population(s), desired outcomes and selected programs address needs identified during the community planning process.**

The Family Resource Center Associations PEI project will address the key community need of all age groups. The priority population to be addressed are trauma exposed individuals, individuals experiencing onset of serious psychiatric illness, children and TAY in stressed families, children and TAY at risk of school failure, and children and TAY at risk of or experiencing involvement with the juvenile justice system.

Family Resource Centers can effectively influence public policy, build the capacity of involved organizations and develop community networks that link people, resources and information. DBH proposes that this project be housed in three (3) regions of San Bernardino that are identified as lacking services. Resource centers will be located in the High Desert/Victor Valley, Low Desert/Morongo Basin and Mid-Valley/San Bernardino. Due to the concern of stigma/discrimination, and in response to our communities request for services to take place in natural gathering setting, these centers would not only house various services but have the ability to deploy services into the community where services are wanted/needed. The centers would be similar to the TAY Centers, where community members feel comfortable seeking assistance regarding a variety of mental health services. Each center will act as a hub for resources in the community, build on already existing resources, and provide an even wider range of resources than are currently available by implementing evidence-based programs. Each center will respond to the specific needs within the community and establish partnerships with already existing facilities/resources. For example, the centers could co-locate with a faith based community partner, community schools or an existing TAY center to enhance access and profile.

Each center will serve as a clearing house for resources in the community, provide a place for all agencies to meet, enhance collaboration and partnerships with Community Based Organizations and service sectors, and provide networking and capacity building activities. Each center will provide a location for after school activities, National Curriculum and Training Institutes (NCTI) curriculum, parenting programs identified as a need for the immediate community (i.e., Effective Black Parenting), and culturally specific services based on community identified needs (i.e. P-flag, LGBTQ support groups, etc.). Key strategies will be to provide education to professionals, local lawmakers, individuals and families regarding mental health as well as positively influencing policy. Many services provided in the

**PEI PROJECT SUMMARY**

Form No. 3

centers will be mobile and able to be deployed to various sites in the community such as consulting with teachers on concerns regarding children in their classes or educating an entire group of church attendees about the signs of mental illness

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

The Family Resource Center Project will target communities with:

- High numbers of the population from underserved ethnic/cultural groups,
- High poverty, and/or
- High rates of violence in the community.

The following demographics apply to this project: (Data Source: California Department of Finance, Demographic Research Unit and SB County DBH, R&E Data Bases)

SB COUNTY TOTAL POPULATION BY REGION, AGE AND ETHNICITY GROUPS								
TOTAL POPULATION	DESERT REGIONS		MID-VALLEY/ MOUNTAIN		WEST VALLEY		TOTAL	
AGE GROUPS								
CHILDREN: 00-15 YEARS	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
AFRICAN-AMERICAN	9,839	10%	22,124	17%	30,696	10%	62,659	12%
ASIAN-AMERICAN	2,141	2%	7,449	6%	14,980	5%	24,570	5%
EURO-AMERICAN	36,175	37%	26,146	20%	43,058	14%	105,379	20%
LATINO	45,517	46%	66,392	52%	209,496	68%	321,405	60%
NATIVE-AMERICAN	1,039	1%	1,148	1%	872	0%	3,059	1%
OTHER	4,278	4%	5,616	4%	7,751	3%	17,644	3%
<b>TOTAL</b>	<b>98,988</b>	<b>100%</b>	<b>128,875</b>	<b>100%</b>	<b>306,854</b>	<b>100%</b>	<b>534,717</b>	<b>100%</b>
Percentage	19%		24%		57%		100%	

**PEI PROJECT SUMMARY**

Form No. 3

<b>TAY: 16-25 YEARS</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
AFRICAN-AMERICAN	6,789	10%	13,254	16%	19,945	10%	39,988	7%
ASIAN-AMERICAN	2,117	3%	7,707	9%	12,515	6%	22,338	4%
EURO-AMERICAN	28,155	40%	20,262	24%	31,494	16%	79,911	15%
LATINO	30,090	43%	40,639	48%	130,467	66%	201,196	38%
NATIVE-AMERICAN	845	1%	788	1%	667	0%	2,300	0%
OTHER	2,193	3%	2,850	3%	3,587	2%	8,629	2%
<b>TOTAL</b>	<b>70,189</b>	<b>100%</b>	<b>85,499</b>	<b>100%</b>	<b>198,674</b>	<b>100%</b>	<b>354,362</b>	<b>66%</b>
Percentage	20%		24%		56%		100%	
<b>ADULTS: 26-59 YEARS</b>								
<b>ADULTS: 26-59 YEARS</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
AFRICAN-AMERICAN	13,301	8%	28,451	13%	51,219	9%	92,971	10%
ASIAN-AMERICAN	6,727	4%	22,822	10%	42,389	8%	71,938	8%
EURO-AMERICAN	90,667	51%	77,446	34%	126,932	24%	295,045	31%
LATINO	60,368	34%	89,336	40%	310,470	57%	460,174	49%
NATIVE-AMERICAN	2,348	1%	2,367	1%	2,249	0%	6,964	1%
OTHER	3,547	2%	5,252	2%	6,862	1%	15,661	2%
<b>TOTAL</b>	<b>176,957</b>	<b>100%</b>	<b>225,673</b>	<b>100%</b>	<b>540,122</b>	<b>100%</b>	<b>942,752</b>	<b>100%</b>
Percentage	19%		24%		57%		100%	
<b>OLDER ADTS: 60+ YEARS</b>								
<b>OLDER ADTS: 60+ YEARS</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
AFRICAN-AMERICAN	4,129	6%	6,051	9%	9,936	9%	20,116	8%
ASIAN-AMERICAN	2,246	3%	6,283	9%	9,350	9%	17,878	7%
EURO-	53,009	72%	42,283	61%	47,223	44%	142,515	57%

**PEI PROJECT SUMMARY**

Form No. 3

<b>AMERICAN</b>								
<b>LATINO</b>	<b>12,584</b>	<b>17%</b>	<b>13,192</b>	<b>19%</b>	<b>40,158</b>	<b>37%</b>	<b>65,934</b>	<b>26%</b>
<b>NATIVE-AMERICAN</b>	<b>665</b>	<b>1%</b>	<b>555</b>	<b>1%</b>	<b>514</b>	<b>0%</b>	<b>1,734</b>	<b>1%</b>
<b>OTHER</b>	<b>1,033</b>	<b>1%</b>	<b>1,290</b>	<b>2%</b>	<b>1,310</b>	<b>1%</b>	<b>3,633</b>	<b>1%</b>
<b>TOTAL</b>	<b>73,666</b>	<b>100%</b>	<b>69,653</b>	<b>100%</b>	<b>108,490</b>	<b>100%</b>	<b>251,809</b>	<b>100%</b>
<b>Percentage</b>	<b>29%</b>		<b>28%</b>		<b>43%</b>		<b>100%</b>	
<b>GRAND TOTAL</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
<b>AFRICAN-AMERICAN</b>	<b>34,058</b>	<b>8%</b>	<b>69,879</b>	<b>14%</b>	<b>111,797</b>	<b>10%</b>	<b>215,734</b>	<b>10%</b>
<b>ASIAN-AMERICAN</b>	<b>13,231</b>	<b>3%</b>	<b>44,261</b>	<b>9%</b>	<b>79,234</b>	<b>7%</b>	<b>136,725</b>	<b>7%</b>
<b>EURO-AMERICAN</b>	<b>208,006</b>	<b>50%</b>	<b>166,137</b>	<b>33%</b>	<b>248,707</b>	<b>22%</b>	<b>622,849</b>	<b>30%</b>
<b>LATINO</b>	<b>148,558</b>	<b>35%</b>	<b>209,559</b>	<b>41%</b>	<b>690,591</b>	<b>60%</b>	<b>1,048,708</b>	<b>50%</b>
<b>NATIVE-AMERICAN</b>	<b>4,897</b>	<b>1%</b>	<b>4,858</b>	<b>1%</b>	<b>4,302</b>	<b>0%</b>	<b>14,057</b>	<b>1%</b>
<b>OTHER</b>	<b>11,050</b>	<b>3%</b>	<b>15,007</b>	<b>3%</b>	<b>19,510</b>	<b>2%</b>	<b>45,567</b>	<b>2%</b>
<b>TOTAL</b>	<b>419,800</b>	<b>100%</b>	<b>509,700</b>	<b>100%</b>	<b>1,154,140</b>	<b>100%</b>	<b>2,083,640</b>	<b>100%</b>
<b>Percentage</b>	<b>20%</b>		<b>24%</b>		<b>55%</b>		<b>100%</b>	

(\*) Estimated  
January, 2008

**Highlights of new or expanded programs.**

Family Resource Centers will provide new programs for the communities in which they are located. Programs will be tailored to be culturally competent and meet the identified needs of the local community. Each center will work to reduce stigma/discrimination by providing a variety of mental health services and programs in natural setting and will be able to deploy services into the communities they serve. All age groups will be served.



**PEI PROJECT SUMMARY**

Form No. 3

**Implementation partners and types of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services ties, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.**

Implementation partners include SB County DBH programs, SB County School Districts, health centers, law enforcement, and community based organizations. Family Resource Centers will be required to partner with faith based and culturally specific organizations and must provide universal, selective, and early intervention services on-site and in the community.

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

While each Family Resource Center will customize its offering to fit the community, a typical Family Resource Center's activities would be categorized as Universal/Selective and would have the following types of activities:

- Community outreach: Designated staff will present to various CBO's, faith based organizations, schools, colleges, social organizations or any group requesting information on the center and on signs/symptoms of mental illness.
- Regularly scheduled meetings for all community resources will be held to bring groups together to share information and build capacity.
- Provide workshops for professionals & local lawmakers once a month.
- Provide parenting education classes two to three (2 - 3) times per year
- National Curriculum & Training Institute (NCTI) classes delivered over three weeks with two classes per week. This program may be offered two to three (2 - 3) times per year in a center.
- Afterschool projects two (2) days per week so that children and TAY have a place to build positive skills, socialize with positive support and have continual evaluation for any additional interventions needed.
- Activities two to three (2-3) days per week for adults and older adults to build skills, socialize and keep up to date with other available resources.

**PEI PROJECT SUMMARY**

Form No. 3

The Family Resource Center Project will be coordinated by a Program Manager I (0.5 FTE). Other staffing needs are three (3) Clinic Supervisors, six (6) Clinical Therapists, three (3) Drug and Alcohol Counselors, six (6) Case Managers, three (3) Program Secretaries, three (3) Data Entry Clerks and six (6) Family/Peer Advocates. Bi-lingual staff will be available and all staff will be trained in children and TAY development and resiliency philosophy, so that an emphasis on activities and services geared toward children and TAY are strength and asset based. Staff will also be trained in providing culturally appropriate educational activities for all age groups.

**Key milestones and anticipated timeline for each milestone**

- Secure locations for resource centers – One to Three (1-3) months
- Hire and train staff – One to three (1-3) months
- Outreach to inform community of the Family Resource Centers – One to three (1-3) months and ongoing
- Begin service delivery -Month four (4)
- Develop collaborative partners - Months four to twelve (4-12)

**PEI PROJECT SUMMARY**

Form No. 3

**4. Programs:**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Family Resource Center (all activities combined) 3 centers @ 1,200 each	Individuals: 3600 Families: 10,000	Individuals: 3600 Families:	12
Estimate: NCTI curriculum delivered at 3 centers 3 times each year with avg of 15 TAY in each group = 135 youth	Individuals: 135 Families:	Individuals: 135 Families:	12
Effective Black Parenting (or other appropriate evidence-based parenting program) 3 centers 3 times/yr with avg of 15 parents/caregivers in each group = 135	Individuals: 135 Families:	Individuals: 135 Families:	12
Mental Health Education Workshops for community: 3 centers x 1 a month for 9 months/yr with avg of 20 participants = 972 youth	Individuals: 972 Families:	Individuals: 972 Families:	12
After school youth projects/activities: 3 centers x 2 times a week for 50 weeks per year with avg of 10 youth at each session = 3,000 youth	Individuals: 3000 Families:	Individuals: 3000 Families:	12
Adult skills-based/mental health education programs 3 centers 2 times a week for 40 weeks per year with avg of 10 adults at each sessions = 2400 adults and older adults	Individuals: 2400 Families:	Individuals: 2400 Families:	12
<b>TOTAL PEI project estimated <i>unduplicated</i> count of individuals to be served</b>	Individuals: 3600 Families: 10,360	Individuals: 3600 Families:	12
	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		
	Prevention: 3600*	Early Intervention 3600*	12

**PEI PROJECT SUMMARY**

Form No. 3

\*We anticipate serving 3600 unduplicated individuals per year with both prevention and early intervention activities. We are assuming that many of these will participate in multiple programs.

**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:**

After an individual contacts a Family Resource Center, either by phone or in person, a screening/needs assessment will be completed by staff. Referrals will be made, but not limited to substance abuse prevention and treatment, community, family or sexual violence prevention and intervention, and basic needs (food, housing and employment). If needed, assistance in connecting to the resource will be conducted by staff. Partnerships that have been formed as a result of the CSS planning process have resulted in agreement by SB County Alcohol and Drug Services Administration to prioritize the youth and families that are referred by this project for services. DBH will provide on-site consultation and technical assistance on best practices to link families to more extensive services as indicated.

**7. Collaboration and System Enhancements:**

DBH will develop new partnerships and deliver services in family resource centers, a non-threatening/non-stigmatizing location for participants: collaborate with SB County School Districts, the Probation Dept., food banks, shelters, faith based organizations, and local health care providers. These partnerships will be essential as the centers raise awareness in the community about early signs of mental illness. Memorandums of Understanding (MOU) or other formal interagency agreements, will be developed and used as a model for future collaborative efforts.

**PEI PROJECT SUMMARY**

Form No. 3

**8. Intended Outcomes:****Individual/Family**

- Increase knowledge of social, emotion and behavioral issues and their risk factors
- Increase social support
- Increase appropriate help-seeking
- Increase successful follow-through on linkage/referrals and satisfaction with linkage/referral process
- Reduce stigmatizing attitudes about mental illness and/or use of services
- Increase contact with persons with mental illness

**Program/System**

- Increase the numbers of persons participating in the various activities at the centers
- Broaden the ethnicity of participants in centers activities
- Increase satisfaction with workshops and services received
- Increase in number of organizations with a formal process for identifying individuals/families with social, emotion and/or behavioral issues
- Enhance the capacity of organization to provide presentations, programs and early intervention (EI) services
- Increase capacity and enhance quantity and quality of cooperative relationships with other organizations and systems
- Increase the number of individuals/families identified as needing PEI services
- Increase the number of individuals/families who receive PEI services with emphasis on increasing the number of individuals/families from underserved populations receiving PEI services

**Long-term Community Results**

- Reduce the stigmatizing attitudes and discrimination
- Increase the numbers served by MH system
- Provide earlier access to MH treatment & services
- Reduce negative consequences of untreated serious mental illness; reduction in violence/acting out behaviors

**PEI PROJECT SUMMARY**

Form No. 3

**9. Coordination with Other MHSA Components**

The Family Resource Center Project will coordinate with the TAY center (an MHSA -CSS component) and will also serve as a place for the senior mobile center to be parked (see Older Adult Community Services Form 3). Family Resource Center staff will meet monthly with DBH staff members who are currently involved in the implementation of other MHSA components such as PEI and CSS coordinators. This meeting will be used for updates about each component's progress during implementation. It will also be an opportunity to educate, inform and support families and individuals who might qualify for on-going Community Services and Supports.

**10. Additional Comments (optional)****Narrative to Address #5**

Family Resource Centers are known to be valuable assets to the community. Most of the components of these Family Resource Centers are evidence-based practices found in the MHSA guidelines. One curriculum, the NCTI is not listed in the resource guide; however, there is ample evidence that it is an effective curriculum (see NCTI form 3).

**PEI Revenue and Expenditure Budget Worksheet**

**Form No. 4**

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.			
County Name:	San Bernardino	Date:	8/18/08
PEI Project Name:	Family Resource Center		
	3. Children and Youth in Stressed Families		
Provider Name (if known):	Unknown		
Intended Provider Category:	Family resource center		
Proposed Total Number of Individuals to be served:	FY 07-08 _____	FY 08-09 _____	13600
Total Number of Individuals currently being served:	FY 07-08 _____	FY 08-09 _____	
Total Number of Individuals to be served through PEI Expansion:	FY 07-08 _____	FY 08-09 _____	13600
Months of Operation:	FY 07-08 _____	FY 08-09 _____	12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
<b>a. Salaries, Wages</b>			
Program Manager II (4 FTE)		\$322,816	\$322,816
Clinic Supervisor (4 FTE)		\$293,112	\$293,112
Secretary (4 FTE)		\$140,000	\$140,000
Data Entry Clerk (4 FTE)		\$120,000	\$90,000
Clinical Therapist I (4 FTE)		\$240,000	\$240,000
Social Worker II (4 FTE)		\$184,120	\$184,120
Alcohol and Drug Counselors (4 FTE)		\$180,000	\$180,000
Peer and Family Advocates (8 FTE)		\$264,000	\$264,000
Total		\$1,744,048	\$1,744,048
b. Benefits and Taxes @ 37.1 %	\$0	\$646,468	\$646,468
<b>c. Total Personnel Expenditures</b>	<b>\$0</b>	<b>\$2,390,516</b>	<b>\$2,390,516</b>
<b>2. Operating Expenditures</b>			
a. Facility Cost		\$234,000	\$234,000
b. Other Operating Expenses		\$602,484	\$602,484
<b>c. Total Operating Expenses</b>	<b>\$0</b>	<b>\$836,484</b>	<b>\$836,484</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
_____	\$0		\$0
_____	\$0		\$0
_____	\$0		\$0
<b>a. Total Subcontracts</b>	<b>\$0</b>		<b>\$0</b>
<b>4. Total Proposed PEI Project Budget</b>	<b>\$0</b>	<b>\$3,227,000</b>	<b>\$3,227,000</b>
<b>B. Revenues (list/itemize by fund source)</b>			
_____		\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
<b>1. Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>5. Total Funding Requested for PEI Project</b>	<b>\$0</b>	<b>\$3,227,000</b>	<b>\$3,227,000</b>
<b>6. Total In-Kind Contributions</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## **BUDGET NARRATIVE FAMILY RESOURCE CENTERS:**

The Family Resource Center (FRC) budget represents the intent to work with currently unidentified community based organizations to establish possibly four (4) centers that provide an array of services to the community that are culturally and ethnically appropriate to the designated region. The locations of these possible four (4) centers are as of yet undecided and will be determined by the need of the surrounding community as well as the intent to locate each center in a different geographic region of San Bernardino County. The community based agencies will be chosen through a Request for Proposal (RFP) process that will include key considerations such as the requirement of a youth leadership component, partnerships with faith-based organizations, and other variables that were established during the stakeholder process and outlined in the plan.

### **PERSONNEL: Year 1 (07-08) - \$0 Year 2 (08-09) - Total \$1,744,048**

Staff will be allocated/hired by the agency(s) selected for implementation in the RFP processes, and will consist of the following:

#### ***FRC Planning and Development Total \$875,928***

- ***Program Manager- 4 FTE (one per site) at \$80,704 each for a Total \$322,816***

The planning and development function will support all three Family Resource Centers throughout the County by providing planning, organization, coordination and implementation of the key components of the FRC as outlined in the plan. The Program Manager will also develop programs to meet community needs and form collaborations with key stakeholders in the surrounding areas. The Program Manager will prepare a program budget and exercise fiscal control over all centers within the guidelines established in the contract. Selected staff will also be skilled at public speaking, presentations, and have excellent knowledge of community resources.

- ***4 FTE Clinic Supervisors equivalent at Total \$293,112***

This position will supervise Clinical Therapists and other support staff. The Clinic Supervisor will plan, coordinate and evaluate the work of the staff; determine training needs and conduct in-service trainings. They will supervise center operations which entail responsibility for safety and security of staff, reporting maintenance and repair needs, preparing budget requests for equipment and supplies, and controlling expenditures. The Clinic Supervisor will also serve as a liaison to the community and may make presentations to community groups as required to explain programs and promote acceptance, support and participation.

- ***4 FTE Program Secretary equivalent at Total \$140,000***

This administrative position would directly support the Program Manager, scheduling of related meetings, trainings, processing of program referrals across strategies and agencies. This position will allow for one full FTE at each site.

- ***4 FTE Data Entry Clerk equivalent at Total \$120,000***

This administrative position would directly support the Coordinator and administrative support staff through collection, entry and management of data. This position will allow for one full FTE at each site.



**FRC Community Based Implementation Partners**

- **4 FTE Alcohol and Drug Counselors at an average of \$45,000 each,**
- **4 FTE Case Managers at an average of \$46,030 each,**
- **4 FTE Clinical Therapists at an average of \$60,000 each Total \$604,120.**

This amount reflects the anticipated community based organization staff that will make up the teams working with the community in the Family Resource Centers. Staff will consist of one (1) FTE Alcohol and Drug Counselor per site, one (1) FTE Clinical Therapists per site, and one (1) FTE Case manager per site. Selected staff will be trained in group facilitation, developmental and social emotional screening, and/or case management.

**FRC Peer Support Partners**

- **8 FTE Peer and Family Advocates at Total \$264,000**

This amount reflects the anticipated need for Family Resource Centers to employ those with first-hand peer and/or family experiences with behavioral challenges. The Peer and Family Advocates (PFA) will serve as an advocate for consumers and their families to access community resources. PFAs will also conduct various support groups, classes, and wellness and recovery activities. They will support the outreach efforts of the Family Resource Centers by assisting with presentations to the community. This position will allow for two (2) FTE at each site.

**BENEFITS AND TAXES: Year 1 (07-08) - \$0 Year 2 (08-09) \$646,468**

Benefits and Taxes are calculated at 37% of salary, and includes FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes.

**OPERATING EXPENSES: Year 1 (07-08) - \$0 Year 2 (08-09) Total \$836,484**

**Facility Costs Total \$324,000**

Facility Rental for 4 sites at 10,000 square feet for 12 months.

**Other Operating Expenses Year 1 (07-08) - \$0 Year 2 (08-09) Total \$602,484**

Professional Development – staff development and training for additional training required per licensing, certification, or special trainings for culturally specific delivery of services, etc. (\$440 per FTE per year)	\$15,840
Travel and transportation for staff based on average annual cost per budgeted FTE of \$976.67 (The Family Resource Centers require continual collaboration within the community in natural settings leading to increased travel).	\$31,560
General office expenditures based on current average cost per budgeted FTE of \$2,264.00.	\$ 81,504
Utilities and Equipment based on current average cost per budgeted FTE of \$5,888.89. (This includes Computers for new employees at an average of \$3,000 per FTE including set up for a Computer total of \$108,000 in addition to other expenditures) rounded to \$212,000.	\$212,000
Other Misc. Operating Expenses (general liability, vehicle insurance premiums, unforeseen start-up needs, based on current average annual cost of \$3,080 per FTE)	\$110,880
Vehicles (one per site=4) at average cost of \$23,000 per vehicle	\$92,000

**Indirect costs \$58,700**

A 10% indirect cost has also been figured into the budget to offset indirect costs incurred by the contractor in the implementation of this grant.

**PEI PROJECT SUMMARY**

Form No. 3

**County: San Bernardino**

**Date: 8/18/08**

**PEI Project Name: Native-American Resource Center**

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 2. Psycho-Social Impact of Trauma 3. At-Risk Children, Youth and Young Adult Populations 4. Stigma and Discrimination 5. Suicide Risk	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input 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			
	Child and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project: 1. Trauma Exposed Individuals 2. Individuals Experiencing Onset of Serious Psychiatric Illness 3. Children and Youth in Stressed Families 4. Children and Youth at Risk for School Failure 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

**PEI PROJECT SUMMARY**

Form No. 3

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

The Prevention and Early Intervention (PEI) project described is the result of a collaborative planning effort between San Bernardino (SB) County community members, various stakeholders, individuals, families, community agencies and other county agencies. Data was gathered from the PEI stakeholder surveys and forums, the Fontana Native-American Center, Inc. and published literature including the census.

The Department of Behavioral Health's (DBH) Cultural Competence staff worked with a community cultural coalition to ensure that the PEI project would provide culturally appropriate and effective mental health prevention and early intervention programs for the large and culturally diverse population of SB County.

The data analysis and stakeholder processes used for the PEI plan are an extension and augmentation of those developed during the Community Services and Support (CSS) planning process. These included an extensive needs assessment process that captured input across SB County and a stakeholder process that included recommendations for prevention and early intervention services in addition to those developed for the CSS priority populations

Data Analysis

Representatives of DBH and the cultural coalition were identified to review the needs assessment data from the initial CSS process, and to identify additional data sources needed for prevention and early intervention in culturally diverse populations. For this priority population, the data that was reviewed included review of currently available Native-American Indian services data, SB County School District data and community level data from SB County's "Community Indicators of Alcohol and Drug Abuse" profile. This latter source was used because of the high prevalence of substance abuse issues in this population and because, in SB County, alcohol and drug prevention efforts have been underway for several years in both schools and in the community. This project will build upon and use lessons from those prevention efforts to guide this project. The data that was reviewed and analyzed included the following:

- SAMSHA
- The Office of Minority and Health Disparities
- National Alliance on Mental Health
- School registration data collected by the Fontana Native-American Center, Inc.
- Community Indicators of Alcohol and Drug Abuse

Stakeholder Input

**PEI PROJECT SUMMARY**

Form No. 3

The stakeholder input for selecting programs and strategies for this population began with a review of recommendations gathered as part of the CSS planning process. These recommendations were determined to be relevant to prevention and early intervention, more so than to CSS. A list of draft recommendations for services that were relevant for culturally diverse populations were compiled for review and comment by stakeholders. Key partners in reviewing and providing input into draft recommendations were coalitions of various tribal councils from the Native-American community and the Fontana Native-American Center Inc. that is comprised of, but not limited to, multiple councils such as the Dakota, Kiowa, Apache, Yaqui, La Kota Dakota, Apache, and Gabrelino/Tongva. Efforts for continued outreach to Southern California Native American councils is ongoing.

The input received was then reviewed to determine priority recommendations. The input received was then reviewed to determine priority recommendations. A key factor that led to program selection was the evidence of strong community support for programs from the Native-American community for a resource that addresses culturally appropriate prevention and early intervention activities that incorporates their traditional philosophies and teachings and reduces stigma by providing these activities in a natural setting. Program selection was also based on the combined factors of:

- Mental health risk behaviors,
- High rate of substance abuse in Native-Americans,
- High rates of suicide and
- High levels of community risk factors

**3. PEI Project Description:** (attach additional pages, if necessary)**Explain why the proposed PEI project, including key community need(s), priority population(s), desired outcomes and selected programs address needs identified during the community planning process.**

This project will address the key community needs of all ages. The priority populations to be addressed are trauma exposed individuals, individuals experiencing onset of serious psychiatric illness, children and Transitional Age Youth (TAY) in stressed families, children and TAY at risk of school failure and children and TAY at risk of or experiencing juvenile justice involvement.

## PEI PROJECT SUMMARY

Form No. 3

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

The target population is Native-Americans throughout San Bernardino (SB) County. This project will provide culturally appropriate mental health education and activities to an underserved community. Programs will be offered in culturally appropriate settings, incorporating Native-American philosophies and traditions as a platform from which to offer mental health educational programs. In SB County there are 14,057 Native-American Indians making up 1% of the total population.

### **Implementation partners and types of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services ties, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.**

The Native-American Indian Resource Center will address the identified mental health needs and stressors of the Native-American population that reside in SB County. The center will function as a community-based organization that will provide an extensive array of mental health resources including outreach and education, family support, counseling services, work force development and education assistance and traditional Native-American programs. The setting of this pilot project would not be a traditional mental health setting; the setting will focus on assisting Native -Americans in feeling comfortable seeking services from staff that are knowledgeable and capable of identifying needs and solutions for Native-American families and individuals.

Implementation partners include SB County Department of Behavioral Health (DBH), local schools and district offices, primary care centers, various health offices, natural gathering sites, social services offices, and local law enforcement offices.

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

The services that will be offered through the center would include:

- **Universal: Gathering of Native-Americans (GONA):** GONAs are four-day community events. These gatherings will be offered ten (10) times each year, in rotating locations, with approximately 100 people at each event. Within the four-day programs ritual and healing circles will be held that incorporate traditional teachings and values with mental health concepts such as respecting women and children and maintaining sobriety during rituals.

## PEI PROJECT SUMMARY

Form No. 3

Workshops will be offered on wholeness, balance and psychosocial issues within the context of traditional Native-American philosophies and teachings. These gatherings will provide a framework to examine historical trauma and its impact on substance abuse and emphasizes and presents a prevention framework based on values inherent in traditional Native-American cultures. This provides a natural setting which reduces stigma about mental health issues.

- **Selective/indicated: Parenting Wisely:** This is a three (3 )hour audio program that individuals will listen to on their own and then come together for a one (1) hour session to review the material and ask questions at the Native-American Resource Center. We will offer this program 48 weeks each year with an estimated 25 participants in each weekly session. The program:
  - Reduces family conflict and child behavior
  - Reduces problems by improving parenting skills and enhancing
  - Improves family communication
- **Universal: Stone (Sweat) Lodge:** This weekly program will be offered 48 weeks a year, meeting two (2) hours each session. An average of 35 participants attend each session. These sessions are effective in providing crisis intervention. During the sessions facilitators provide:
  - Drug and substance abuse counseling
  - Address the need for tradition spirituality in the Native-American community
  - Provides a positive environment for the client to become emotionally stable
  - Educates clients on prevention and early intervention strategies that are specific to Native-Americans
- **Universal: Cultural Identity Awareness:** This part of the program will include public service announcements through radio and distribution of brochures to schools and community organizations like YMCA's a few times a year to raise awareness of Native-American culture. Workshops will be offered each a week (48 hours a week) on traditional understanding and philosophy including marriage promotion, sexual abuse, and drug and alcohol abuse. An estimated 30 participants will attend each workshop. These workshops will:
  - Help clients define their identity through tradition, concepts, story telling and traditional teachings
  - Empower clients with a sense of self reliance
  - Use traditional arts and crafts to address mental health concerns
  - Raise awareness to mental health issues that are specific to the Native-American community

**PEI PROJECT SUMMARY**

**Key milestones and anticipated timeline for each milestone**

Recruit and train staff - One to four (1-4) months  
 Community outreach activities – Three to six (3-6) months  
 Programs offered - One to twelve (1-12) months  
 Program monitoring - One to twelve (1-12) and ongoing

Coordination for the Native-American Resource Center will be managed by an .75 Mental Health Program Manager. Staff at the center will include Native-American Indians and will be trained in culturally appropriate delivery of programs. Staffing support funded by MHSa for this component will include one (1) FTE Social Worker, one (1) FTE Office Assistant III and two (2) Peer and Family Advocates III's.

**4. Programs:**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Gathering of Native-Americans (GONA) 10 of gatherings per year with an average of 50 participants at each gathering = 500.	Individuals: 500 Families: 250	Individuals: 500 Families: 500	12
Parenting Wisely 40 classes each year x 25 participants per group = 1000	Individuals: 1000 Families:	Individuals: 1000 Families:	12
Stone (Sweat) Lodge 40 stone lodge events x 25 of participants =1000	Individuals: 1000 Families:	Individuals: 1000 Families:	12
Cultural Identity Workshops 40 workshops x 20 participants = 800	Individuals: 800 Families:	Individuals: 800 Families: 800	

**PEI PROJECT SUMMARY**

Form No. 3

<b>Total PEI project estimated <i>unduplicated</i> count of individuals to be served</b>	Individuals: 1750 Families: 250	Individuals: 1750 Families: 1750	12
Proposed number of individuals or families through PEI expansion to be served through June 2009 by type	Prevention 1750	Early Intervention	12

1750

\* We anticipate that many clients will participate in multiple events. It is estimated that this project will serve 1,750 unduplicated individuals.

**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:**

Key community partners and services providers include county DBH programs, mental health treatment providers and primary care providers. Referrals will be made, but not limited to substance abuse prevention and treatment; community, family or sexual violence prevention and intervention, and basic needs (food, housing and employment). SB County Behavioral Health Department will provide on-site consultation and technical assistance on best practices to link families to more extensive services as indicated.

**7. Collaboration and System Enhancements:**

Through the Native-American Indian Resource Center, there will be extensive collaboration with existing partners such as, Department of Behavioral Health, local schools and district offices, primary care centers, various health offices, natural



**PEI PROJECT SUMMARY**

Form No. 3

gathering sites, social services offices and local law enforcement offices. Additional efforts will be made to reach and partner with community based organizations in underserved/unserved Native-American populations to include private and public employment offices and collaboration with local media outlets throughout SB County of San Bernardino. Formal agreements, either MOU's or interagency agreements, will be developed and used a model for future collaborative efforts.

**8. Intended Outcomes:****Individual/Family**

- Increased knowledge of social emotional and behavioral issues
- Increased knowledge of risk and resilience/protective factors
- Improved parenting knowledge and skills
- Reduced family stress/discord
- Reduced violence
- Increased social support

**Program/Systems**

- Advocacy in Partnership with the Native-American Community Council
- Educating Native-Americans to recognize early signs of mental illness
- Creating a safe place for councils within a framework to examine historical trauma and its impacts on substance abuse
- Holistic approach to wellness as a traditional part of the Native-American belief system
- Reduced stigmatizing attitudes about mental illness and/or use of services
- Community healing for substance abuse prevention

**Long Term Community**

- Stigma Reduction
- Earlier access to MH treatment and services, as appropriate
- Shorter duration of untreated mental illness
- Enhanced wellness and resilience
- Reduced suicide

All outcomes will be measured by participation and center activity attendance rates, evaluation surveys, and referrals to the center.

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

It is the goal of SB County of San Bernardino to improve the access and quality of care regarding mental health services for our unserved and/or underserved Native-American communities. The Native-American Indian Resource Center would coordinate and partner with the Innovation Component of MHSA to provide culturally specific services such as non-traditional service delivery methods. For example, with Innovation the Native-American Resource Center can expand its services to include holistic approaches to mental health issues that are not currently being addressed and/or accepted by the various Native-American communities. Moreover, Native-American individuals who currently have client and/or family member experience would be part of the service delivery to reduce stigma and promote wellness, recovery, and resiliency to their tribe members and surrounding tribal communities.

The coordinator of this project will be invited to meet monthly with SB County DBH staff who are currently involved in the implementation of other MHSA components such as PEI, CSS and MHSA Workforce Education and Training.

This meeting will be used for updates about the project's progress during implementation. It will also be an opportunity to educate, inform and support families and individuals that may qualify for on-going services such as Community Services and Support.

## **10. Additional Comments (optional):**

### **Narrative to address Item #5**

The Parenting Wisely and Gathering of Native-American components of this program are evidence-based programs listed in the MHSA guidelines. The Sweat Lodge and Cultural Identify Workshop activities provide communal support and raise awareness of Native-American traditions and philosophies which are important to Native-Americans. From the Native-American perspective, traditional healers aim to "make whole" by restoring well-being and harmonious relationships with the community while using traditional philosophies and teachings to discuss domestic violence, substance and alcohol abuse and to reduce stigma.

The integration of the physical and the spiritual is at the heart of the tradition of gatherings, sweat lodges, and healing circles and provides a traditional platform from which to offer mental health programs in a natural setting. These selected programs will address the critical needs of this underserved population.

**PEI Revenue and Expenditure Budget Worksheet**

**Form No. 4**

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

County Name: San Bern Date: 8/14/08  
 PEI Project Name: American Indian Resource Center  
 Provider Name (if known): Unknown  
 Intended Provider Category: Ethnic or cultural organization  
 Proposed Total Number of Individuals to be served: FY 07-08 \_\_\_\_\_ FY 08-09 2000  
 Total Number of Individuals currently being served: FY 07-08 0 FY 08-09 0  
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 2000  
 Months of Operation: FY 07-08 \_\_\_\_\_ FY 08-09 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
<b>a. Salaries, Wages</b>			
MH Program Manager I (1 FTE)		\$79,000	\$79,000.00
Social Worker II (1 FTE)		\$50,000	\$50,000.00
Office Assistant III (1 FTE)		\$35,000	\$35,000.00
PFA III (3 FTE)		\$114,000	\$114,000.00
<b>b. Benefits and Taxes @ 32 %</b>	\$0	\$87,790	\$87,790.00
<b>c. Total Personnel Expenditures</b>	<b>\$0</b>	<b>\$365,790</b>	<b>\$365,790</b>
<b>2. Operating Expenditures</b>			
<b>a. Facility Cost</b>		\$50,000	\$50,000
<b>b. Other Operating Expenses:</b>		\$190,400	\$190,400
<b>d. Total Operating Expenses:</b>	<b>\$0</b>	<b>\$240,400</b>	<b>\$240,400</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
Data Management		\$20,000	\$20,000
Indirect Cost @ 10%		\$24,060	\$24,060
<b>a. Total Subcontracts</b>	<b>\$0</b>	<b>\$44,060</b>	<b>\$44,060</b>
<b>4. Total Proposed PEI Project Budget</b>	<b>\$0</b>	<b>\$650,250</b>	<b>\$650,250</b>
<b>B. Revenues (list/itemize by fund source)</b>			
_____			\$0
_____			\$0
_____			\$0
<b>1. Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>5. Total Funding Requested for PEI Project</b>	<b>\$0</b>	<b>\$650,250</b>	<b>\$650,250</b>
<b>6. Total In-Kind Contributions</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**BUDGET NARRATIVE MHSA PEI NATIVE AMERICAN RESOURCE CENTER:**

The Native American Resource Center budget reflects the intent to contract the amount in its entirety to an ethnic/cultural organization that will be identified through a Request for Proposal (RFP) Process.

**PERSONNEL: Year 1 (07-08) - \$0 Year 2 (08-09) - Total \$278,000**

Staff will be allocated/hired by the agency(ies) selected for implementation in the Memorandum or Understanding (MOU) and RFP processes, and will consist of the following:

- **Project Management - 1 FTE Program Manager I at Total \$79,000**  
The Program Manager will be responsible for the overall management and coordination of American Indian Resource Center services, activities and supports. This 1.0 FTE staff is trained and highly skilled in implementing Native American projects and programs and coordinating services and staff.
- **1 FTE Social Worker II at Total \$50,000**  
This position will provide case management, referral and linkage, and may facilitate the Parenting Wisely project. This position will assist in coordinating the Gathering of Native American events and will work with the Program Manager to expand members of the current tribal council.
- **3 FTE Peer and Family Advocates at Total \$114,000**  
These positions will provide direct support to program participants and their families, will assist in facilitation of all program projects, and provide outreach to Native American Communities.
- **1 FTE Office Assistant III at Total \$35,000**  
This administrative support position will assist in scheduling of related meetings, trainings, processing of program referrals across strategies or agencies, and support all agency staff.

**BENEFITS AND TAXES: Year 1 (07-08) - \$0 Year 2 (08-09) \$87,790**

Benefits and Taxes are calculated at 32% of salary, and includes FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes

**OPERATING EXPENSES: Year 1 (07-08) - \$0 Year 2 (08-09) Total \$ 264,460**

**Facility Costs Total \$50,000**

Rent and leases for the facility are estimated at a cost of \$50,000. The Native American resource Center will provide direct services and will need adequate space to provide groups and culturally specific interventions. Community rental space is

**Other Operating Expenses Year 1 (07-08) - \$0 Year 2 (08-09) Total \$ 190,400**

Will be allocated as appropriate when RFPs are written

Supportive Services – this includes an estimated amount for monthly bus passes (average cost is \$45.00 per person per month) to support transportation to and from program services. This could provide 1500 one-month bus passes for participants with transportation barriers.	\$67,500
Professional Development – staff development and training for additional training required per licensing, certification, or special trainings for culturally specific delivery of services, etc. at an average cost of \$400 per FTE	\$2,400
Food and Refreshments for Parenting Wisely participants	\$5,000
Travel and transportation for staff based on average annual cost per budgeted FTE of \$750 (6 x 750)	\$4500
Public Relations materials – including development of advertising, purchasing radio air time and brochure development and reproduction	\$10,000
Curriculum, Arts and Crafts Supplies – Parenting Wisely: includes cost of purchasing program, reproducing and distributing materials; purchase of materials for arts and crafts used in Cultural Identity Awareness project.	\$22,000
Computers for new employees based on six (6) staff at an average of \$2,333 per employee including set up	\$14,000
General office expenditures based on current average cost per budgeted FTE of \$3,000.00	\$ 18,000
Utilities and Equipment based on current average cost per budgeted FTE of 4,833	\$29,000
Other Miscellaneous Operating Expenses – general liability, vehicle insurance premiums based on current average annual cost of \$3,000 per FTE	\$18,000

Indirect costs incurred by the contractor in the implementation of this grant.

**Sub-Contracts - \$20,000**

A sub-contractor, not yet identified will assist in development of data collection and management tools, including a database to assist in tracking participant outcomes.

**Indirect costs- \$24,060**

10% of the costs incurred by the contractor in the implementation of this grant.

**PEI PROJECT SUMMARY**

Form No. 3

**County: San Bernardino**

**Date: 8/18/08**

**PEI Project Name: National Curriculum and Training Institutes (NCTI) Crossroads Education Classes**

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 2. Psycho-Social Impact of Trauma 3. At-Risk Children, Youth and Young Adult Populations 4. Stigma and Discrimination 5. Suicide Risk	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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			
	Child and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:  1. Trauma Exposed Individuals 2. Individuals Experiencing Onset of Serious Psychiatric Illness 3. Children and Youth in Stressed Families 4. Children and Youth at Risk for School Failure 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**PEI PROJECT SUMMARY**

Form No. 3

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

The Prevention and Early Intervention (PEI) project described is the result of a collaborative planning effort between the San Bernardino County Department of Behavioral Health (DBH), San Bernardino County School Districts, San Bernardino County Probation Department, the Juvenile Justice System and community based mental health organizations. As part of the PEI planning process, a subcommittee dedicated to promoting community-based mental health services for children and Transitional Age Youth (TAY) was formed to participate in, and review stakeholder input that included recommendations for prevention and early intervention services.

The data analysis and stakeholder processes used for the PEI plan are an extension and augmentation of those developed during the Community Services and Supports (CSS) planning process. These included an extensive needs assessment process that captured input across San Bernardino (SB) County and a stakeholder process that contained recommendations for prevention and early intervention services in addition to those developed for the CSS priority populations.

Data Review and Analysis

Representatives of DBH and community-based organizations were asked to identify additional data sources needed for prevention and early intervention. For this priority population, the data that was reviewed included review of school district data as well as community level data from the SB County's Community Indicators of Alcohol & Drug Abuse. This latter source was used because while mental health prevention and early intervention is a new endeavor for SB County; alcohol and drug prevention efforts have been underway for several years in the community. This project will build upon and use lessons from those prevention efforts. The data that was reviewed and analyzed included the following:

- Census Demographic data
- Medi-Cal penetration rates
- Rainbow Referral Guide to locate areas with fewer Mental Health services
- Review of SB County's districts and schools with low academic performance (API) scores
- Review of juvenile arrest data
- Community Risk Indicators for Alcohol and Drug Abuse Risk (including review of SB County Child Protective Services (CPS) data, and data on the number of children in Foster Care)

**PEI PROJECT SUMMARY**

Form No. 3

Stakeholder Input

The stakeholder input for selecting programs and strategies for this population began with a review of recommendations gathered as part of the CSS planning process. These recommendations were determined to be relevant to prevention and early intervention, more so than to CSS. Stakeholders compiled a list of draft recommendations for services that were relevant for TAY exposed to trauma, children and youth in stressed families, children and youth at risk for school failure and children and youth at risk of or experiencing juvenile justice involvement. Key partners in reviewing and providing input into draft recommendations were representatives from San Bernardino County School Districts, San Bernardino County Probation Department, the Juvenile Justice System, health care providers, mental health care providers and community based organizations that advocate and serve children and TAY.

The Mental Health Services Act (MHSA) unit then convened five community public forums in the five major regions of SB County. Those regions are the West Valley, Mid-Valley/San Bernardino, High Desert/Victorville, Low Desert/Morongo Basin, and Mountain Communities. In addition, targeted forums were held through the planning process and included children and TAY serving agencies and advocates. A web-based survey was posted on the DBH website and an email address was made available so stakeholders could provide additional comment(s) and input.

The input received was then reviewed to determine priority recommendations. A key factor that led to program selection was the evidence of strong community support for projects to address the problems of TAY in community settings to increase accessibility and reduce stigma. Program selection was also based on the combined factors of:

- High need for substance abuse education,
- High rate of gang activity in SB County,
- Low test scores in schools,
- High levels of community risk factors.



**PEI PROJECT SUMMARY**

Form No. 3

**3. PEI Project Description:**

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

This PEI project will address the community need of Transitional Age Youth (TAY) and their families. The priority populations to be addressed are trauma-exposed individuals, children and TAY in stressed families, children and TAY at risk for school failure, and children and TAY at risk of or experiencing juvenile justice involvement.

This project will use National Curriculum and Training Institutes, (NCTI), Crossroads curriculum in classes aimed at TAY on topics including anger management, truancy, drug and alcohol, gang involvement and parenting. The project will be delivered at school sites, community centers, and probation day reporting centers removing some of the barriers to accessing care.

This curriculum-based training will be provided at school locations, provider clinics, community centers, and group homes and anywhere TAY live and congregate. This provides an early intervention for TAY who are at-risk for school failure and/or juvenile justice involvement.

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

This program will be offered countywide for TAY and their families and will include underserved racial, ethnic and/or cultural populations (LGBTQ, Latino, African-American, Children of Substance Abusers, etc.). Working with the Probation Dept. and schools, to identify TAY at high risk of school dropout and/or involvement in the juvenile justice system.

**PEI PROJECT SUMMARY**

**San Bernardino County community demographics are as follows:**

SB COUNTY TOTAL POPULATION BY REGION, AGE AND ETHNICITY GROUPS								
TOTAL POPULATION	Desert Regions		Mid-Valley/ Mountain		West Valley		TOTAL	
AGE GROUPS								
TAY: 16-25 YEARS	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
AFRICAN-AMERICAN	6,789	10%	13,254	16%	19,945	10%	39,988	7%
ASIAN-AMERICAN	2,117	3%	7,707	9%	12,515	6%	22,338	4%
EURO-AMERICAN	28,155	40%	20,262	24%	31,494	16%	79,911	15%
LATINO	30,090	43%	40,639	48%	130,467	66%	201,196	38%
NATIVE-AMERICAN	845	1%	788	1%	667	0%	2,300	0%
OTHER	2,193	3%	2,850	3%	3,587	2%	8,629	2%
<b>TOTAL</b>	<b>70,189</b>	<b>100%</b>	<b>85,499</b>	<b>100%</b>	<b>198,674</b>	<b>100%</b>	<b>354,362</b>	<b>66%</b>
Percentage	20%		24%		56%		100%	

**Highlights of new or expanded programs**

In the last year this program has served 178 TAY and 50 parents. This project will expand the program to an additional 720 TAY and 180 parents.

**Implementation partners and types of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services ties, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.**

The PEI project will provide NCTI crossroads youth education classes at existing TAY centers, community centers, school sites, clinics, day reporting centers: locations that are accessible to TAY and family members and which facilitates attendance to class. Traditionally these types of services have been provided in a clinical setting. Serving the communities by delivering services in natural settings eliminates barriers and reaches underserved areas. Trained facilitators will include Mental Health Workers, Substance Abuse Counselors, Probation Officers, school and prevention staff.

## PEI PROJECT SUMMARY

Form No. 3

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

**Selective: NCTI Crossroads Curriculum:** Classes are designed to be delivered over a three-week period (twice a week for two (2) hours each session for a total of six (6) sessions). This format has demonstrated the best results for retention of students. Classes are designed to be delivered to groups of between four to fifteen (4-15) students per facilitator. It is anticipated that this project will offer approximately 180 three-week/6 session classes with approximately ten (10) students in each group. Each class has its own workbook to cover six weeks of curriculum related to each individual group topic.

The Truancy Group Workbook covers:

- Session 1: Introductions, Agreements, and Objectives
- Session 2: Values, Attitudes, & Behavior
- Session 3: Authority/Responsibility
- Session 4: Earning An Income/Who Finishes School
- Session 5: Communication/Who's Got the Power
- Session 6: The Future, Making A Choice

The Drug/Alcohol Group Workbook covers:

- Session 1: Introductions, Agreements, and Objectives
- Session 2: Values, Attitudes, & Behavior
- Session 3: Drug and Alcohol Quiz, & Freedom
- Session 4: Choices, & Legal Consequences
- Session 5: Stress test, Coping with Stress, & How to Relax
- Session 6: Purpose and Goals

Each of the seven (7) subjects has similarities in the workbook and curriculum. The seven subjects are:

- Gang Involvement
- Anger Management
- Drug and Alcohol
- Truancy
- Shoplifting
- Curfew
- Cognitive Life Skills

**PEI PROJECT SUMMARY**

Form No. 3

There is also a parenting component that provides a class for Parents of TAY attending any of the above listed classes. The sessions for the Parenting class include:

- Session 1: Introductions, Agreements, and Objectives
- Session 2: Developing Values
- Session 3: Getting to Know Your Children/Communication/What Motivates A Child
- Session 4: Family Rules / How Do You Discipline
- Session 5: Keys to Success/Stress Test
- Session 6: Coping with Stress/Positive Self Image/Goals

These classes offer a short-term intervention for both parents and TAY simultaneously. The classes ideally run twice a week, for 2 hours each class, for three weeks. This format has been shown to increase attendance.

Outreach to find new locations in which to deliver the classes will be done through School Attendance Review Boards, Transitional Age Youth Centers, Community Centers, Faith Based Centers, and existing provider sites. New facilitators will be recruited. Once the need for new classes and/or facilitators is identified, the NCTI coordinator will be contacted and a training location and date agreed upon. Recruitment of TAY will occur through probation, school attendance review boards, existing provider clinics, parents, and school staff.

**Key milestones and anticipated timeline for each milestone:**

Recruit new locations for classes – One to two (1-2) months 1-2  
 Recruit and train new facilitators – One to three (1-3) months 1-3  
 Recruit participants – Two to Twelve (2-12) months 2-12  
 Conduct classes - Ongoing  
 Evaluation – Ongoing

Clinical staff will provide oversight for the administration of this project, while Peer counselors will be primarily responsible for facilitating curriculum.

**PEI PROJECT SUMMARY**

**4. Programs:**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
NCTI, National Curriculum Training Institutes' "Crossroads" Youth and Parent curriculum classes on Truancy, Anger Management, Drug and Alcohol Education, Shoplifting, Curfew, Gang Intervention, and Parenting. 90 groups meeting for 3 weeks/2x a week x 8 youth in each group =720 180 parents participate in the same programs	Individuals: 900 Families:	Individuals: Families:	12
	Families:	Individuals: Families:	
<b>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	Individuals: 900 Families:	Individuals: Families:	
	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		
	Prevention: 900		

**PEI PROJECT SUMMARY**

Form No. 3

**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:**

Key community partners and services providers include San Bernardino (SB) County Department of Behavioral Health (DBH) and alcohol and drug prevention and treatment providers. Partnerships that have been formed as a result of the Community Service and Support (CSS) planning process have resulted in agreement by SB County Alcohol and Drug Services Administration to prioritize the TAY and their families that are referred by this project for services. Referrals will be made, but not limited to substance abuse prevention and treatment; parenting and anger management services, community, family or sexual violence prevention and intervention, and basic needs (food, housing and employment). DBH will provide on-site consultation and technical assistance on best practices to link family members to more extensive services as indicated.

**7. Collaboration and System Enhancements:**

This project will develop new partnerships and expand services in settings which are non-threatening/non-stigmatizing to TAY and their families. Collaboration will be done with the Juvenile Justice system, SB County School Districts, mental and behavioral health clinics, School Attendance Review Boards, the Probation Dept, and centers where families and TAY congregate such as TAY centers, family resource centers, faith based operations, community centers, and local health care providers. This extensive community collaboration will serve as its own enhancement for families, individuals and community partnerships as a wide array of services and supports within the community and will be identified and accessed to help support those in need. Through the use of existing service provider networks such as monthly probation meetings, School Attendance Review Boards, schools, families, community, and case management at existing clinics, referrals for classes will come in to existing providers, and class locations can be determined on a need for service basis. Collaborating partners will meet quarterly to review progress of this project, and to make course correction as necessary to ensure that goals and objectives are met. Formal agreements, either MOUs or interagency agreements, will be developed and used as a model for future collaborative efforts.

**PEI PROJECT SUMMARY**

Form No. 3

**8. Intended Outcomes:****Individual/Family**

- Increase knowledge of social emotional and behavioral issues
- Increase knowledge of risk and resilience/protective factors
- Improve parenting knowledge and skills
- Reduce family stress/discord
- Reduce violence
- Reduce school drop-out, expulsion, suspensions
- Improve school performance
- Reduce involvement with law enforcements and courts

**Program/Systems**

- Increase in number of prevention programs and early intervention (EI) activities
- Increase in number of organizations providing prevention programs and EI programs
- Increase in number of individuals/families who receive PEI services
- Identify the number of TAY potential participants and a percentage of these who agree to participate
- Increase the number of parents with adequate participation
- Increase the number of TAY who start the program and complete it
- Increase the number of referrals to other possible programs for services such as primary care providers, public or private mental health service providers

**Long Term Community**

- Enhanced wellness and resilience in TAY
- Reduced incarceration of TAY

**PEI PROJECT SUMMARY**

Form No. 3

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

The coordinator of the Crossroads Education Classes project will be invited to meet monthly with DBH staff who are currently involved in the implementation of other MHSA components such as PEI, CSS and MHSA Workforce Education and Training.

This meeting will be used for updates about the project's progress during implementation. It will also be an opportunity to educate, inform and support families and individuals that may qualify for on-going Community Services and Supports.

This project will also coordinate with existing TAY centers, early RAP and Workforce Development Education Training as appropriate. We will refer TAY to MHSA activities such as Friday Night Live groups and Goodwill Job Skills Prep classes.

**10. Additional Comments: (optional)**  
**Attachment Narrative for Item #5**

The National Curriculum and Training Institute's, (NCTI) Crossroads Curriculum has been approved by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and has been successfully offered in San Bernardino County during the last year through contracts between non-profit providers and the San Bernardino County Probation Department. The American Probation & Parole Association has partnered with NCTI to bring this evidence-based program to agencies across the United States to help in reducing recidivism. Furthermore, the NCTI Cognitive Behavior Programs and Training are accredited by the American Probation & Parole Association. Several studies have been conducted that find that the NCTI Crossroads Program was successful in reducing the recidivism rate of offenders.

The Crossroads Program targets early intervention with youth ages 11 to 17 years who are experiencing trouble with school attendance (truancy), alcohol and drug experimentation, gang involvement, and anger management. Based on the needs assessment of SB County, increasing funding for a comprehensive program such as NCTI's Crossroads curriculum will offer a powerful opportunity to connect these families with other screening and education on mental health services.



**PEI Revenue and Expenditure Budget Worksheet**

**Form No. 4**

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

County Name: San Bernardino Date: 8/19/08  
 PEI Project Name: Crossroads 5. Children and Youth at Risk of or Experiencing Juvenile .  
 Provider Name (if known): Unknown  
 Intended Provider Category: Other  
 Proposed Total Number of Individuals to be served: FY 07-08 \_\_\_\_\_ FY 08-09 1200  
 Total Number of Individuals currently being served: FY 07-08 0 FY 08-09 0  
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 1200  
 Months of Operation: FY 07-08 \_\_\_\_\_ FY 08-09 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
<b>a. Salaries, wages</b>			
Clinic Supervisor (4 FTE)		\$288,000	\$288,000
Clinical Therapist I (4 FTE)		\$248,000	\$248,000
Social Worker II (4 FTE)		\$180,000	\$180,000
Office Assistant III (4 FTE)		\$144,000	\$144,000
Peer and Family Advocates (8 FTE)		\$288,000	\$288,000
<b>b. Benefits and Taxes @ 30%</b>			
		\$344,400	\$344,400
<b>c. Total Personnel Expenditures</b>			
	\$0	\$1,492,400	\$1,492,400
<b>2. Operating Expenditures</b>			
<b>a. Facility Cost</b>			
		\$100,000	\$100,000
<b>b. Other Operating Expenses</b>			
		\$407,600	\$407,600
<b>c. Total Operating Expenses</b>			
	\$0	\$507,600	\$507,600
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
	\$0		
	\$0		
	\$0		
<b>a. Total Subcontracts</b>			
	\$0		
<b>4. Total Proposed PEI Project Budget</b>			
	\$0	\$2,000,000	\$2,000,000
<b>B. Revenues (list/itemize by fund source)</b>			
<b>1. Total Revenue</b>			
<b>5. Total Funding Requested for PEI Project</b>			
		\$2,000,000	\$2,000,000
<b>6. Total In-Kind Contributions</b>			
	\$0	\$0	\$0

**BUDGET NARRATIVE MHSA PEI NATIONAL CURRICLUM AND TRAINING INSTITUTES  
CROSSROADS EDUCATION CLASSES:**

It is the intent of this budget to contract the full amount allocated to at minimum four community-based organizations, not yet chosen, for the purpose of coordinating and implementing the overall project for eligible participants throughout San Bernardino County. The agencies have not been identified and will be chosen as soon as possible through a Request for Proposal (RFP) process.

**PERSONNEL: Year 1 (07-08) - \$0 Year 2 (08-09) - Total \$1,148,000**

Staff will be allocated/hired by the agencies selected for implementation through the RFP processes, and may consist of the following:

- **4 FTE Clinical Supervisors at \$72,000 each to Total \$288,000**  
The Clinic Supervisor function would support all service strategies in the project as well as serve as liaison to established service collaborative with agencies currently working with high risk families and Transitional Age Youth (TAY). The Master's Level Clinic Supervisor will be an expert in mental health and will be responsible for overall operations.
- **4 FTE Clinical Therapist Is at \$62,000 each to Total \$248,000**  
Staff will be trained and highly skilled in child development, mental health, parenting, screening and assessment, and other best practices. Staff will also be skilled at public speaking, presentation, and have excellent knowledge of community resources specific to this underserved population. This position will maintain clinical oversight of the project and be a certified facilitator of the Crossroads curriculum.
- **4 FTE Social Worker IIs at \$45,000 each to Total \$180,000**  
Staff will be have successfully completed, at minimum, 45 quarter (60 semester) units of college coursework in child development, psychology or related field with at least two (2) years direct experience in working in prevention programs. Staff will have experience and training in facilitation and working with at-risk, culturally specific populations. This position will provide case management, linkage and referral to ensure program participants have the ability to access additional needs.
- **4 FTE Office Assistant IIIs at \$36,000 each to Total \$144,000**  
This highly skilled administrative position would directly support the Clinical Therapist, the Social Worker IIs, PFAs and schedule related meetings, trainings, process program referrals, and data collection as indicated
- **8 FTE Peer and Family Advocates at \$36,000 each to Total \$288,000**  
This position would provide direct support for program families. These staff could potentially act as mentors for TAY participating in the program and will work with collaborative agency staff to assist in multi-system navigation.

**BENEFITS AND TAXES: Year 1 (07-08) - \$0 Year 2 (08-09) \$344,400**

Benefits and Taxes are calculated at 25% of salary, and includes FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes

**OPERATING EXPENSES: Year 1 (07-08) - \$0 Year 2 (08-09) Total \$507,600**  
**Facility Costs Total \$100,000**

Agency rent and lease for structure, meeting space for trainings is estimated at a minimum of \$25,000 for each agency awarded (4 agencies x \$25,000).

**Other Operating Expenses Year 1 (07-08) - \$0 Year 2 (08-09) Total \$407,600**

Will be allocated as appropriate when RFP's are written and awarded.

Curriculum purchase and certification training (\$17,900 per site)	\$71,600
Professional Development – staff development and training for additional training required to support delivery of program components based on average annual cost of \$400 per FTE	\$9,600
Travel and transportation for staff based on average annual cost per budgeted FTE of \$708.30	\$17,000
General Office Expenditures based on current average annual cost of \$2,058.33 per FTE (2058.33 x 24)	\$49,400
Utilities and Equipment based on current average annual cost of \$4,791.64 per FTE (4791.67x 24)	\$115,000
4 vehicles @ \$20,000 each (one for each site)	\$80,000
Other Miscellaneous Operating Expenses calculated at average annual cost of \$2,708.33 per FTE (2708.33 x 24)	\$65,000

**PEI PROJECT SUMMARY**

Form No. 3

**County: San Bernardino**

**Date: 4/10/08**

**PEI Project Name: Promotores de Salud**

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 2. Psycho-Social Impact of Trauma 3. At-Risk Children, Youth and Young Adult Populations 4. Stigma and Discrimination 5. Suicide Risk	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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			
	Child and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:  1. Trauma Exposed Individuals 2. Individuals Experiencing Onset of Serious Psychiatric Illness 3. Children and Youth in Stressed Families 4. Children and Youth at Risk for School Failure 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**PEI PROJECT SUMMARY**

Form No. 3

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

The Prevention and Early Intervention (PEI) Project described is the result of a collaborative planning effort between San Bernardino (SB) County Department of Behavioral Health (DBH), a cultural coalition, SB County School Districts, health centers, law enforcement, and community based organizations. As part of the PEI planning process, a subcommittee dedicated to promoting culturally appropriate mental health services was formed following the completion of SB County's Community Services and Supports (CSS) planning process in recognition of the need for the two systems to collaborate on issues related to children's mental health.

The data analysis and stakeholder processes used for the PEI plan are an extension and augmentation of those developed during the CSS planning process. These included an extensive needs assessment process that captured input across SB County and a stakeholder process that contained recommendations for PEI services in addition to those developed for the CSS priority populations.

Data Review and Analysis

Representatives of DBH and the education community were identified to review the needs assessment data from the initial CSS process, and to identify additional data sources needed for PEI. The data reviewed for this project included School District data, census data and community level data from SB County's "Community Indicators of Alcohol & Drug Abuse." This latter source was used because while mental health prevention and early intervention is a new endeavor for SB County, alcohol and drug prevention efforts have been underway for several years in the community. This project will build upon and use lessons from those prevention efforts to guide this project. The data that was reviewed and analyzed included the following:

- California Healthy Kids Survey results
- Rainbow Referral Guide to locate areas with fewer mental health services
- Child Welfare Information Gateway
- Review of county's districts and schools with low academic performance (API) scores
- Review of county's districts and schools with low academic performance (API) scores
- Review of juvenile arrest data
- Community Risk Indicators for Alcohol and Drug Abuse Risk (including review of county Child Protective Services data, and data on the number of children in foster care).

## PEI PROJECT SUMMARY

Form No. 3

### Stakeholder Input

The stakeholder input for selecting programs and strategies for this population began with a review of recommendations gathered as part of the CSS planning process. These recommendations were determined to be relevant to prevention and early intervention, more so than to CSS. The CSS recommendations were determined to be applicable and relevant to prevention and early intervention. A list of draft recommendations for services that were relevant for the five priority populations were compiled for review and comment by stakeholders. Key partners in reviewing and providing input into draft recommendations were a community-based cultural coalition that advocates and serve culturally diverse populations.

The Mental Health Services Act (MHSA) unit then convened five community public forums in the five major regions of SB County. Those regions are the West Valley, Mid-Valley/San Bernardino, High Desert/Victorville, Low Desert/Morongo Basin, and Mountain Communities. In addition, targeted forums were held through the planning process and included members of the cultural coalition. A web-based survey was posted on the DBH website and an email address made available where stakeholders could provide additional comment and input.

The input received was then reviewed to determine priority recommendations. A key factor that led to program selection was the evidence of strong community support for programs that would enhance the capacity of communities to provide prevention and early intervention activities, building on their current strengths and ability to provide these services in natural settings. Program selection was based on the combined factors of:

- Culturally diverse neighborhoods,
- High rates of mental health risk factors,
- Low test scores in schools,
- High levels of community risk factors.

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

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

The Promotores de Salud Project will address the key community needs of all ages. The priority populations to be addressed are culturally diverse trauma exposed individuals, individuals experiencing onset of serious psychiatric illness,

**PEI PROJECT SUMMARY**

Form No. 3

children and youth in stressed families, children and youth at risk of school failure and children and youth at risk of or experiencing juvenile justice involvement.

Based on the community program planning process, the stakeholders stated that there was a need for more community based education (i.e., churches and community organizations), and outreach efforts within the local communities countywide. One way to address the needs of the community would be to implement the Promotores de Salud (Community Health Workers) project. The purpose of this project is to promote mental health awareness, education and available resources for those that belong to various socio-cultural diverse communities countywide.

**Implementation partners and types of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services ties, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.**

The Promotores de Salud Program is unique in addressing the needs of our cultural diverse community, in that it uses community members who have received services or are family members of persons who have received services and have general knowledge of the local county system, to establish channels of communication within the community they will be providing services to. The selected individuals will be trained on mental health and wellness topics, as well as available resources through the local county system and other service providers. The Promotores de Salud (Community Health Workers) will make home visits and conduct educational presentations addressing PEI needs to groups and individuals within community organizations countywide such as schools, churches, etc. on a weekly basis.

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

This project will be implemented countywide, targeting predominately the underserved Latino population. Demographics of our county are as follows: (Data Source: California Department of Finance, Demographic Research Unit and SB County DBH, R&E Data Bases)

**PEI PROJECT SUMMARY**

Form No. 3

<b>SB COUNTY TOTAL POPULATION BY REGION, AGE AND ETHNICITY GROUPS</b>								
<b>TOTAL POPULATION</b>	<b>DESERT REGIONS</b>		<b>MID-VALLEY/ MOUNTAIN</b>		<b>WEST VALLEY</b>		<b>TOTAL</b>	
<b>AGE GROUPS</b>								
<b>CHILDREN: 00-15 YEARS</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
<b>AFRICAN-AMERICAN</b>	9,839	10%	22,124	17%	30,696	10%	62,659	12%
<b>ASIAN-AMERICAN</b>	2,141	2%	7,449	6%	14,980	5%	24,570	5%
<b>EURO-AMERICAN</b>	36,175	37%	26,146	20%	43,058	14%	105,379	20%
<b>LATINO</b>	45,517	46%	66,392	52%	209,496	68%	321,405	60%
<b>NATIVE-AMERICAN</b>	1,039	1%	1,148	1%	872	0%	3,059	1%
<b>OTHER</b>	4,278	4%	5,616	4%	7,751	3%	17,644	3%
<b>TOTAL</b>	<b>98,988</b>	<b>100%</b>	<b>128,875</b>	<b>100%</b>	<b>306,854</b>	<b>100%</b>	<b>534,717</b>	<b>100%</b>
<b>Percentage</b>	<b>19%</b>		<b>24%</b>		<b>57%</b>		<b>100%</b>	
<b>TAY: 16-25 YEARS</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
<b>AFRICAN-AMERICAN</b>	6,789	10%	13,254	16%	19,945	10%	39,988	7%
<b>ASIAN-AMERICAN</b>	2,117	3%	7,707	9%	12,515	6%	22,338	4%
<b>EURO-AMERICAN</b>	28,155	40%	20,262	24%	31,494	16%	79,911	15%
<b>LATINO</b>	30,090	43%	40,639	48%	130,467	66%	201,196	38%
<b>NATIVE-AMERICAN</b>	845	1%	788	1%	667	0%	2,300	0%
<b>OTHER</b>	2,193	3%	2,850	3%	3,587	2%	8,629	2%
<b>TOTAL</b>	<b>70,189</b>	<b>100%</b>	<b>85,499</b>	<b>100%</b>	<b>198,674</b>	<b>100%</b>	<b>354,362</b>	<b>66%</b>
<b>Percentage</b>	<b>20%</b>		<b>24%</b>		<b>56%</b>		<b>100%</b>	
<b>ADULTS: 26-59 YEARS</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
<b>AFRICAN-AMERICAN</b>	13,301	8%	28,451	13%	51,219	9%	92,971	10%
<b>ASIAN-AMERICAN</b>	6,727	4%	22,822	10%	42,389	8%	71,938	8%
<b>EURO-AMERICAN</b>	90,667	51%	77,446	34%	126,932	24%	295,045	31%
<b>LATINO</b>	60,368	34%	89,336	40%	310,470	57%	460,174	49%
<b>NATIVE-AMERICAN</b>	2,348	1%	2,367	1%	2,249	0%	6,964	1%
<b>OTHER</b>	3,547	2%	5,252	2%	6,862	1%	15,661	2%
<b>TOTAL</b>	<b>176,957</b>	<b>100%</b>	<b>225,673</b>	<b>100%</b>	<b>540,122</b>	<b>100%</b>	<b>942,752</b>	<b>100%</b>
<b>Percentage</b>	<b>19%</b>		<b>24%</b>		<b>57%</b>		<b>100%</b>	



## PEI PROJECT SUMMARY

Form No. 3

<b>OLDER ADTS: 60+ YEARS</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
AFRICAN-AMERICAN	4,129	6%	6,051	9%	9,936	9%	20,116	8%
ASIAN-AMERICAN	2,246	3%	6,283	9%	9,350	9%	17,878	7%
EURO-AMERICAN	53,009	72%	42,283	61%	47,223	44%	142,515	57%
LATINO	12,584	17%	13,192	19%	40,158	37%	65,934	26%
NATIVE-AMERICAN	665	1%	555	1%	514	0%	1,734	1%
OTHER	1,033	1%	1,290	2%	1,310	1%	3,633	1%
<b>TOTAL</b>	<b>73,666</b>	<b>100%</b>	<b>69,653</b>	<b>100%</b>	<b>108,490</b>	<b>100%</b>	<b>251,809</b>	<b>100%</b>
Percentage	29%		28%		43%		100%	
<b>GRAND TOTAL</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
AFRICAN-AMERICAN	34,058	8%	69,879	14%	111,797	10%	215,734	10%
ASIAN-AMERICAN	13,231	3%	44,261	9%	79,234	7%	136,725	7%
EURO-AMERICAN	208,006	50%	166,137	33%	248,707	22%	622,849	30%
LATINO	148,558	35%	209,559	41%	690,591	60%	1,048,708	50%
NATIVE-AMERICAN	4,897	1%	4,858	1%	4,302	0%	14,057	1%
OTHER	11,050	3%	15,007	3%	19,510	2%	45,567	2%
<b>TOTAL</b>	<b>419,800</b>	<b>100%</b>	<b>509,700</b>	<b>100%</b>	<b>1,154,140</b>	<b>100%</b>	<b>2,083,640</b>	<b>100%</b>
Percentage	20%		24%		55%		100%	

(\*) Estimated January, 2008

**Highlights of new or expanded programs.**

This is a new program in our county. With this program we will train identified community leaders to provide a personal contact or liaison to mental health resources and programs within the community, so that participants can receive assistance without having to visit a traditional mental health service site.

**PEI PROJECT SUMMARY**

Form No. 3

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

Potential Promotores, or Community Health Workers (CHW), will be carefully recruited to participate in the program. Churches, of all denominations will assist with recruitment and dissemination of information as research shows that immigrant Latinos tend to trust these organizations. Each Promotores will receive eight (8) weeks of extensive training that teaches knowledge of relevant mental health topics. They will be trained to identify and recognize early signs and symptoms of substance abuse and mental health disorders; work with resource center staff in delivery of prevention and early intervention psycho-social educational programs, development of culturally relevant materials, and assist in ensuring services are delivered in a culturally sensitive manner. They will also be trained in ways they can participate in mental health coalition building to strengthen their communities' capacity to increase resilience and wellness.

The training is based on the Empowerment Model in which the Promotores are "empowered" to design their own plan of action as a group, based on their perceived mental health needs of the Latino community. After they are provided with knowledge and skills, they will be encouraged to identify the mental health priorities in the Latino community and develop a plan of action on how they will address these priorities (in addition to dissemination of health information and health care access facilitation).

The Promotores will disseminate information in several ways. This includes:

- Educational presentations to church groups, community groups, and school groups (such as the Parent Teacher Association (PTA));
- "Knock and talk" sessions where they target relevant neighborhood to provide outreach, education and support;
- Conduct one on one educational sessions in homes or in smaller groups;
- Provide information at community cultural events and fairs; and, meet with local agencies to advocate for policy change that can include, but are not limited to, primary care facilities, government agencies, and local businesses.

Each Promotores will carry a resource manual filled with local resources, information regarding health care topics, brochures, etc.

This project will be managed by a 1 FTE Volunteer Coordinator and supported by 1 FTE Office Assistant III.

**PEI PROJECT SUMMARY**

Form No. 3

**Key Milestones and Timeline:**

- Recruitment of 12 Promotores de Salud in 4 cities – One to three (1-3) months
- Training of 12 of Promotores de Salud in 4 cities – Four to five (4-5) months
- Promotores de Saluds begin outreach activities – Six to eight (6-8) months
- 48 educational presentations given – Six to twelve (6-12) months
- In-home education “knock and talk” sessions delivered – Six to twelve (6-12) months
- Program monitoring – One to twelve (1-12) months
- Program evaluation – Five to twelve (5-12) months

**4. Programs:**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Promotores de Salud 12 promotores recruited and trained 50 educational sessions x 50 individuals per session = 1250 individuals and at least 1 family member (1250) =2500 people In-home education and support delivered to estimated 670 individuals their 670 additional family members =1340(estimating at least 1 family member will be influenced by the project for each individual served.	Individuals: 1920 Families: 1920	Individuals: Families:	12
<b>Total PEI project estimated <i>unduplicated</i> count of individuals to be served</b>	Individuals: 1920 Families: 1920	Individuals: Families:	12
Proposed number of individuals or families through PEI expansion to be served through June 2009 by type	Prevention 3840	Early Intervention	12

\*Estimated 1,920 individuals and at least one (1) family will participate in each program offered.

**PEI PROJECT SUMMARY**

Form No. 3

**5. Alternate Programs:**

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

A review of health literature confirms that the Promotores de Salud (Community Health Worker) model has been implemented successfully in a variety of settings, both urban and rural, and to address a myriad of mental health concerns within communities. Additionally, research confirms that a Promoter-based program is a culturally appropriate model, which can be successfully implemented in community settings among ethnic populations with limited English proficiency.

The "Promotor de Salud" is a community member and is able to relate with the population they served, understand community values, beliefs, and language. The program is selected because it is sufficiently developed to be carried out with fidelity and its strong likelihood of achieving the desired PEI outcomes. Furthermore, the approach is rooted in cultural assets as it embraces positive traits among community members, as it builds leadership and trust. This approach of raising awareness of mental health needs, prevention and early intervention is consistent with PEI Community Needs, Priority Population principles.

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

The Promotores de Salud (Community Mental Health Workers) would link all individual participants, from all ethnicities and age groups, who are perceived to need assessment of extended treatment for mental illness or emotional disturbance to County Mental Health, primary care providers, or other appropriate mental health service providers by being subject matter experts and having the resources readily available for those that are in need of the information. Further, the Promotores would be able to educate families and individuals to prevent and/or provide early intervention to the underserved and unserved populations. PEI education and resource efforts that would be provided by the Promotores would include prevention and early intervention on:

- Out-of-home placement
- Prevention/ reduction of homelessness
- Prevention/early intervention of incarceration, hospitalization, emergency room care, involuntary mental health care

**PEI PROJECT SUMMARY**

Form No. 3

- Prevent or provide early intervention to those that are frequent users of acute psychiatric hospitalization and/or who are caught in the cycle of arrest for minor crimes - jailed - released - reoffend - jailed again, homeless, co-occurring disorders
- Unserved, underserved individuals with history of repeated emergency health services, several admissions to inpatient services or at risk for institutionalization, been homeless or at risk of homelessness.

Referrals will be made, but not limited to substance abuse prevention and treatment; community, family or sexual violence prevention and intervention, and basic needs (food, housing and employment). If needed, assistance in connecting to the resource will be conducted by staff. Partnerships that have been formed as a result of the CSS planning process have resulted in agreement by SB County AOD Office to prioritize the youth and families that are referred by this project for services. SB County Behavioral Health Department will provide on-site consultation and technical assistance on best practices to link families to more extensive services as indicated.

**7. Collaboration and System Enhancements:**

Through the Promotores de Salud (Community Health Workers) project, there will be extensive collaboration with existing partners such as, local schools and district offices, faith-based organizations, primary care centers, various health offices, natural gathering sites, social services offices and local law enforcement offices. Additional efforts will be made to reach and partner with community based organizations in underserved/unserved populations to include community/family resource centers, private and public employment offices, collaboration with local media outlets throughout SB County.

The Promotores model is highly reliant on community volunteers who can be trained to work with professional and para professionals in the delivery of services. In kind contributions in terms of building costs, donations, incentives, computer usage, electricity, printing, clerical support staff, etc. will be leveraged.

We will develop new partnerships and deliver services in churches, in homes and other natural settings that are non-threatening/non-stigmatizing locations for participants. Formal agreements, either MOUs or interagency agreements, will be developed and used as a model for future collaborative efforts.

**PEI PROJECT SUMMARY**

Form No. 3

**8. Intended Outcomes:**

The “Promotores de Salud” Program will help eliminate the stigma that groups and/or individuals have about mental health and its services, and thus improve individuals’ knowledge of mental health and availability of services designed to meet their psychological and emotional needs. The “Promotores de Salud” Program will provide a personal contact or liaison to mental health resources and programs within the community without having to visit a traditional mental health treatment/services site.

We will conduct our local evaluation project on this program (see Form 7.) The Promotores de Salud Program will actively pursue the feedback of community stakeholders; monitor the number of service contact through sign in procedures, tally sheets...etc; and evaluate effectiveness of contacts/presentations through pre and post surveys/tests. The strategies noted above will provide data regarding the effectiveness of the “Promotores de Salud” Program with additional follow-up information obtained through random phone and/or paper surveys. These surveys would indicate the degree of individual/family mental health, whether or not further resources were accessed and the success of the program objectives.

**Individual**

- Reduce stigmatizing attitudes about mental illness and/or use of services
- Increase knowledge of social, emotional and behavioral issues.
- Increased knowledge of risk and resilience/protective factors.

**Program/System**

- Increase in number of prevention programs and EI activities
- Increase in number of individuals/families who receive prevention programs and EI services
- Increase in the number of individuals/families from underserved populations who receive prevention programs and EI services

**Long Term Community**

- Reduction in stigmatizing attitudes
- Reduction in discrimination
- Earlier access to MH treatment and services, as appropriate
- Shorter duration of untreated mental illness

**PEI PROJECT SUMMARY**

Form No. 3

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

The Promotores de Salud Project will coordinate and partner with the Workforce Education and Training Component of MHSA to provide resource development and access to education, training and workforce development programs and activities. This will allow us to develop and maintain a culturally competent workforce and, to include individuals with client and family member experience who are capable of providing client and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes.

The Promotores de Salud Project will provide educational presentations that could include information on training and counseling programs designed to prepare and recruit individuals for entry into a career in the public mental health system through the Workforce Education and Training Component of MHSA. The Promotores de Salud Project can assist the Workforce Education and Training Component in addressing the lack of equal opportunities and access to the public mental health workforce to underrepresented racial/ethnic, cultural and/or linguistic groups and help the prepare community members, clients and family members, with liking them to employment and careers in public mental health through the Workforce Education and Training Component of MHSA.

Promotores de Salud staff will meet monthly with Department of Behavioral Health staff members who are currently involved in the implementation of other MHSA components such as PEI and CSS coordinators. This meeting will be used for updates about each component's progress during implementation. It will also be an opportunity to educate, inform and support families and individuals who might qualify for on-going services such as Community Services and Support.

**10. Additional Comments (optional):**

**PEI Revenue and Expenditure Budget Worksheet**

**Form No. 4**

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

County Name: San Bernardino

Date: 4/7/08

PEI Project Name: Promotores De Salud

1. Disparities in Access to Mental Health Services

Provider Name (if known): To be determined per RFP

Intended Provider Category: **Ethnic or cultural organization**

Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 3840

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

Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 3840

Months of Operation: FY 07-08 0 FY 08-09 8

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Volunteer Services Coordinator (1 FTE)		\$40,000	\$40,000
Office Assistant III (1 FTE)		\$30,000	\$30,000
Community Health Workers (Contracted Pro		\$120,000	\$120,000
b. Benefits and Taxes @ 11 % (not including promotres)		\$21,000	\$21,000
<b>c. Total Personnel Expenditures</b>	<b>\$0</b>	<b>\$211,000</b>	<b>\$211,000</b>
2. Operating Expenditures			
a. Facility Cost		\$0	\$0
c. Other Operating Expenses:		\$14,000	\$14,000
<b>f. Total Operating Expenses:</b>	<b>\$0</b>	<b>\$14,000</b>	<b>\$14,000</b>
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
_____			\$0
_____			\$0
_____			\$0
<b>a. Total Subcontracts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>4. Total Proposed PEI Project Budget</b>		<b>\$0</b>	<b>\$0</b>
<b>B. Revenues (list/itemize by fund source)</b>			
_____			\$0
_____			\$0
_____			\$0
1. Total Revenue	\$0	\$0	\$0
<b>5. Total Funding Requested for PEI Project</b>	<b>\$0</b>	<b>\$225,000</b>	<b>\$225,000</b>
<b>6. Total In-Kind Contributions</b>	<b>\$0</b>	<b>\$115,878</b>	<b>\$115,878</b>



**BUDGET NARRATIVE PROMOTORES DE SALUD:**

The Promotores de Salud budget represents the intent to promote mental health awareness, education, and available resources for those that belong to various socio-cultural diverse communities throughout San Bernardino County targeting predominantly the underserved Latino population. The community based agencies will be chosen through a Request for Proposal (RFP) process that will include key considerations such as target population, outreach and educational efforts, partnerships with faith-based organizations, and other variables that were established during the stakeholder process and outlined in the plan.

**PERSONNEL: Year 1 (07-08) - \$0 Year 2 (08-09) - Total \$190,000**

Staff will be allocated/hired by the agency(ies) selected for implementation in the RFP processes, and will consist of the following:

- **1 FTE Volunteer Services Coordinator Total \$40,000**  
The Volunteer Services Coordinator will manage the project and take the lead in developing a plan of action based on the identified mental health needs of various Latino communities. The coordinator will monitor program activity and evaluate program outcomes. The Volunteer Services Coordinator will also be skilled at public speaking, presentations, and have excellent knowledge of community resources.
- **24 Community Health Workers at \$5,000 per worker per year Total \$120,000**  
The Community Health Workers (CHW) are volunteer staff that will be paid a stipend. The CHWs will be trained on mental health and wellness topics and community resources. They will make home visits to those in need of mental health resources and provide one-on-one educational sessions in the home. They will make educational presentations to community groups and collaborate extensively with stakeholders to build a firm community support system.
- **1 FTE Office Assistant III Total \$30,000**  
This administrative position would directly support the Volunteer Services Coordinator scheduling meetings, trainings, and processing program referrals. The Office Assistant will track and maintain program data for evaluation and provide clerical support in the ordering and purchasing of materials.

**BENEFITS AND TAXES: Year 1 (07-08) - \$0 Year 2 (08-09) \$21,000**

Benefits and Taxes are calculated at 11% of salary, and includes FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes

**OPERATING EXPENSES: Year 1 (07-08) - \$0 Year 2 (08-09) Total \$14,000****Facility Costs**

There are no facility costs for Year 1 (07-08) and for year 2 (08-09)

**Other Operating Expenses Year 1 (07-08) - \$0 Year 2 (08-09) Total \$14,000**

Professional Services – staff development and training for culturally specific delivery of services, etc. (\$400 per FTE per year rounded to \$800)	\$800
Travel and transportation for staff based on average annual cost per budgeted FTE of \$750. The Promotores De Salud requires continual collaboration within the community in natural settings requiring continuous transportation to monitor program success and build collaborations.	\$1,500
Gas Cards for Promotores- Gas cards will be provided to assist participants with transportation to mental health and educational services. The estimated average cost for a tank of gas is approximately \$50. This will provide an estimated 200 individual and/or families with assistance in travel to reach services.	\$10,000
Other Misc. Operating Expenses (general liability, unforeseen start-up needs based on current average annual cost of \$850 per FTE)	\$1,700
<b>Total Funding Requested for the Promotores de Salud PEI Project</b>	<b>\$225,000</b>

**In-Kind Contributions Total \$115,878**

Facility Space will be provided in-kind (estimated at \$100,000)

Utilities and equipment provided in-kind for a total of \$9,728

Other miscellaneous expenses are anticipated at approximately \$6,150

## Systems Enhancement Initiatives Summary Sheet

Form 3	Brief Summary
Older Adult Community Services Program	This program addresses PEI needs of Older Adults through: 1) Mobile Resources Unit - To provide screening services, 2) Wellness Services - To provide wellness groups, education seminars, arts, music fieldtrips and receptions, 3) Safety Program - To provide personal and home safety services through collaboration with primary care physicians and centers, and 4) Suicide Prevention - To provide services using "Peer-to-Peer" Methods.
Child and Youth Connection	This project targets children, youth and families involved in foster or juvenile justice systems. Clinicians will partner with San Bernardino County Department of Children's Services (DCS) and will participate in Team Decision Making (TDM) meetings, to screen for mental health needs of foster children who are or have been in placement. Additional support for foster children and youth will include partial funding for a Mentoring Resource Specialist, to connect each foster child or youth with a mentor. In addition, this project will provide funding for a clinician to work with the Public Defenders' Office (Juvenile Division) to provide prevention and early intervention activities for children and youth at-risk of further juvenile justice involvement.
Nurse Family Partnership (NFP)	The project will be implemented to improve the health, well-being and self-sufficiency of low-income, first-time parents and their children. This evidence-based home visitation program includes home visits, where a nurse promotes the following 3 aspects of maternal functioning: 1) Health-related behaviors during pregnancy and early years of the child's life; 2) Care parents provide to their children; and 3) Maternal personal life-course development (e.g. family planning, educational achievement, and participation in the workforce). The nurses will link families with needed health, mental health, and human social services, and attempt to involve other family members and friends in the pregnancy, birth, and early care of the infant.
Active Duty and Family Support Project	This program provides in-home psychosocial assessments for returning military personnel and their families, and provides prevention activities for children and families while a family member is deployed. In addition, individuals and the family receive necessary rehabilitative support and interventions that may be needed for active duty families experiencing onset of Posttraumatic Stress Disorder (PTSD), or other disorders through a non-military organization; thus, reducing the stigma associated with mental health issues and services.

**Systems Enhancement Initiatives Summary Sheet**

<p>Community Wholeness and Enrichment (WE) Project</p>	<p>The program is designed to target: 1) transition age youth (TAY) and adults currently experiencing early onset of mild mental health issues, 2) families of TAY and adults who are experiencing early onset of mild mental health issues, 3) Identified San Bernardino County residents experiencing mild to moderate mental health issues, which could be addressed prior to hospitalizations, incarcerations, and/or contact with the criminal justice system, and 4) Identified San Bernardino County residents, who have had one (1) hospitalization or mental health service visit, but are not in need of long-term treatment if brief therapy is offered on a timely basis.</p>
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**PEI PROJECT SUMMARY**

Form No. 3

**County: San Bernardino**

**Date: 4/10/2008**

**PEI Project Name: Older Adult Community Services Program**

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 2. Psycho-Social Impact of Trauma 3. At-Risk Children, Youth and Young Adult Populations 4. Stigma and Discrimination 5. Suicide Risk	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
2. PEI Priority Population: 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 2. Individuals Experiencing Onset of Serious Psychiatric Illness 3. Children and Youth in Stressed Families 4. Children and Youth at Risk for School Failure 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

## PEI PROJECT SUMMARY

Form No. 3

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

The Prevention and Early Intervention (PEI) Project described is the result of a collaborative planning effort between the San Bernardino (SB) County Department of Behavioral Health (DBH), the SB County Department of Aging and Adult Services (DAAS), the Senior Affairs Commission, the Regional Councils on Aging, and senior centers throughout SB County. As part of the PEI planning process, an older adult subcommittee dedicated to promoting healthy aging, prevention of suicide in seniors, early intervention techniques for the maintenance of positive mental health in older adults and overall senior wellness was formed following the completion of SB County's Community Services and Supports (CSS) planning process in recognition of the need to provide comprehensive prevention and early intervention methods for older adults and to collaborate on issues related to senior's mental health.

The data analysis and stakeholder processes used for the PEI plan are an extension and augmentation of those developed during the CSS planning process. These included an extensive needs assessment process that captured input across SB County and a stakeholder process that contained recommendations for prevention and early intervention services in addition to those developed for the CSS priority populations.

Data Review and Analysis:

Representatives of county mental health and the older adult community were identified to review the needs assessment data from the initial CSS process, and to identify additional data sources needed for prevention and early intervention. For this priority population, the data that was reviewed included review of older adult services data as well as community level data from DAAS, Senior Affairs Commission and Regional Councils on Aging. This latter source was used because while older adult mental health prevention and early intervention is a new endeavor for this county, treatment services efforts have been underway for several years in both private and community settings. This project will build upon and use lessons from those prevention efforts to guide this project. The data that was reviewed and analyzed included the following:

- The most recent older adult's needs assessment results, in particular, the measures related to mental health, overall wellness, suicide prevention, resilience in bereavement issues, healthy aging development, and community services. Some of these measures are included as part of SB County's core treatment module that is administered by the department of behavioral health's adult system of care.
- Older adult treatment rates
- Yearly progress of regional councils on aging and local senior centers

## PEI PROJECT SUMMARY

Form No. 3

- Review of county services and older adult programs with poor penetration rates
- Review of older adult mandatory hospitalizations (Welfare & Institutions Code 5150)
- Community Risk Indicators for premature removal of older adults from their own homes, including data from Adult Protective Services (APS).

### Stakeholder input:

The stakeholder input for selecting programs and strategies for this population began with a review of recommendations gathered as part of the CSS planning process. These recommendations were determined to be relevant to prevention and early intervention, more so than to CSS. A list of draft recommendations for services that were relevant for older adults with disparities in accessing mental health services and at risk for suicide and suffering from stigma and discrimination were compiled for review and comment by stakeholders. A key partner in reviewing and providing input into draft recommendations were representatives from SB County's Senior Affairs Commission, which includes older adult representatives from throughout SB County.

The MHSA unit then convened five (5) community public forums in the five (5) major regions of SB County which includes the West Valley, the Mid-Valley/San Bernardino, the High Desert/Victor Valley, the Low Desert/Morongo Basin and the Mountain Communities. In addition, ten (10) targeted forums were held through the planning process and included older adults and agencies and advocates who serve older adults. A web-based survey was posted on the DBH website and an email address made available where stakeholders could provide additional comment and input.

The comments received from all the input were reviewed to develop priority recommendations. A key factor that led to program and site selection was the evidence of support from the local community senior centers, and strong community support for older adult PEI community services program to address the problem of older adults with disparities in accessing mental health services, at risk for suicide and suffering from stigma and discrimination. Program selections are also based on the combined factors of:

- High rates of older adult mental health risk behaviors,
- Low older adult program penetration rates,
- High levels of community risk factors.

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

## PEI PROJECT SUMMARY

Form No. 3

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

This PEI Project will address the key community needs of older adults, their families or caregivers with disparities in accessing mental health services, the psycho-social impact of trauma and bereavement, stigma and discrimination and suicide risk. The priority populations to be addressed are older adults who may be experiencing an onset of a serious psychiatric illness due to the aging process and trauma and/or bereavement exposed individuals.

**Target Demographics:** The project includes four (4) major programs that reflect all parts of the prevention continuum. The programs to be implemented will be focused throughout all the regions of San Bernardino County. Currently the older population accounts for 12% of the total county population.

### **Implementation partners and types of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services ties, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.**

Implementation partners include county DBH programs & treatment providers, SB County Senior Affairs Commission, DAAS, local and regional senior centers and other existing community agencies, such as the Latino and African-American Health Collaboratives, Inland Behavioral Health Services, Casa de San Bernardino, Cedar House, the Inland Empire Council of Concerned African-American Churches, the Diocese of San Bernardino, Catholic Charities, Temple Emanu El, the Al Shifa Clinic, Mercy House, Outreach Community Services, Mariposa Community Services, the National Alliance on Mental Illness (NAMI), and Mary's Table. These programs will be delivered through a mobile unit, senior center, community centers and in the home.

### **Highlights of new or expanded programs.**

This is a new program in our county. This project:

- Provides mobile resources for education and screening
- Provides wellness services through groups, education seminars, arts, music, and alternative activities
- Provides a personal safety program



## PEI PROJECT SUMMARY

Form No. 3

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

**Universal: Older Adult Mobile Resources Unit:** The older Adult Mobile Resources Unit Program will be implemented through the entire county. The program will provide 370 mental health prevention and early intervention and substance abuse screenings to older adults to older adults who are in geographically, economically and financially isolated areas. A special emphasis will be placed on identifying older adults in underserved ethnic communities. The selection of this program reflects the needs expressed throughout the older adult targeted forums to provide bilingual and senior appropriate screening services and resources to remote areas throughout SB County. The desired outcomes are to seek and identify older adults in need of prevention and early intervention services, see a decrease in the older adult hospitalizations in isolated areas by 30%, a decrease of the treatment of mild to moderate mental illness and an increase in access to prevention and early intervention screening services to older adults.

**Universal: Older Adult Wellness Services:** The Older Adult Wellness Services Program will be implemented throughout the entire county. The program will be focused on delivering comprehensive activities (1 per month per region) and basic transportation services (medical appointments, life needs & activities transport) for 580 older adults and older adults who are caring or have custody of children under the age of 18 or a disabled adult. The selection of this program reflects the needs expressed in the targeted forums for older adults to have greater access to each other, providing activities that promote wellness and resilience for older adults, the need for basic transportation to senior activities and senior centers along with transportation for medical and life necessities (groceries & utility payments). The desired outcomes are to:

- Decrease the levels of isolation in seniors and encourage overall well-being,
- Decrease the level of premature institutionalizations and hospitalizations due to senior lethargy,
- Increase the collaboration between senior centers and DBH and other community based organizations,
- Increase the services available for older adults who are caretakers of children or disabled adults,
- Increase the level of positive interaction among older adults,
- Address possible mental health issues through prevention and early intervention services.

**Universal: Older Adult Home Safety Program:** The Older Adult Home Safety Program will be implemented throughout the entire county. The program will be focused on assisting 100 older adults with maintaining a level of appropriate personal and home safety. The selection of this program reflects the needs expressed in the targeted forums for older adults to provide services and education that increases personal safety, home safety and fall prevention and assistance with medication management. The desired outcomes are to reduce senior hospitalizations due to a fall related injury by 25%.

## PEI PROJECT SUMMARY

Form No. 3

**Selective/indicated: Older Adult Suicide Prevention Program:** The Older Adult Suicide Prevention Program will be implemented throughout the entire county and will be focused on providing comprehensive bilingual and culturally competent suicide prevention and early intervention screening services and directed resources to 90 older adults. The selection of this program reflects the needs expressed in the targeted forums for older adults to address the specific causes and factors that lead to suicide in seniors. The Older Adult Suicide Prevention Program will supplement those efforts by targeting seniors who are exposed to trauma and bereavement and those seniors who are experiencing the onset of a serious psychiatric illness and because of these problems may manifest suicidal thoughts. This program was selected because data indicates an increase in the senior population compared to prior years, as well as the suicide rates for older adults. In 2005 the rate of suicide for adults aged 65 years and older was 14.3 per 100,000. Among males, adults age 75 years and older have the highest rate of suicide (Center for Disease Control and Prevention, 2005).

The coordination for the Older Adult Programs could be managed by a community-based organization, DBH or a combination of the two. The coordinating agency will be responsible for oversight and implementation of the training and management of staff, community outreach, education materials development and monitoring and evaluation.

### Key Milestones & Timelines:

- Purchase of mobile resources unit – One to three (1-3) months
- Hire & Train Staff – One to three (1-3) months
- Develop materials – One to three (1-3) months
- Community Outreach to the Mid-Valley/Mountains, Desert Regions & West Valley – Four to six (4-6) months
- Begin mobile unit services – Four to six (4-6) months
- Begin older adult wellness & safety component – Four to six (4-6) months
- Begin suicide prevention program – Six to nine (6-9) months

## PEI PROJECT SUMMARY

Form No. 3

**4. Programs:**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
<b>Older Adult Community Services Program</b>			
Older Adult Mobile Resources Unit ▪ Estimate: 370 older adult screenings	Individuals: 200	Individuals: 170	9 (Estimate begin program implementation in September 2008)
Older Adult Wellness Services ▪ Estimate: 580 older adult contacts ▪ Estimate: 36 senior activities	Individuals: 400	Individuals: 180	9
Older Adult Home Safety Program 100 senior assessments	Individuals: 60	Individuals: 40	9
Older Adult Suicide Prevention Program 90 prevention interventions	Individuals: 60	Individuals:	9
<b>Total PEI project estimated <i>unduplicated</i> count of individuals to be served</b>	Individuals: Families: 720	Individuals: 30 Families: 1420	
Proposed number of individuals or families through PEI expansion to be served through June 2009 by type	Prevention 720	Early Intervention 1420	12

## PEI PROJECT SUMMARY

Form No. 3

**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).

Program components are listed in PEI Resource Materials.

For the Older Adult Mobile Resources Unit component, the screening tools to be used are:

- The Beck Depression Inventory

For the Older Adult Wellness Services component, the following evidence based logic models will be used:

- Eliminating Barriers Initiative
- Integrated Primary Care and Mental Health Services
- Stamp Out Stigma approach
- Allostatic Change Model
- Professional Development

For the Older Adult Safety Component, the following evidence based logic model will be used:

- Mental Health Consultation in Primary Care Model
- Selected components (mental health and primary care in rural areas) from the Harvard Program in Refugee Trauma
- Professional Development

For the Older Adult Suicide Prevention component, the following evidenced based logic model will be used:

- The Prevention of Suicide in Primary Care Elderly
- The IMPACT model
- The Peer to Peer model
- The Applied Suicide Intervention Skills Training (ASIST)
- The Applied Suicide Intervention Skills Training (ASIST) Training for Trainers (T4T)
- Professional Development

## PEI PROJECT SUMMARY

Form No. 3

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

Key community partners and services providers include DBH programs & treatment providers, SB County Senior Affairs Commission, DAAS, local and regional senior centers and other existing community agencies throughout SB County that serve the target population. Referrals will be made, but not limited to substance abuse prevention and treatment, community, family or sexual violence prevention and intervention, and basic needs (food, housing and employment). Partnerships that have been formed as a result of the CSS planning process have resulted in agreement by all concerned to prioritize the older adults that are referred by this project for services.

**7. Collaboration and System Enhancements:**

- Develop new partnerships and deliver services in settings which are non-threatening/non stigmatizing to participants (older adults).
- As a result of this project, older adults, families and caretakers will have safe, accessible programming to access needed services.
- Develop new partnerships and deliver services in settings which are non-threatening/non stigmatizing to participants (older adults).
- As a result of this project, older adults, families and caretakers will have a safe, accessible programming to access needed services.
- SB County's older adult mental health services workgroup will continue to meet monthly to review the progress of this project to ensure that the proposed goals and objectives are being met.
- Collaborate with community agencies that provide services to older adults.

Formal agreements, either Memorandums of Understanding (MOU) or interagency agreements, will be developed and used as a model for future collaborative efforts.

## PEI PROJECT SUMMARY

Form No. 3

**8. Intended Outcomes:****Individual/Families**

- Reduce senior hospital visits due to senior falls or accidents,
- Provide support services for seniors raising grandchildren & disabled individuals

**Program/System**

- Increase the penetration rate for the delivery of prevention and early intervention services for older adults through out SB County,
- Seek and identify older adults in need of prevention and early intervention services in geographically, culturally and economically isolated areas
- Increase the number of activities and events for seniors
- Improve the access of mental health services in remote areas

**Long Term/Community**

- Increase community awareness and education in various settings regarding optimum mental health for older adults
- Reduce rate of hospitalization
- Reduce the likelihood of intensive mental health treatment
- Improve the quality of life for older adults
- Reduce the rate of suicide

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

Older Adult Community Services Program staff will meet monthly with DBH staff members who are currently involved in the implementation of other MHSA components such as PEI and CSS coordinators. This meeting will be used for updates about each component's progress during implementation. It will also be an opportunity to educate, inform and support families and individuals that might qualify for on-going services such as Community Services and Support. The Older Adult Community Services Program staff will have access to and benefit from Workforce Education & Training funds for professional development and geriatric training.

## PEI PROJECT SUMMARY

Form No. 3

This program will embrace the delivery of prevention and early intervention services for the older adult population, focusing on assisting seniors before any possible mental health issues require a greater level of treatment. In as much, the overall goal of this program is to facilitate the process of healthy aging for older adults and thus avoid the need to access services provided by the CSS plan.

### 10. Additional Comments: (optional)

**PEI Revenue and Expenditure Budget Worksheet**

**Form No. 4**

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

County Name: San Bernardino County Date: 8/14/08  
 PEI Project Name: Older Adult Service Center  
 Provider Name (if known):  
 Intended Provider Category: Older Adult Service Center  
 Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 1140  
 Total Number of Individuals currently being served: FY 07-08 0 FY 08-09 0  
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 1140  
 Months of Operation: FY 07-08 FY 08-09 9

Proposed Expenses and Revenues		Total Program/PEI Project Budget		
		FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages	FTE			
		\$0		\$0
Clinic Supervisor	1.00	\$0	\$73,278	\$73,278
Clinical Therapist I	1.00	\$0	\$50,211	\$50,211
Staff Analyst II	1.00	\$0	\$57,304	\$57,304
Social Worker II	5.00	\$0	\$230,150	\$230,150
Mental Health Specialist	2.00	\$0	\$77,584	\$77,584
General Service Worker	1.00	\$0	\$19,614	\$19,614
Peer & Family Advocate III	3.00	\$0	\$93,447	\$93,447
Office Assistant III	1.00	\$0	\$31,021	\$31,021
Total	15.00	\$0	\$632,609	\$632,609
b. Benefits and Taxes @ 47 %			\$297,326	\$297,326
<b>c. Total Personnel Expenditures</b>		<b>\$0</b>	<b>\$929,935</b>	<b>\$929,935</b>
2. Operating Expenditures				
a. Facility Cost			\$100,000	\$100,000
b. Other Operating Expenses			\$320,000	\$320,000
c. One-Time Only Program Development Expenses			\$0	\$0
<b>d. Total Operating Expenses</b>		<b>\$0</b>	<b>\$420,000</b>	<b>\$420,000</b>
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
				\$0
				\$0
<b>a. Total Subcontracts</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>4. Total Proposed PEI Project Budget</b>		<b>\$0</b>	<b>\$1,350,000</b>	<b>\$1,350,000</b>
<b>B. Revenues (list/itemize by fund source)</b>				
				\$0
				\$0
				\$0
1. Total Revenue		\$0	\$0	\$0
<b>5. Total Funding Requested for PEI Project</b>		<b>\$0</b>	<b>\$1,350,000</b>	<b>\$1,350,000</b>
<b>6. Total In-Kind Contributions</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>



**BUDGET NARRATIVE MHSA PEI COMMUNITY OLDER ADULT COMMUNITY SERVICES PROGRAM:**

It is the intent of this estimated budget is to contract the amount allocated to a community-based organizations, not yet chosen, for the purpose of coordinating and implementing the overall project for eligible participants throughout the County. The agencies have not been identified and will be chosen as soon as possible through a Request for Proposal (RFP) process.

**ESTIMATED PERSONNEL: Year 1 (07-08) - \$0 Year 2 (08-09) - Total \$632,609**

Staff will be allocated/hired by the agency(s) selected for implementation in this RFP process, and may consist of the following:

- ***Clinic Supervisor- 1.0 FTE at average \$73,278***  
The function of this position would be to support all service strategies in the project as well as serve as liaison to established service collaborative with agencies working with older adult populations.
- ***Clinical Therapist I 1.0 FTE at \$50,211***  
The CTI would support all service strategies in the project as well as provide clinical direction for more complex cases.
- ***Staff Analyst II 1.0 FTE at \$57,304***  
This highly skilled Administrative position would directly monitor program and fiscal progress, create reports, monitor the evaluation system, and provide support for Program Manager I.
- ***Social Worker II 5.0 FTE at \$46,030 each for Total \$230,150***  
This position will be responsible for any higher intensity case management services needed for program participants identified. This paraprofessional position will work closely with the clinical therapist and supervisor to ensure appropriate actions are set for participants.
- ***Mental Health Specialist 2.0 FTE at \$77,584***  
This position would provide case management services for those in need of additional low level support.
- ***General Service Worker 1.0 FTE at \$19,614***  
This Administrative support position would directly support the project staff and provide a variety of clerical functions.
- ***Peer and Family Advocate 3.0 FTE at Total \$93,447***  
This position will be filled by older adult peer-aged staff to work closely with the targeted population. They may assist in facilitating classes, will offer seniors the opportunity to speak with a person closer to their age, and will be responsible for conducting outreach.
- ***Office Assistant III 1.0 FTE at \$31,021***  
This highly skilled Administrative position would directly support project coordination scheduling of related meetings, trainings, processing of program referrals across strategies and agencies, and data entry as indicated

**Benefits and Taxes Year 1 (07-08) - \$0 Year 2 (08-09) Total \$297,326**

Benefits and Taxes are calculated at 47% of salary, and includes FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes

**OPERATING EXPENSES**

**Facility Costs Total \$100,000**

A portion of facility cost for rent and leasing, training and meeting space as needed for groups/meetings and general operations

**Other Operating Expenses Year 1 and Year 2 Total \$320,000**

Professional Services- staff development and training -based on current average annual cost of \$400 per budgeted FTE (15x400)	\$6,000
Translation and Interpreter Services - based on current average annual cost of \$3 per client rounded down to \$3,000	\$3,000
Travel and Transportation - based on current average annual cost per budgeted FTE of \$733.33.	\$11,000
General Office Expenditures - based on current average annual cost per budgeted FTE (15) of \$2,200.	\$33,000
Utilities and Equipment - based on current average annual cost per budgeted FTE of \$4864.	\$72,000
RV Storage, upkeep, and maintenance	123,000
Senior Activities & Transportation - based on average cost of \$2167 per month	\$26,000
Other Misc. Operating Expenses - general liability, vehicle, medical malpractice insurance premiums based on current average annual cost of \$3,066.67 per budgeted employee.	\$46,000

**PEI PROJECT SUMMARY**

Form No. 3

**County: San Bernardino**

**Date: 4/10/08**

**PEI Project Name: Child and Youth Connection**

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 2. Psycho-Social Impact of Trauma 3. At-Risk Children, Youth and Young Adult Populations 4. Stigma and Discrimination 5. Suicide Risk	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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			
	Child and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:  1. Trauma Exposed Individuals 2. Individuals Experiencing Onset of Serious Psychiatric Illness 3. Children and Youth in Stressed Families 4. Children and Youth at Risk for School Failure 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**PEI PROJECT SUMMARY**

Form No. 3

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

The Child and Youth Connection Prevention and Early Intervention (PEI) Project described is the result of a collaborative planning effort between the San Bernardino (SB) County Department of Behavioral Health (DBH), SB County Department of Children's Services (DCS), SB County Probation Department, SB County Department of Public Health, SB County Public Defenders' Office, group homes and foster parents. As part of the PEI planning process, a subcommittee, dedicated to promoting prevention and early intervention mental health services to children and youth, was formed following the completion of SB County's CSS planning process and in recognition of the need for collaboration on issues related to children and youth's mental health.

The data analysis and stakeholder processes used for the PEI plan are an extension and augmentation of those developed during the CSS planning process. These included an extensive needs assessment process that captured input across SB County, and a stakeholder process that contained recommendations for prevention and early intervention services in addition to those developed for the CSS priority populations.

Data Analysis

Representatives from the collaborating partners were asked to identify additional data sources needed for prevention and early intervention. For this priority population, the data that was reviewed included school district data, as well as community level data from SB County's "Community Indicators of Alcohol & Drug Abuse." This latter source was used because although mental health prevention and early intervention is a new endeavor for DBH, alcohol and drug prevention efforts have been underway for several years in the community. This project will build upon and use lessons from those prevention efforts to guide this project. The data that was reviewed and analyzed included the following:

- County Child Protective Services data,
- California Healthy Kids Survey results (in particular the measures related to mental health, alcohol and drug use, suicide, resilience and youth development, and school climate),
- Review of juvenile arrest data, and
- Community Risk Indicators for Alcohol and Drug Abuse.

**PEI PROJECT SUMMARY**

Form No. 3

**Stakeholder Input**

The stakeholder input process for selecting the programs and strategies for this priority population began with a review of recommendations gathered as part of the CSS planning process that were determined to be applicable and relevant to prevention and early intervention, more so than to CSS. Stakeholders drafted a list of recommendations for relevant services for Children and Youth who are either Trauma Exposed, In Stressed Families, at risk for School Failure, and at risk of or Experiencing Involvement with the Juvenile Justice System for review and comment. Key partner in reviewing and providing input for draft recommendations were representatives from SB County's Department of Children's Services.

The Mental Health Services Act (MHSA) unit then convened five (5) community public forums in the five (5) major regions of SB County, including the following regions: West Valley, Mid-Valley/SB, High Desert/Victorville, Lower Desert/Morongo Basin, and Mountain Communities. In addition, targeted forums were held throughout the planning process to include child and transition age youth (TAY) - serving agencies and advocates. A web-based survey was posted on the DBH website and an e-mail address made available for stakeholders could provide additional comment and input.

The input received was reviewed to develop priority recommendations. Program selections are based on a combination of factors, including high rates of mental health risk behaviors, low-test scores in school, and high levels of other community risk factors. A key factor that led to program and site selection was the receipt of many requests for support for children who experience trauma, are in stressed families, are at risk of school failure, and/or at risk of, or are already experiencing involvement in the juvenile justice system from partners, such as the Department of Children's Services, foster care agencies, and the community support.

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

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

This PEI project will address the community need of children and Transition Age Youth (TAY) and their families. The priority populations to be addressed are: Trauma exposed individuals, children and youth in stressed families, children and youth at risk for school failure, and children and youth at risk of or experiencing Juvenile Justice involvement.

**PEI PROJECT SUMMARY**

Form No. 3

The project includes three (3) components that reflect all parts of the prevention continuum:

**The first component** involves screening of foster children to assess mental health needs. This component will be implemented in three (3) SB County Department of Children's Services' (DCS) offices. Clinicians at each DCS office will provide the screenings for foster children. This service will prevent severe mental health issues by addressing early concerns before they intensify. A portion of the services provided include connecting foster children and youth to mentors.

**The second component** involves Team Decision Making (TDM) Meetings. Clinicians will attend TDM's held in group homes, foster homes, and DCS offices to provide mental health consultation, referrals, and linkages to services.

**The third component** involves investing in a partnership between the SB County Juvenile Public Defenders' Office and DBH. DBH will fund a clinician to work for the Public Defenders' Office to coordinate an MSW internship program. The interns will conduct in-home screenings and connect juveniles, who are not in placement, and their families to prevention and early intervention services in the community.

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

This program targets (foster and juvenile justice) system-involved children throughout SB County. The three (3) screening offices will be located in three (3) regions of SB County. The following lists demographic information about children in foster care placement in SB County between 2006-2007

- 4,548 open foster care placements,
- 2,200 children entered into placement during these 12 months. 1,753 of these 2,200 children stayed in placement 3 months or more and 1,249 stayed in placement 6 months or more. By race/ethnicity, 38% were Latino, 33% were Euro-American,
- 26% were African-American,
- 1% were Native-American, and .79% were Asian-American. An age breakdown indicates that 30% were under six (6) years old, 53% were between six (6) and 16, and 17% were over 16.

SB County Department of Children's Services (DCS) staff participated in 50 Team Decision Meetings (TDMs) per month during 2007. These numbers are expected to significantly increase. In January, 2008 DCS held 64 TDMs .

**PEI PROJECT SUMMARY**

Form No. 3

**Highlights of new or expanded programs.**

This will be an expanded program for the high risk population of foster children, reaching 3,600 individuals with prevention activities and 1,080 with early intervention activities. This project:

- Provides screening and early intervention services for foster children aged five (5) and older;
- Allows clinician participation in Team Decision Making meetings to assist in accessing mental health and alcohol and drug resources for children and parents.

The pilot project with the SB County Public Defender's Office is new and will work to reach 300 children and youth at risk of continued juvenile justice involvement.

Implementation partners and types of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services ties, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.

The Department of Behavioral Health will implement the project with SB County Department of Children's Services (DCS), Probation, Public Health, the Public Defenders Office, group homes and foster parents. Co-locating these services at DCS clinics will allow a close relationship to develop with both DCS Social Workers and co-located public health nurses. This will improve the quality of programs children are already receiving at DCS and will allow for increased access to referrals for the targeted ethnic populations that will be served with this project. When possible, TDM's are held in group or foster homes, providing youth with services in their natural setting.

## PEI PROJECT SUMMARY

Form No. 3

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

**Selective/Indicated:** Three (3) screening clinicians will be stationed at each of three (3) SB County Department of Children's Services Regional offices. Three clinicians in each of the three (3) regions will attend TDM's for 733 individuals and 467 families in a twelve-month period.

Clinicians will attend Team Decision Making meetings in a variety of situations:

- For foster parents requesting a child to be moved because of behavioral problems.
- For children in out-of-home care who need extra support.
- When conflicts arise between foster parents and birth parents around reunification issues.
- For children who have returned home but are at risk of going back into foster care because of unresolved family problems.

**Selective/indicated:** A 1 FTE Clinical Therapist will be employed with the Public Defenders' Office to screen juvenile justice youth (not in juvenile hall) and connect the youth and their families to prevention services and provide assistance with Individual Education Plans (IEP), etc.

**Selective/indicated:** A new position will be created by SB County called a Mentoring Resource Specialist. This position will work with existing mentoring agencies to have foster children and youth connected to mentors. They will be able to coordinate matching the right agency with the right child.

The program will be coordinated by one (1) FTE Clinical Supervisor. Staffing will include 4 FTE Clinical Therapists and 1 FTE Office Assistant III.

### Key milestones and timeline

Establish three (3) locations – Months one to two (1-2)

Hire and train staff – Months one to two (1-2)

Implement services – Month three (3) and ongoing

Evaluation – Month three (3) and ongoing



**PEI PROJECT SUMMARY**

Form No. 3

**4. Programs:**

Program Title:	Proposed number of individuals or families through PEI expansion to be served through June 2009, by type:		Number of months in operation through June 2009
	Prevention	Early Intervention	
<i>Team Decision Making Consultation Services</i> Three (3) Screening Centers in DCS Regional Offices. Estimated 733 individuals and 467 families will be screened at each center.	Individuals: 733 Families: 467	Individuals: 733 Families: 467	12
<i>Screenings for Court Dependents</i> 800 screenings in each of three regions	Individuals: 2400 Families:	Individuals: 2400 Families:	12
<b>TOTAL PEI PROJECT ESTIMATED <i>UNDUPLICATED</i> COUNT OF INDIVIDUALS TO BE SERVED</b>	Individuals: Families:	Individuals: Families:	
	<b>Prevention 3600</b>	<b>Early Intervention 1080</b>	<b>12</b>

**5. Alternate Programs:**

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

**PEI PROJECT SUMMARY**

Form No. 3

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

Key community partners and service providers include SB County:

- Alcohol and drug prevention and treatment providers,
- County clinics, and/or
- County contract providers.

Referrals will be made, but not limited to substance abuse prevention and treatment; parenting and anger management services, community, family or sexual violence prevention and intervention, and basic needs (food, housing and employment). Partnerships that have been formed as a result of the CSS planning process have resulted in an agreement by the SB County Alcohol and Drug Services Administration to prioritize the youth and families that are referred by this project for services. DBH will provide on-site consultation and technical assistance on best practices to link families to more extensive services as indicated.

**7. Collaboration and System Enhancements:**

This project will improve access to services for foster children and their families/caregivers. The TDM Clinician will attend TDMs at the invitation of DCS Social Workers and will collaborate on achieving the family-driven goals. Clinicians, DCS, Probation, Public Health, and foster group home staff will meet quarterly to review progress of the project and to make course corrections as necessary to ensure that the proposed goals and objectives are being met. In this collaboration, the Probation Department is investing \$22,000, DCS is investing \$22,000, DBH-Alcohol and Drug Services (through their Safe and Drug Free Schools and Communities grant) is investing \$22,000, and MHSA PEI will invest \$22,000 to improve the outcomes of foster children, in general. Formal agreements, either Memorandums of Understanding or interagency agreements, will be developed and used as models for future collaborative efforts.

## PEI PROJECT SUMMARY

Form No. 3

**8. Intended Outcomes:****Individual/Family**

- Increase self-sufficiency for youth exiting foster care.
- Increase knowledge of social, emotional and behavioral issues
- Increase knowledge of risk and resilience/protective factors
- Decrease in school drop-outs, suspensions, expulsions
- Decrease in substance abuse

**Program/System**

- Increase in the number of children placed in the least restrictive setting
- Increase in the number of children receiving mental health services
- Increase in the number of children making educational progress and increasing school attendance
- Increase in the number of siblings in out of home placements placed together
- Increase in the number of individuals and families identified as needing prevention programs and early intervention services
- Increase in the number of individuals and families identified who receive prevention programs and early intervention services
- Increase in the number of individuals and families from underserved populations who receive prevention programs and early intervention services
- Decrease in disparities regarding access to mental health prevention and intervention services

**Long Term Community**

- Enhanced wellness and resilience in youth
- Reduced stigma
- Earlier access to Mental Health services
- Earlier access to Mental Health treatment and services, as appropriate
- Shorter duration of untreated illness

**PEI PROJECT SUMMARY**

Form No. 3

**9. Coordination with Other MHSAs Components:**

These new services will work closely with SB County Department of Behavioral Health's Children's Crisis Response Team (CCRT) and with DBH's Early Wraparound Program. When clients in immediate crisis or, who need intensive services but lack Medi-Cal funding are present at a screening or a TDM, the clinicians will coordinate linkages with the other MHSAs programs.

The coordinator of this project will be invited to meet monthly with SB County Department of Behavioral Health staff who are currently involved in the implementation of other MHSAs components such as PEI, CSS and MHSAs Workforce Education and Training.

This meeting will be used for updates about the project's progress during implementation. It will also be an opportunity to educate, inform and support families and individuals that may qualify for on-going services such as Community Services and Support.

This project will also coordinate with existing TAY Centers, Early Wraparound Programs, and Work Force Development Education Training as appropriate. Youth will be referred to MHSAs activities such as Friday Night Live Groups and Goodwill Job Skills Prep classes.

**10. Additional Comments (optional):****Narrative to address #5 Alternate Programs**

These two program components are not listed in the PEI Resource Materials but are very similar in activity, setting and focus of several of those listed Evidence-Based Programs. The screening program for foster children is similar to the screening program found on page 59 of the MHSAs Resource Guide for the voluntary screening and early intervention and/or referral of youth removed from their homes. The screenings could take place at either the group home, the foster home or the DCS office

The TDM program is similar to the Integrated Primary Care and Mental Health Services and the Indian Family Wellness Project that involves a multi-disciplinary team and family-centered prevention and intervention in a community-based setting. Furthermore, TDMs are an evidenced-based practice accepted by the Court System, as evidenced by the Los Angeles Katie A. foster child settlement.

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

County Name: San Bernardino

Date: 8/14/08

PEI Project Name: Child and Youth Connection

Provider Name (if known):

Intended Provic County

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

Total Number of Individuals currently being served: FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_

Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 4680

Months of Operation: FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
<b>a. Salaries, Wages</b>			
Clinic Supervisor (1 FTE)		\$84,843	\$84,843
Clinic Therapist I (4 FTE)		\$276,224	\$276,224
Office Assistanct III (1 FTE)		\$33,987	\$33,987
<b>b. Benefits and Taxes @ 47 %</b>		\$185,675	\$185,675
<b>c. Total Personnel Expenditures</b>	\$0	\$580,729	\$580,729
<b>2. Operating Expenditures</b>			
<b>a. Facility Cost</b>		\$38,400	\$38,400
<b>b. Other Operating Expenses</b>		\$102,802	\$102,802
<b>g. Total Operating Expenses</b>	\$0	\$141,202	\$141,202
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
Children's Network		\$30,700	\$30,700
Public Defender		\$123,828	\$123,828
<b>a. Total Subcontracts</b>	\$0	\$154,528	\$154,528
<b>4. Total Proposed PEI Project Budget</b>	\$0	\$876,459	\$876,459
<b>B. Revenues (list/itemize by fund source)</b>			
			\$0
			\$0
			\$0
<b>1. Total Revenue-EPSTD Medi-Cal</b>		\$150,445	\$150,445
<b>5. Total Funding Requested for PEI Project</b>	\$0	\$726,014	\$726,014
	\$0	\$0	\$0

**BUDGET NARRATIVE MHSA PEI CHILD YOUTH CONNECTION**

The Child Youth Connection PEI Program will be implemented by the Department of Behavioral Health (DBH) and through an MOU with San Bernardino County Juvenile Public Defenders Office and San Bernardino County Children’s Network to assist in building infrastructure across San Bernardino County to support improved outcomes for systems-involved youth.

**ESTIMATED PERSONNEL: Year 1 (07-08) - \$0 Year 2 (08-09) – Total \$395,054**

Staff will be hired by DBH in support of the first and second components of the Child Youth Connection PEI Program and will consist of the following:

**Screening of foster children and participation in team decision making Total \$580,729**

- **1 FTE Clinic Supervisor equivalent at Total \$84,843**  
The clinic supervisor will provide clinical and administrative supervision for clinicians screening foster children and participating in team decision making meetings.
- **4 FTEs Clinical Therapists I equivalent at Total \$276,224**  
The clinical therapists will be located in three (3) San Bernardino County Department of Children’s Services (DCS) offices. Clinicians at each DCS office will provide screenings for foster children. The clinicians will also participate in team decision making meetings held in group homes, foster homes, and DCS offices to provide mental health consultation, referrals, and linkages to services.
- **1 FTE Office Assistant III equivalent at Total \$33,987**  
This administrative position will directly support clinical therapists and clinical supervisor through processing program referrals, collection, entry and management of program data.

**BENEFITS AND TAXES: Year 1 (07-08) - \$0 Year 2 (08-09) – Total \$185,675**

Benefits and taxes are calculated at 47% and include health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes.

**OPERATING EXPENDITURES: Year 1 (07-08) - \$0 Year 2 (08-09) – Total \$141,202**

Facility Costs Total \$38,400  
Facility costs include phone lines, chairs/workstations, etc at average San Bernardino County cost of \$6,400 for each of the six (6) budgeted FTEs.

**Other Operating Expenditures Total \$102,802**

Professional Services – staff development and training (includes training and interpreter services at an average cost of \$666 per each of the six (6) budgeted FTEs.	\$3,996
Telecommunications cost will include all ISD Comet charges at an average cost of \$772 per each of six (6) budgeted FTEs.	\$4,632
County vehicles (2) will enable clinicians to travel to screen foster children in community settings.	\$41,460
Travel and transportation costs will include employee travel expenses and car maintenance at an average cost of \$1,207 per each of six (6) budgeted FTEs.	\$7,242
General office expenditures based on average County cost of \$1010 per each of six (6) budgeted FTEs.	\$6,060
Utilities and equipment include desktop computers and utilities at a current	\$18,594

average County cost of \$3099 per each of six budgeted FTEs.	
Laptops (2) for clinical staff conducting screenings of foster children in community settings at an average cost of \$4115 per laptop.	\$8,230
Other misc. operating expenses include general maintenance costs, insurance, liabilities, licenses at an average County cost of \$2098 per each of six (6) FTEs.	\$12,588

**SUBCONTRACTS: Year 1 (07-08) - \$0 Year 2 (08-09) – Total \$154,528**

An MOU with SB County Juvenile Public Defenders Office and SB County Children’s Network will assist in building infrastructure across our County to support improved outcomes for systems-involved youth. SB County Juvenile Public Defenders Office will hire a Clinical Therapist I, at a cost of \$123,828, who will screen juvenile offenders not in placement and connect them with community resources. Costs for this Clinical Therapist I includes salary, benefits, and overhead. SB County Children’s Network will hire a part-time Mentoring Resource Specialist, at a cost of \$30,700, who will connect foster children and youth with mentors.

**REVENUES – EPSDT MEDI-CAL: Year 1 (07-08) - \$0 Year 2 (08-09) – Total \$150,445**

Clinical staff will conduct mental health screenings and consultations for children and youth, many of whom will be Medi-cal eligible and may require additional early intervention services.

**PEI PROJECT SUMMARY**

Form No. 3

**County: San Bernardino**

**Date: 8/18/08**

**PEI Project Name: Nurse Family Partnership**

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 2. Psycho-Social Impact of Trauma 3. At-Risk Children, Youth and Young Adult Populations 4. Stigma and Discrimination 5. Suicide Risk	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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			
	Child and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:  1. Trauma Exposed Individuals 2. Individuals Experiencing Onset of Serious Psychiatric Illness 3. Children and Youth in Stressed Families 4. Children and Youth at Risk for School Failure 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



**PEI PROJECT SUMMARY**

Form No. 3

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

The Nurse Family Partnership (NFP) Prevention and Early Intervention (PEI) Program described is the result of a collaborative planning effort between San Bernardino (SB) County Department of Behavioral Health (DBH), SB County Department of Public Health (DPH) and local obstetricians. As part of the PEI planning process, a subcommittee dedicated to promoting children's mental health services was formed following the completion of SB County's Community Services and Supports (CSS) planning process in recognition of the need for collaboration on issues related to children's mental health.

The data analysis and stakeholder processes used for the PEI plan are an extension and augmentation of those developed during the CSS planning process. These included an extensive needs assessment process that captured input across SB County and a stakeholder process that contained recommendations for prevention and early intervention services in addition to those developed for the CSS priority populations.

Data Review and Analysis

Representatives of SB County DBH and DPH community were identified to review the needs assessment data from the initial CSS process, and to identify additional data sources needed for prevention and early intervention in children. For this priority population, the data that was reviewed included birthrate and economic data as well as community level data from SB County's "Community Indicators of Alcohol & Drug Abuse." This latter source was used because while mental health prevention and early intervention is a new endeavor for SB County, alcohol and drug prevention efforts have been underway for several years in the community. This project will build upon and use lessons from those prevention efforts to guide this project. The data that was reviewed and analyzed included the following:

- California Healthy Kids Survey results
- Census data
- County Child Protective Services data
- Community Risk Indicators for Alcohol and Drug Abuse Risk (including review of SB County Department of Children's Services (DCS) data, and data on the number of children in foster care)

**PEI PROJECT SUMMARY**

Form No. 3

Stakeholder Input

The stakeholder input for selecting programs and strategies for this population began with a review of recommendations gathered as part of the CSS planning process. These recommendations were determined to be relevant to prevention and early intervention, more so than to CSS. A list of draft recommendations for services that were relevant for At-Risk Children, Youth and Transitional Age Youth (TAY) Populations were compiled for review and comment by stakeholders. Key partners in reviewing and providing input into draft recommendations were obstetricians, Public Health nurses and new mothers.

The Mental Health Services Act (MHSA) Unit then convened five (5) community public forms in the five (5) major regions of SB County which include the West Valley, the Mid-Valley /San Bernardino, High Desert/Victor Valley, the Low Desert/Morongo Basin and the Mountain Communities. In addition, targeted forums were held through the planning process and included child serving agencies and advocates. A web-based survey was posted on the DBH website and an email address made available where stakeholders could provide additional comment and input.

The input received was then reviewed to determine priority recommendations. A key factor that led to program selection was the evidence of strong community support for programs that address at risk children in natural settings. Program and site selection were also based on the combined factors of:

- High birth rates to low-income young mothers,
- Mental health risk factors,
- High rates of substance abuse,
- High levels of community risk factors.

**PEI PROJECT SUMMARY**

Form No. 3

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

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

The Nurse Family Partnership PEI Program will address the key community need of at-risk children, youth and TAY and their families. The priority populations to be addressed are children and youth in stressed families, children and youth at risk for school failure, and children and youth at risk of or experiencing juvenile justice involvement. The Nurse Family Partnership is an evidence-based home visitation program that improves the health, well-being and self-sufficiency of low-income, first-time parents. For children of the nurse visited women, results indicate fewer arrests, fewer incidents of child abuse, sizable reductions in alcohol and tobacco use, and fewer convictions and probation violations.

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

A pilot program of the Nurse Family Partnership (NFP) home visiting program is proposed to occur in the Fontana/Rialto area of SB County. This area is recommended due to a data analysis that indicates a high percentage of first-time, low-income mothers residing in the zip codes in these communities. We are targeting those communities with a significantly higher than the SB County rate (table below).

Births to Low-Income, Single, First-Time Mothers by Mother’s Residence ZIP Code, SB County Resident Mothers, 2005

Mother’s residence ZIP code	Live births to low-income, single, first-time moms	Live births to all other women	Total live births	Percent of total live births to low-income, single, first-time moms	Significantly higher/lower than county?
92335	318	1,836	2,154	14.8	↑
92376	251	1,444	1,695	14.8	↑
92404	198	1,110	1,308	15.1	↑
92410	196	1,119	1,315	14.9	↑

## PEI PROJECT SUMMARY

Form No. 3

92324	149	1,045	1,194	12.5	↑
91764	128	976	1,104	11.6	
91762	126	1,013	1,139	11.1	
92345	125	1,201	1,326	9.4	
92407	121	893	1,014	11.9	
92336	117	1,213	1,330	8.8	
92405	113	612	725	15.6	↑
92411	102	517	619	16.5	↑
92346	99	737	836	11.8	
91710	95	945	1,040	9.1	
92311	91	526	617	14.7	↑
91761	84	948	1,032	8.1	↓
92316	82	539	621	13.2	↑
92392	81	888	969	8.4	↓
91786	74	740	814	9.1	
91730	61	849	910	6.7	↓
91763	60	576	636	9.4	
92301	57	496	553	10.3	
92337	55	563	618	8.9	
92399	51	587	638	8.0	
92307	48	476	524	9.2	
92408	47	288	335	14.0	↑

Automated Vital Statistics System (AVSS), Preliminary Birth Data Files. Research, Analysis, and Vital Statistics, SB City Dept of Public Health, Dec 2006.

### Highlights of new or expanded programs.

- The Nurse Family Partnership is a new program in SB County for first time mothers and their child
- Services are provided in a natural setting in the home
- There is strong evidence demonstrating the efficacy of the program

**PEI PROJECT SUMMARY**

Form No. 3

**Implementation partners and types of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services ties, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.**

The Nurse Family Partnership Program will be delivered in the homes of new mothers and their infants. Implementation partners include OB-GYN physicians in the pilot area, DBH and DPH.

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

Selective: Nurse Family Partnership Program: Over two (2) years, four (4) Public Health nurses will provide services to 65 mothers/infants. Outreach and education will occur with all of the identified medical practices in the pilot area for referral purposes. Services are voluntary and will ideally begin when the woman is in her 26<sup>th</sup> week of pregnancy and continue until the child reaches age two (2) years. In the home visits, the nurse promotes three (3) aspects of maternal functioning:

- 1) Health-related behaviors during pregnancy and the early years of the child's life;
- 2) The care parents provide to their children; and
- 3) Maternal personal life-course development (family planning, educational achievement, and participation in the workforce).

In the service of these goals the nurses will link families with needed health, mental health, and human services and attempt to involve other family members and friends in the pregnancy, birth and early care of the infant. The nurses utilize detailed assessments, record keeping, and protocols to guide their work with families, but adapt the content of their home visits to the individual needs of each family. The nurses will provide a comprehensive educational program designed to promote parents' and other family members' effective physical and emotional care of their children.

**PEI PROJECT SUMMARY**

Form No. 3

**Key milestones and anticipated timeline for each milestone:**

- Inform local OB/GYN's of program – One to three (1-3) months
- Recruit & train nurses – One to three (1-3) months
- Recruit mothers – Three (3) months and ongoing
- Deliver services – Three (3) months and ongoing
- Evaluate – Three months (3) and ongoing

One .5 FTE Supervising Public Health Nurse will coordinate the Nurse Family Partnership Program. Staffing will also include four (4) FTE Public Health Nurses who will provide services to the mothers, a .15 Staff Analyst and one (1) FTE Office Assistant III.

**4. Programs:**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Nurse Family Partnership: 25 new mothers and their 25 children will be served in Year 01 of this project. They will be brought into the project throughout the year as they are identified (ideally in the 26 <sup>th</sup> week of pregnancy)	Individuals: 50 Families: 25	Individuals: Families:	8
<b>Total PEI project estimated <i>unduplicated</i> count of individuals to be served</b>	Individuals: 50 Families: 25	Individuals: Families:	8
Proposed number of individuals or families through PEI expansion to be served through June 2009 by type	Prevention 75	Early Intervention	8

**PEI PROJECT SUMMARY**

Form No. 3

**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:**

- Women who are identified as needing SB County mental health services will be immediately referred by the nurse for mental health services. Referrals will be made, but not limited to substance abuse prevention and treatment, community, family or sexual violence prevention and intervention, and basic needs (food, housing and employment).
- Children who are identified through the Ages and Stages Questionnaire/Social Emotional (ASQ/SE) screening and developmental assessments will be referred to the children's Screening, Triage, Assessment, Referral, and Treatment (START) Program, and SB County's Early Periodic Screening Diagnosis and Treatment (EPSDT) Program.
- Children who are in need of general or specialty medical care will be referred by their nurse and follow-up will ensure that appointments are not missed due to transportation barriers, etc.
- Whenever childcare is needed, referrals to local Early Head Start programs will be provided.

Key community partners and service providers include SB County alcohol and drug prevention and treatment providers, SB County clinics or SB County contract providers. Partnerships that have been formed as a result of the CSS planning process have resulted in agreement by SB County Alcohol and Drug Services Administration to prioritize the youth and families that are referred by this project for services. SB County DBH will provide on-site consultation and technical assistance on best practices to link families to more extensive services as indicated.

## PEI PROJECT SUMMARY

Form No. 3

**7. Collaboration and System Enhancements:**

The Nurse Family Partnership Program will develop new partnerships and deliver services in the home setting – a non-threatening/non stigmatizing setting. The potential for collaboration and leveraging of dollars with the Nurse Family Partnership is very strong in the following areas:

- **San Bernardino County Department of Pre-school Services:** Through Early Head Start funding, SB County Preschool School Department Director is committed to allocating approximately \$300,000 for this program in “Early Head Start Slots.” This will occur pending approval from the Federal government to convert existing Head Start slots to Early Head Start slots and the approval of the local Shared Governance Board.
- **San Bernardino County Public Health Department:** The nurses will be employed by the San Bernardino County Department of Public Health. About 25% of the visits will be billable to a Federal match out of Federal Financial Participation (FFP). DPH is very invested in launching this program and partnering with the existing Perinatal Screening Assessment Referral and Treatment (SART) and Children’s START programs, whenever indicated.
- **Department of Children’s Services:** If a dependent youth is pregnant and living in the pilot area, Social Workers may refer to the Nurse Family Partnership (NFP) and services will be offered and coordinated with the Department of Children’s Services (DCS).
- **Juvenile Probation:** If a ward of the Court is pregnant and living in the pilot area, Probation Officers may refer to the NFP program and services will be offered and coordinated with Juvenile Probation.
- **First 5 San Bernardino:** San Bernardino County began a planning process in May 2007 for the feasibility of implementing NFP in SB County. First 5 San Bernardino has been a partner in that planning process and communicated their interest and commitment to the NFP Program. Any funding from First 5 San Bernardino is contingent upon Children and Family Commission approval; however, they have indicated a willingness to fill in gaps with this program that may be necessary.
- **Perinatal SART Program (PSD):** This program, operated jointly by DPH and DBH Drug and Alcohol services, currently collaborates with numerous physicians in the community for the purpose of screening pregnant women for alcohol/drug use during pregnancy and providing preventative services. This program is funded largely by First 5 San Bernardino and will provide an opportunity to build on the existing physician relationships for referral to the NFP program.



## PEI PROJECT SUMMARY

Form No. 3

- **Children’s Network of San Bernardino County:** The Children’s Network will serve as a coordinating body for implementation of the NFP Program as it relates to the blended/braided funding opportunities from Pre-School Department (PSD), First 5 San Bernardino, and other potential partners. The mission of the Children’s Network is to work with child-serving departments in SB County to coordinate, communicate and collaborate in the development and delivery of services to children and families.
- **Children’s START Program:** This program provides early intervention services to children ages zero to five (0-5) who meet medical necessity criteria and is a DBH contract program through EPSDT. Whenever a young child is identified through the NFP program that might be in need of early intervention services they will be referred to their local START provider agency.

Public Health Nurses, DPH and DBH representatives will meet quarterly to review progress of this project, and to make course corrections as needed to ensure goals and objectives are met. Formal agreements, either Memorandums of Understanding (MOU) or interagency agreements, will be developed and used as a model for future collaborative efforts.

### 8. Intended Outcomes:

The demonstrated outcomes from NFP include: Improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment, improved school readiness, and improved child health and development results from more responsible and competent care.

Research shows that this program results in 61% fewer arrests, 72% fewer convictions, and 98% fewer days in jail for mothers, 48% reduction in child abuse and neglect, and 90% reduction in adjudications as a person in need of supervision for incorrigible behavior.

#### Individual/Family

- Increase knowledge of social, emotional and behavioral issues.
- Increase knowledge of risk and resilience/protective factors.

**PEI PROJECT SUMMARY**

Form No. 3

- Decrease in maternal behavioral problems due to alcohol and drug abuse.
- Improved child health and development by helping parents provide more responsible and competent care for their children
- Improved school readiness

**Program/System**

- Increase in number of prevention programs and early intervention (EI) activities
- Increase in number of individuals/families who receive prevention programs and EI services
- Increase in the number of individuals/families from underserved populations who receive prevention programs and EI services
- \$17,180 lifetime cost savings for every NFP mother and child (Washington State Institute for Public Policy 2004)
- \$5.70 saved for every \$1.00 invested on high risk families (RAND Corporation 2005)

**Long Term Community**

- Reduction in stigmatizing attitudes
- Reduction in discrimination
- Earlier access to MH treatment and services, as appropriate

**9. Coordination with Other MHSA Components**

Nurse Family Partnership staff will meet monthly with DBH staff members who are currently involved in the implementation of other MHSA components such as PEI and CSS coordinators. This meeting will be used for updates about each component's progress during implementation. It will also be an opportunity to educate, inform and support families and individuals that might qualify for on-going services such as Community Services and Support. Program staff will have access to and benefit from Workforce Education & Training funds for professional development.

**10. Additional Comments (optional)**

**PEI Revenue and Expenditure Budget Worksheet**

**Form No. 4**

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

County Name: County of San Bernardino Date: DRAFT

PEI Project Name: Nurse Family Partnership

3. Children and Youth in Stressed Families

Provider Name (if known): MOU w/ Children's Network

Intended Provider Category: Primary health care

Proposed Total Number of Individuals to be served: FY 07-08 \_\_\_\_\_ FY 08-09 75

Total Number of Individuals currently being served: FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_

Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 75

Months of Operation: FY 07-08 \_\_\_\_\_ FY 08-09 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
<b>a. Salaries, Wages</b>			
Sup PHN (1 FTE)		\$85,858	\$85,858
Public Health Nurse (4FTE)		\$322,236	\$322,236
Staff Analyst (.50 FTE)		\$30,836	\$30,836
OA III (1 FTE)		\$33,000	\$33,000
<b>b. Benefits and Taxes @ 32 %</b>	\$0	\$218,597	\$218,597
<b>c. Total Personnel Expenditures</b>	<b>\$0</b>	<b>\$690,527</b>	<b>\$690,527</b>
<b>2. Operating Expenditures</b>			
<b>a. Facility Cost</b>			
		\$21,000	\$21,000
<b>b. Other Operating Expenses</b>			
		\$103,000	\$103,000
<b>c. Total Operating Expenses</b>	<b>\$0</b>	<b>\$124,000</b>	<b>\$124,000</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
			\$0
			\$0
			\$0
<b>a. Total Subcontracts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>4. Total Proposed PEI Project Budget</b>	<b>\$0</b>	<b>\$814,527</b>	<b>\$814,527</b>
<b>B. Revenues (list/itemize by fund source)</b>			
Preschool Services		\$300,000	\$300,000
Federal Finanacial Partnership (25%)		\$118,527	\$118,527
			\$0
<b>1. Total Revenue</b>	<b>\$0</b>	<b>\$418,527</b>	<b>\$418,527</b>
<b>5. Total Funding Requested for PEI Project</b>	<b>\$0</b>	<b>\$396,000</b>	<b>\$396,000</b>
<b>6. Total In-Kind Contributions</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**BUDGET NARRATIVE NURSE FAMILY PARTNERSHIP:**

The Nurse Family Partnership (NFP) will be a jointly funded project and as such will be implemented via Memorandum of Understanding (MOU) between San Bernardino County Department of Public Health (DPH), San Bernardino County Preschool Services Department, and The Children’s Network.

**PERSONNEL: Year 1 (07-08) - \$0 Year 2 (08-09) - Total \$471,930**

Staff will be allocated/hired by the agency(s) selected for implementation in the Request for Proposal (RFP) processes, and will consist of the following:

- **1 FTE Supervising Public Health Nurse at \$85,858**  
The Nurse supervisor will provide supervision and support for all four Public Health Nurses and will provide planning, organization, coordination and implementation of the key components of the NFP. The Supervising Nurse will also develop and form collaborations with key stakeholders in the surrounding areas.
- **4 FTE Public Health Nurses at \$80,559 each Total \$322,236**  
The Public Health Nurses (PHN) will conduct the home visits, conduct the education and care components, and establish relationships with mother-infant dyads and additional family members.
- **.50 FTE Staff Analyst II at Total \$30,836**  
This administrative position would directly support the Nurse Family Partnership Program through collecting and tracking data, maintaining fiscal oversight, supporting the referral process and performing high level administration functions.
- **1 FTE Office Assistant III at Total \$33,000**  
This position will provide clerical support, manage interagency referrals and support the Supervising Public Health Nurse.

**BENEFITS AND TAXES: Year 1 (07-08) - \$0 Year 2 (08-09) \$218,597**

Benefits and Taxes are calculated at 32% of salary, and includes FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes

**OPERATING EXPENSES: Year 1 (07-08) - \$0 Year 2 (08-09) Total \$713,853**

**Facility Costs** - Facility Rental and leasing at **Total \$21,000**

**Other Operating Expenses Year 1 (07-08) - \$0 Year 2 (08-09) Total \$103,000**

Professional Development – staff development and training at average annual cost of \$400 per FTE plus NFP training for Public Health Nurses @ \$2,000	\$10,600
Travel and transportation calculated at \$923 per FTE (higher rate due to increased amount of travel for home visits)	\$6,000
General office expenditures based on current average cost per budgeted FTE of \$2,264.00	\$ 14,716
Utilities and Equipment based on current average cost per budgeted FTE \$4,864.	\$31,616
Vehicle Leasing at \$20,000 per vehicle	\$20,000
Other miscellaneous operating expenditures including licensing and insurance calculated at average annual cost per FTE of \$3,075 rounded to \$20,000	\$20,000

**Revenue - \$418,527**

**Federal Financial Partnership**

Reimbursement calculated at approximately at 25% of billable service estimated amount is \$118,527.

**Preschool Services Department**

Preschool services will invest \$300,000 in Early Head Start funding to support this project.

**PEI PROJECT SUMMARY**

Form No. 3

**County: San Bernardino**

**Date: 4/10/08**

**PEI Project Name: Active Duty Family Support**

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 2. Psycho-Social Impact of Trauma 3. At-Risk Children, Youth and Young Adult Populations 4. Stigma and Discrimination 5. Suicide Risk	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <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			
	Child and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:  1. Trauma Exposed Individuals 2. Individuals Experiencing Onset of Serious Psychiatric Illness 3. Children and Youth in Stressed Families 4. Children and Youth at Risk for School Failure 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**PEI PROJECT SUMMARY**

Form No. 3

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

The Active Duty and Family Support Prevention and Early Intervention (PEI) Project described is the result of a collaborative planning effort between the San Bernardino (SB) County Department of Behavioral Health (DBH) and other community agencies. As part of the PEI planning process, a subcommittee dedicated to promoting community-based prevention and early intervention mental health services was formed following the completion of the SB County's Community Services and Support (CSS) planning process and in recognition of the need for collaboration on issues related to providing services in natural settings within the community.

The data analysis and stakeholder processes used for the PEI plan are an extension and augmentation of those developed during the CSS planning process. These included an extensive needs assessment process that captured input across SB County and a stakeholder process that contained recommendations for prevention and early intervention services in addition to those developed for the CSS priority populations.

Data Analysis

Representatives from community agencies were asked to identify additional data sources needed for prevention and early intervention in the community. For this priority population, of *Children in Stressed Families*, the data that was reviewed included school district data as well as community level data from the SB County's "Community Indicators of Alcohol & Drug Abuse." This latter source was used because while mental health prevention and early intervention is a new endeavor for SB County, alcohol and drug prevention efforts have been underway for several years in the community. This project will build upon and use lessons from those prevention efforts to guide this project. The data that was reviewed and analyzed included the following:

- County Child Protective Services data
- California Healthy Kids Survey results in particular the measures related to mental health, alcohol and drug use, suicide, resilience and youth development and school climate
- Journal articles citing a rise in violence and mental health needs in military families
- Community Risk Indicators for Alcohol and Drug Abuse Risk

Stakeholder Input

The stakeholder input process for selecting the programs and strategies for this population began with a review of recommendations that were gathered as part of the CSS planning process, that were determined to be applicable and

**PEI PROJECT SUMMARY**

Form No. 3

relevant to prevention and early intervention, rather more so than to CSS. Stakeholders drafted a list of recommendations for services that were relevant for children and youth in stressed families for review and comment. Key partners in reviewing and providing input for draft recommendations were representatives from community agencies that provide mental health services.

The Mental Health Services Act (MHSA) unit then convened five (5) community public forums in the five (5) major regions of SB County, including the following regions: West Valley, Mid-Valley/San Bernardino, High Desert/Victorville, Low Desert/Morongo Basin, and Mountain Communities. In addition, targeted forums were held throughout the planning process to include child and Transitional Age Youth (TAY) - serving agencies and advocates. A web-based survey was posted on the DBH website and an email address made available where stakeholders could provide additional comment and input.

The input received was reviewed to develop priority recommendations. Program selections are based on a combination of factors, including:

- High rates of mental health risk behaviors,
- Low test scores in school, and
- Increased levels of violence in military families.

Other key factors that led to program selection were: 1) Evidence of an increase of requests for support from community agencies that are seeing a rise in violence and mental health issues in military families, and 2) Strong community support for PEI activities for Children in Stressed Families.

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

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

This PEI project will address the key community need of Children and Transitional Age Youth and their families. The priority population to be addressed consists of Children and Youth in Stressed Families.

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



**PEI PROJECT SUMMARY**

Form No. 3

This project targets active duty military families throughout the SB County. Data has shown a risk of suicide higher than that of the general population for those returning from active duty. Children in these families face adjustment difficulties and vulnerabilities as they live with the anxiety of having a parent serving in a time of war. These children and youth need support in coping with well-founded fears. In addition, the men and women returning from active duty carry the emotional scars of prolonged battle fatigue and possibly Posttraumatic Stress Disorder (PTSD). This pilot project would provide in-home, thorough psychosocial assessments, family interventions, and rehabilitative support for military families who are determined to have these needs. The following table provides demographic information that applies to this project:

<b>TOTAL POPULATION</b>	<b>Mid-Valley/Mountains</b>		<b>West Valley</b>		<b>TOTAL</b>	
<b>AGE GROUPS</b>						
<b>CHILDREN: 00-15 YEARS</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
<b>AFRICAN-AMERICAN</b>	22,124	17%	30,696	10%	62,659	12%
<b>ASIAN-AMERICAN</b>	7,449	6%	14,980	5%	24,570	5%
<b>EURO-AMERICAN</b>	26,146	20%	43,058	14%	105,379	20%
<b>LATINO</b>	66,392	52%	209,496	68%	321,405	60%
<b>NATIVE-AMERICAN</b>	1,148	1%	872	0%	3,059	1%
<b>OTHER</b>	5,616	4%	7,751	3%	17,644	3%
<b>TOTAL</b>	128,875	100%	306,854	100%	534,717	100%
<b>Percentage</b>	24%		57%		100%	
<b>TAY: 16-25 YEARS</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
<b>AFRICAN-AMERICAN</b>	13,254	16%	19,945	10%	39,988	7%
<b>ASIAN-AMERICAN</b>	7,707	9%	12,515	6%	22,338	4%
<b>EURO-AMERICAN</b>	20,262	24%	31,494	16%	79,911	15%
<b>LATINO</b>	40,639	48%	130,467	66%	201,196	38%
<b>NATIVE-AMERICAN</b>	788	1%	667	0%	2,300	0%
<b>OTHER</b>	2,850	3%	3,587	2%	8,629	2%
<b>TOTAL</b>	85,499	100%	198,674	100%	354,362	66%
<b>Percentage</b>	24%		56%		100%	

**PEI PROJECT SUMMARY**

Form No. 3

<b>ADULTS: 26-59 YEARS</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
AFRICAN-AMERICAN	28,451	13%	51,219	9%	92,971	10%
ASIAN-AMERICAN	22,822	10%	42,389	8%	71,938	8%
EURO-AMERICAN	77,446	34%	126,932	24%	295,045	31%
LATINO	89,336	40%	310,470	57%	460,174	49%
NATIVE-AMERICAN	2,367	1%	2,249	0%	6,964	1%
OTHER	5,252	2%	6,862	1%	15,661	2%
<b>TOTAL</b>	<b>225,673</b>	<b>100%</b>	<b>540,122</b>	<b>100%</b>	<b>942,752</b>	<b>100%</b>
Percentage	24%		57%		100%	
<b>OLDER ADTS: 60+ YEARS</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
AFRICAN-AMERICAN	6,051	9%	9,936	9%	20,116	8%
ASIAN-AMERICAN	6,283	9%	9,350	9%	17,878	7%
EURO-AMERICAN	42,283	61%	47,223	44%	142,515	57%
LATINO	13,192	19%	40,158	37%	65,934	26%
NATIVE-AMERICAN	555	1%	514	0%	1,734	1%
OTHER	1,290	2%	1,310	1%	3,633	1%
<b>TOTAL</b>	<b>69,653</b>	<b>100%</b>	<b>108,490</b>	<b>100%</b>	<b>251,809</b>	<b>100%</b>
Percentage	28%		43%		100%	
<b>GRAND TOTAL</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>	<b>NUMBER</b>	<b>%</b>
AFRICAN-AMERICAN	69,879	14%	111,797	10%	215,734	10%
ASIAN-AMERICAN	44,261	9%	79,234	7%	136,725	7%
EURO-AMERICAN	166,137	33%	248,707	22%	622,849	30%
LATINO	209,559	41%	690,591	60%	1,048,708	50%
NATIVE-AMERICAN	4,858	1%	4,302	0%	14,057	1%
OTHER	15,007	3%	19,510	2%	45,567	2%
<b>TOTAL</b>	<b>509,700</b>	<b>100%</b>	<b>1,154,140</b>	<b>100%</b>	<b>2,083,640</b>	<b>100%</b>
Percentage	24%		55%		100%	

(\*) Estimated January, 2008

**PEI PROJECT SUMMARY**

Form No. 3

**Highlights of new or expanded programs.**

This is a new program for SB County. It will be delivered in the clients' homes, increasing the likelihood that military personnel will use the services, while also reducing stigma.

Implementation partners and types of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services ties, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.

Implementation partners will be community-based organizations, providing contracted in-home mental health services.

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

**Selective/Indicated:**

The Active Duty and Family Support Project includes two components: 1) In-home screening and assessment for active duty military families; and 2) Case management and referrals for those identified as needing mental health services. This field-based program will use evidence-based practices, such as brief strategic family therapy, Trauma-Focused Cognitive-Behavioral Therapy (TFCBT), allostatic models (stability through change), PTSD Checklist, and the Short Scale assessments.

Referrals will come from military volunteer organizations, schools, Juvenile Justice systems, primary health care clinics, and SB County departments, such as the Department of Children's Services (DCS), and the Department of Behavioral Health (DBH). A clinician will visit the home, complete a screening and assessment, and develop a case management plan. Some referrals and/or services that may be provided, depending on need, include brief therapy, activities of daily living (ADL) rehabilitation services, addressing financial needs, referrals to food banks and job coaching.

One (1) .5 FTE Clinical Supervisor will oversee the project. Two (2) FTE Clinical Therapists I will deliver services. One (1) .75 FTE Office Assistant III will support the project.

**PEI PROJECT SUMMARY**

Form No. 3

**Key milestones and anticipated timeline for each milestone:**

- Develop referral sources – One to three (1-3) months
- Hire and train staff – One to three (1-3) months
- Community outreach – One to twelve (1-12) months and ongoing
- Deliver services – Four to twelve (4-12) months and ongoing
- Monitor program – One to twelve (1-12) months and ongoing
- Evaluate program – Four to twelve (4-12) months and ongoing

**4. Programs**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
<i>Active Duty Personnel Family Support Project</i> Assessments, Case management, Activities, and Duration will be specific to each individual's needs	Individuals: 75 Families: 24	Individuals: 75 Families: 24	12
	Families:	Individuals: Families:	
<b>Total PEI project estimated unduplicated count of individuals to be served</b>	<b>Individuals: 75 Families: 24</b>	<b>Individuals: 75 Families: 24</b>	
	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		
	<b>Prevention: 99</b>	<b>Early Intervention: 99</b>	<b>12</b>

**PEI PROJECT SUMMARY**

Form No. 3

**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:**

Key community partners and service providers include SB County:

- Alcohol and drug prevention and treatment providers,
- Clinics, and/or
- Contract providers.

At the same time, children and families requiring non-mental health support such as health services, educational assistance, parent education, divorce recovery, county clinic support groups, legal services, or other social services will be linked. Partnerships that have been formed as a result of the Community Services and Support (CSS) planning process that resulted in agreement by the SB County Alcohol and Drug Services Administration to prioritize the youth and families that are referred by this project for services. Referrals will be made, but not limited to substance abuse prevention and treatment; parenting and anger management services, community, family or sexual violence prevention and intervention, and basic needs (food, housing and employment). DBH will provide on-site consultation and technical assistance on best practices to link families to more extensive services as indicated.

**7. Collaboration and System Enhancements:**

This project will improve access to services for children whose parent(s) are active duty military and their families/caregivers. The project will develop new partnerships and deliver services in the home, a setting that is non-threatening/non-stigmatizing to participants. Clinicians and DBH staff will meet quarterly to review progress of the project and to make course correction as necessary to ensure that the proposed goals and objectives are being met. Formal agreements, either Memorandums of Understanding or interagency agreements, will be developed and used as a model for future collaborative efforts.

**PEI PROJECT SUMMARY**

Form No. 3

**8. Intended Outcomes:****Individual/Family**

- Reduce stigmatizing attitudes about mental illness and/or use of services
- Increase knowledge of social, emotional and behavioral issues
- Increase knowledge of risk and resilience/protective factors

**Program/System**

- Increase in number of prevention programs and early intervention (EI) activities
- Increase in number of individuals/families who receive prevention programs and EI services
- Increase in the number of individuals/families from underserved populations who receive prevention programs and EI services

**Long Term Community**

- Reduction in stigmatizing attitudes
- Reduction in discrimination
- Earlier access to MH treatment and services, as appropriate
- Shorter duration of untreated mental illness.

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

The coordinator of this project will be invited to meet monthly with SB County Department of Behavioral Health staff who are currently involved in the implementation of other MHSA components such as PEI, CSS and MHSA Workforce Education and Training.

This meeting will be used for updates about the project's progress during implementation. It will also be an opportunity to educate, inform and support families and individuals that may qualify for on-going services such as Community Services and Support.

The project staff will also work closely with DBH Children's Crisis Response Team (CCRT) and Early Wraparound Program.

## PEI PROJECT SUMMARY

Form No. 3

**10. Additional Comments (optional):****Narrative to address #5.**

While there are no resources specifically identified in the MHSA guidelines for clients who are on active duty in the military, this project will use assessments and therapies that are identified in the guide including Primary Care Screening using the PTSD Checklist and Short Scale, Trauma-focused Cognitive Behavioral Therapy (TFCBT) and Coping With Traumatic Events – Self-Help Guide.

**PEI Revenue and Expenditure Budget Worksheet**

**Form No. 4**

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

County Name: San Bernardino Date: 3/12/08

PEI Project Name: Active Duty and Family Support Project

1. Trauma Exposed Individuals

Provider Name (if known): To be Determined per RFP

Intended Provider Category: Mental Health Treatment/Service Provider

Proposed Total Number of Individuals to be served: FY 07-08 \_\_\_\_\_ FY 08-09 150

Total Number of Individuals currently being served: FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_

Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 150

Months of Operation: FY 07-08 \_\_\_\_\_ FY 08-09 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
<b>a. Salaries, Wages</b>			
CS (.5 FTE)		\$55,144	\$55,144
CT I - XG8 (3 FTE)		\$180,000	\$180,000
OA III (1 FTE)		\$34,352	\$34,352
b. Benefits and Taxes @ 37 %		\$99,714	\$99,714
<b>c. Total Personnel Expenditures</b>	<b>\$0</b>	<b>\$369,210</b>	<b>\$369,210</b>
<b>2. Operating Expenditures</b>			
a. Facility Cost		\$30,000	\$30,000
b. Other Operating Expenditures		\$50,790	\$50,790
<b>g. Total Operating Expenses (4.5 FTE)</b>	<b>\$0</b>	<b>\$80,790</b>	<b>\$80,790</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
_____			\$0
_____			\$0
_____			\$0
<b>a. Total Subcontracts</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>4. Total Proposed PEI Project Budget</b>	<b>\$0</b>	<b>\$450,000</b>	<b>\$450,000</b>
<b>B. Revenues (list/itemize by fund source)</b>			
_____			\$0
_____			\$0
_____			\$0
<b>1. Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>5. Total Funding Requested for PEI Project</b>	<b>\$0</b>	<b>\$450,000</b>	<b>\$450,000</b>
<b>6. Total In-Kind Contributions (see attachment)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>



**BUDGET NARRATIVE ACTIVE DUTY FAMILY SUPPORT:**

The Active Duty Family Support budget represents the intent to work with currently unidentified community based organizations to implement services through a Request For Proposal process.

**PERSONNEL: Year 1 (07-08) - \$0 Year 2 (08-09) - Total \$269,496**

Staff will be allocated/hired by the agency(s) selected for implementation in the RFP processes, and will consist of the following:

- **.50 FTE Clinic Supervisors equivalent at Total \$55,144**  
This position will supervise Clinical Therapists and other support staff. The Clinic Supervisor will plan, coordinate and evaluate the work of the staff; determine training needs and conduct in-service trainings. They will supervise center operations which entail responsibility for safety and security of staff, reporting maintenance and repair needs, preparing budget requests for equipment and supplies, and controlling expenditures. The Clinic Supervisor will also serve as a liaison to the community and may make presentations to community groups as required to explain programs and promote acceptance, support and participation.
- **3 FTE Clinical Therapist I at average of \$60,000 Total \$180,000**  
This position will conduct home visits, conduct screening and assessment activities, facilitate support groups and provide therapeutic support for program participants and their families.
- **1 FTE Office Assistant III at Total \$34,352**  
This Administrative position would directly support the Coordination of services, answer phone calls, schedule appointments and provide administrative support for all staff.

**BENEFITS AND TAXES: Year 1 (07-08) - \$0 Year 2 (08-09) \$99,714**

Benefits and Taxes are calculated at 27.5% of salary, and includes FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes

**OPERATING EXPENSES: Year 1 (07-08) - \$0 Year 2 (08-09) Total \$80,790**

Facility Costs

Facility Rental and lease for 12 months. **Total \$30,000**

**Other Operating Expenses Year 1 (07-08) - \$0 Year 2 (08-09) Total \$50,790**

Professional Development – staff development and training for additional training required per licensing, certification, or special trainings for culturally specific delivery of services, etc. (\$400 per FTE per year x 4.5)	\$1,800
Travel and transportation for staff based on average annual cost per budgeted FTE of \$733.33.	\$3,300
General office expenditures based on current average cost per budgeted FTE of \$2,222.22.	\$10,000
Utilities and Equipment based on current average cost per budgeted FTE (4.5) of \$4,864 rounded to \$21,890.	\$21,890
Other Misc. Operating Expenses (general liability, vehicle insurance premiums, unforeseen start-up needs, based on current average annual cost of \$3,066.67 per FTE)	\$13,800

**PEI PROJECT SUMMARY**

Form No. 3

**County: San Bernardino**

**Date: 08/18/08**

**PEI Project Name: Community Wholeness and Enrichment Program (Revise)**

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
<p><i>Select as many as apply to this PEI project:</i></p> <ol style="list-style-type: none"> <li>Disparities in Access to Mental Health Services</li> <li>Psycho-Social Impact of Trauma</li> <li>At-Risk Children, Youth and Young Adult Populations</li> <li>Stigma and Discrimination</li> <li>Suicide Risk</li> </ol>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. PEI Priority Population(s):	Age Group			
	Child and Youth	Transition Age Youth	Adult	Older Adult
<p><b>Note: All PEI projects must address underserved racial/ethnic and cultural populations.</b></p> <p><i>A. Select as many as apply to this PEI project:</i></p> <ol style="list-style-type: none"> <li>Trauma Exposed Individuals</li> <li>Individuals Experiencing Onset of Serious Psychiatric Illness</li> <li>Children and Youth in Stressed Families</li> <li>Children and Youth at Risk for School Failure</li> <li>Children and Youth at Risk of or Experiencing Juvenile Justice Involvement</li> </ol>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**PEI PROJECT SUMMARY**

Form No. 3

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

The Community Wholeness and Enrichment (WE) Prevention and Early Intervention (PEI) Project is the result of a collaborative planning effort between the San Bernardino (SB) County Department of Behavioral Health (DBH), SB County Department of Veterans Affairs, SB County Department of Children's Services (DCS), SB Department of Public Health, Bernardino Department of Probation, and various community agencies, including Vista Guidance Centers, Samaritan Counseling Center, Lutheran Social Services, and the Nation Alliance on Mental Illness (NAMI). As part of the PEI planning process, an adult subcommittee was formed to design comprehensive, prevention and early intervention programs for adults, and to collaborate on issues related to adult mental health. The data analysis and stakeholder processes used for the PEI plan are an extension and augmentation of those developed during the CSS planning process. These included an extensive needs assessment process that captured input across SB County, and a stakeholder process that provided recommendations for prevention and early intervention services, in addition to those developed for the CSS priority populations.

Data Analysis

Representatives of county mental health and community-based organizations were asked to identify additional data sources needed for prevention and early intervention. For this priority population, the data that was reviewed included review of hospital data, as well as community level data from the SB County's "Community Indicators of Alcohol and Drug Abuse." This latter source was used because although mental health prevention and early intervention is a new endeavor for DBH, alcohol and drug prevention efforts have been underway for several years in the community. This project will build upon and use lessons from those prevention efforts to guide this project. The data that was reviewed and analyzed included the following:

- Census Demographic data
- Medi-Cal penetration rates
- Rainbow Referral Guide to locate areas with fewer mental health services
- Review of SB County districts and schools with low Academic Performance Index (API) scores
- Review of juvenile arrest data
- Hospital data on patients re-entering for mental health issues
- Mental health diagnosis rates

**PEI PROJECT SUMMARY**

Form No. 3

- Community Risk Indicators for Alcohol and Drug Abuse (including review of SB County Children's Protective Services data, and data on the number of children in foster care)

Stakeholder Input

The stakeholder input process for selecting programs and strategies for this population began with a review of recommendations gathered as part of the CSS planning process, that were determined to be applicable and relevant to prevention and early intervention, more so than CSS. Stakeholders drafted a list of recommendations for relevant services for Transitional Age Youth (TAY) and Adults Experiencing Onset of Serious Psychiatric Illness for review and comment. Key partners in reviewing and providing input for draft recommendations were representatives from the juvenile justice system, health care providing agencies, mental health care agencies, LGBTQ groups, domestic violence organizations, and community-based organizations that advocate and serve TAY and adults.

The Mental Health Services Act (MHSA) unit then convened five (5) community public forums in the five (5) major regions of SB County, including the following regions: West Valley, Mid-Valley/San Bernardino, High Desert/Victorville, Low Desert/Morongo Basin, and Mountain Communities. In addition, targeted forums were held throughout the planning process to include TAY-serving agencies and advocates. A web-based survey was posted on the DBH website and an email address made available where stakeholders could provide additional comment and input.

The comments received from all the input were reviewed to develop priority recommendations. Program selection was based on a combination of factors, including:

- High needs for substance abuse education,
- High rates of hospital admittance for psychiatric services, and
- High levels of other community risk factors.

A key factor that led to program selection was the evidence of strong community support for projects to address the problems of transitional age youth and adults in community settings to increase accessibility and reduce stigma.

**PEI PROJECT SUMMARY**

Form No. 3

**3. PEI Project Description: (attach additional pages, if necessary)****Explain why the proposed PEI project, including key community need(s), priority population(s), desired outcomes and selected programs address needs identified during the community planning process.**

This project addresses the key community needs of disparities in access to mental health services, at-risk children, youth and young adults, stigma and discrimination, and suicide risks. The priority populations are Individuals Experiencing Onset of Serious Psychiatric Illness and Trauma Exposed Individuals (i.e. domestic violence survivors, adult children of substance abusers, etc.). Research indicates that early intervention for individuals experiencing onset of mental illness markedly decreases negative effects, builds resiliency, and improves overall functioning. By providing preventive and early intervention services to these individuals DBH will help them avoid crisis and will educate families about their role in the participants recovery.

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

This project targets mental health prevention and early intervention services to the TAY (ages 16-25) and adult (26-59) populations, which currently account for 62.2% of San Bernardino County's residents. The program is designed to target TAY and adults currently experiencing early onset of mental health issues, families of TAY and adults experiencing early onset of mental health issues, identified SB County residents who are experiencing mild to moderate mental health issues which could be addressed prior to any hospitalization, incarceration, or contact with criminal justice system; and identified SB County residents who have had one (1) hospitalization or service visit due to mental health issues but are not in need of long term treatment if brief therapy is offered on a timely basis. The program will encompass the entire spectrum of prevention and early intervention, and will specifically address and seek to decrease the rates of depression (77% combined target population diagnosis) and psychosis (43% combined target population diagnosis) which together account for the two highest diagnostic categories and delivered mental health services to these target age groups.

**PEI PROJECT SUMMARY**

Form No. 3

The WE Program will deliver these services throughout SB County via three (3) components:

- A universal prevention component that provides depression screenings and community education throughout SB County;
- A component targeting trauma exposed individuals (selective populations such as domestic violence survivors, LGBTQ who have experienced discrimination or depression, adult children of alcoholics, etc.) that emphasizes self awareness, leadership and resiliency; and
- Early intervention services for those experiencing early onset of psychiatric illness.

Universal: Depression Prevention Services: This component will be implemented throughout SB County. The component will assist 720 individuals and families, and provide 275 depression screenings to TAY and adults who may be experiencing mild to moderate psychological issues. A special emphasis will be placed on providing psycho-educational community presentations in collaboration with faith-based organizations, non-profit agencies, primary medical care facilities, and other community health organizations.

The selection of this component reflects the latest data, which states that 77% of SB County residents aged 16-59, received mental health treatments services to deal with depression. Currently individuals who experience a first break of mental health symptoms are not a priority of the mental health system and thus not served. This population is an identifiable but is an unserved and/or underserved population; thusly the potential consumers with these symptoms are underserved and end up in isolation.

Services will be delivered via community partnerships and presentations, individual and group psycho-educational activities emphasizing wellness, recovery and resilience, along with mobile early intervention outreach services.

Furthermore, strong efforts will be made towards “de-stigmatizing” mental health issues and normalizing the entire mental health process in an effort to increase the likelihood that individuals will access services. Community partnerships and presentations will take place at partnering community centers, schools, churches, and SB County and community agencies to provide the population with education on mental illness, including symptoms experienced prior to onset of a serious mental illness or a psychotic episode, available community resources and linkage to services including outpatient settings.

**PEI PROJECT SUMMARY**

Form No. 3

**Selective:** The goal of this component is to empower adults and TAY at risk of or experiencing early onset of mental health symptoms, and their families, by educating them about mental illness and available resources before there is an escalation of symptoms, which could cause the adult or TAY to seek hospitalization or result in a suicide attempt. In essence, this component will provide selective services to the adult population that have had little or no contact with traditional mental health services but have started exhibiting mental health symptoms which could be addressed with preventive supports and measures. These preventive measures, learned through increased education will serve to reduce hospitalizations and emergency visits, suicide attempts, and subsequently address other related issues, such as:

- Inability to work;
- Inability to manage independence; and
- Institutionalizations and incarceration.

The Prevention component will target priority areas with high percentages of unserved, underserved, and inappropriately served individuals.

**Early Intervention Services:** Early Intervention Services would focus on providing short-term therapy (less than one year) and client/family-centered resilience, maintenance, and recovery services to the Adult and TAY populations exhibiting first break mental health symptoms, including psychosis, which currently accounts for 43% of total mental health diagnosis in these groups.

This component will target: 1) Identified SB County residents who are experiencing early onset of mental health issues which could be addressed prior to any hospitalization, incarceration, suicide attempt, or contact with criminal justice system; and 2) Identified SB County residents who have had one (1) hospitalization or service visit due to mental health issues but are not in need of long-term treatment if brief therapy is offered on a timely basis. These individuals may have had little or no contact with DBH services but have early mental health symptoms which can be addressed with brief therapy. The individual and family will be introduced to the Recovery Model and services will be provided through more intensive psycho-educational activities focused on the mental health-related issues of the individuals and their families.

The Early Intervention component will provide brief therapy and individualized, focused education to improve recognition of symptoms of mental illness, and reduce the stigma associated with mental illness which can deter individuals from seeking services. Case managers will work with individuals identified by hospitals as experiencing their first psychiatric break, on how to identify and manage their mental health symptoms through the use of community services and outpatient mental health services. Case management is provided along with brief therapy to provide linkage to existing resources and ensuring compliance with the care plan. Often, upon release from the hospitals, the appointments to

**PEI PROJECT SUMMARY**

Form No. 3

outpatient clinics for aftercare services are not kept. The individual and family members do not understand what has occurred and usually there is no follow up care. The individual then experiences another episode and the family then resorts to the hospital for urgent care.

The increased education, knowledge of services, case management and brief therapy will serve to reduce the dependence on the hospitals and emergency rooms to manage their mental health issues. The ability to manage their mental health issues through the use of previously accessible community services will improve their ability to maintain employment, manage their independence; and reduce the likelihood of institutionalization and incarceration, all of which are priority issues in SB County. For those who need extended treatment services, the early intervention component may also act as a point of entry into outpatient mental health services and avoid hospitalization or emergency services. Linkage to short term (less than one year) outpatient mental health services will be made available to obtain services that are relevant at an appropriate level for each case.

The PEI project will provide services simultaneously to the individual and the family. All available preventive and education resources in the community and within the DBH outpatient services will be accessed simultaneously to prevent the consumer from suffering more serious effects that can occur in the early period following the onset of mental health symptoms, and becoming a high user of hospitals and emergency mental health services. Each case will have a care plan with specific goals and projected outcomes developed by the consumer. Outcomes for each case will support the goals that are meaningful for each consumer and the unique needs of each family. Ideally the goal of both components is to increase the stability, well-being, resilience and wellness by offering prevention and early intervention service strategies to the adult and TAY population. This proposal intends to do so by providing a comprehensive Prevention and Early Intervention Program that:

- Serves those who are experiencing mild to moderate mental illness;
- Provides universal/selective prevention services and early intervention services to indicated individuals;
- Introduced the individual and family to the Recovery Model;
- Emphasized the previously unserved, underserved, and/or isolated populations;
- Provides community partnerships and presentations, individual and group psycho-educational activities and outreach services;
- Has a mobile component, delivering services in natural settings;
- Includes case management services to provide the opportunity for assistance with linkage to additional resources and ensuring that patients follow through with recommended outpatient aftercare services;
- Serve both the individual and the family simultaneously.



**PEI PROJECT SUMMARY**

Form No. 3

**Key milestones and timeline:**

- Select service regions: Months 1-3
- Establish partnerships: Months 1-3
- Recruit and train staff: Months 1-3
- Community outreach: Months 1-3 and ongoing
- Begin service delivery: Months 3-ongoing

**4. Programs:**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
<i>Adult and TAY Prevention and Early Intervention Support Program</i>	Individuals: 468 Families: 252	Individuals: 140 Families: 60	12
Estimated number of assessments to be given:	Individuals: 200 Families: 75	Individuals: 140 Families: 60	
Estimated number of community presentations to be given with an average of 20 participants each:	36		
Estimated number of group activities:	Individuals: 15 Families: 8	Individuals: 15 Families: 8	
Estimated number of people receiving case management:	Individuals: Families:	Individuals: 140 Families: 60	
	Individuals: Families:	Individuals: Families:	
<b>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>Individuals: 468 Families: 252</b>	<b>Individuals: 140 Families: 60</b>	
	<b>720</b>	<b>200</b>	<b>12</b>

**PEI PROJECT SUMMARY**

Form No. 3

**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).

For the Depression Prevention Services component of this program, the following researched and evidenced based logic practice models will be used:

- Cornell Scale for Depression – PHQ 9 Screening procedure
- Portland Identification and Early Referral Program

For the Early Intervention Services early intervention component of this program, the following researched and evidenced based logic practice models will be used:

- The Leadership and Resiliency Program (LRP)
- Mental Health Consultations in Primary Care

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

Key community partners and service providers include SB County:

- Alcohol and drug prevention and treatment providers,
- Clinics, and/or
- Contract providers.

Partnerships that have been formed as a result of the Community Services and Support (CSS) planning process have resulted in the ability to focus on common goals shared with the SB County Alcohol and Drug Services Administration. The WE Program provides the opportunity for individuals with early onset of mild to moderate mental health symptoms to receive preventative and maintenance services; including linkage to family support, social support, medication support, brief therapy and community support resources. Linkages will include substance abuse services, anger management groups, employment workshops, socialization centers, and consumer groups to support the maximum functioning level of each consumer in the community.

**PEI PROJECT SUMMARY**

Form No. 3

Those with contact with the criminal justice system can be referred to Mental Health Court to be diverted from incarceration and linked with mental health treatment. Follow up case management will provide additional opportunities for individuals to receive linkage to services while ensuring the individuals comply with the care plan. In addition to providing linkage to community agencies, the project will also act as a point of entry into outpatient mental health services for those who need extended treatment. Through increased awareness and utilization of community agencies and linkage to brief therapy, the goal is to increase consumer stability, well-being, resilience and wellness to prevent the adult and TAY consumer with mild to moderate mental health symptoms from needing extended services.

DBH will also provide on-site consultation and technical assistance on best practices to link families to more extensive services as indicated.

**7. Collaboration and System Enhancements:**

This project will develop new partnerships and expand services in settings which are non-threatening/non-stigmatizing to transitional age youth (TAY) and their families. The SB Department of Behavioral Health (DBH) intends to collaborate with local psychiatric hospitals, SB County Department of Aging and Adult Services (DAAS), SB County Department of Children's Services (DCS), faith-based organizations, regional health collaboratives, educational institutions, primary care medical providers, SB County Sheriff's Department, SB County Probation Department, SB County District Attorney's Office, SB County Public Defenders' Office, SB County Superior Courts, and non-profit advocacy and prevention agencies on delivery of adult PEI services.

Local hospitals, detention centers and primary care medical providers will identify patients with mild to moderate mental health issues in need of prevention and intervention services. The collaboration with DCS will allow for the identification of families in need of PEI modalities for parents and grandparents. Collaborating with DAAS will allow agencies to provide PEI techniques to adults in need of minimal mental health counseling. Partnerships with faith-based organizations and regional health collaboratives provide the opportunity to develop effective, specific cultural and community PEI programs for different ethnic minorities, while also reducing the stigma of mental health.

Partnering with educational institutions allows DBH to develop appropriate research-based educational initiatives, emphasizing overall positive mental health, while also reducing the likelihood of future psychiatric illness. The partnership with non-profit health advocacy and prevention programs provides the opportunity to emphasize regional and target

**PEI PROJECT SUMMARY**

Form No. 3

specific PEI media services in order to increase positive awareness of mental health issues. Partnering with the criminal justice system and psychiatric hospitals will allow early identification of individuals with initial onset of mental illness that are in need of services.

Collaborating partners will meet quarterly to review progress of this project, and to make course corrections as necessary to ensure that goals and objectives are met. Formal agreements, either Memorandums of Understandings (MOU) or interagency agreements, will be developed and used as models for future collaborative efforts.

The formation of partnerships between SB County agencies and community organizations that do not duplicate established services and focus more intently on delivering culturally competent and professional PEI services, allows for a more comprehensive, accessible and sustainable mental health system for consumers.

**8. Intended Outcomes:****Individual/Family**

- Improve timely access to mental health services for those suffering from early onset symptoms
- Improve consumer compliance with care plans following hospitalization
- Increase family and consumer knowledge of mental illness
- Improve the quality of life for adults and TAY suffering from early onset symptoms
- Reduce stigmatizing attitudes about mental illness and/or use of services

**Program/System**

- Increase the outreach and engagement for providing prevention and early intervention services for adults within SB County;
- Identify adults and TAY in need of prevention and early intervention services due to first time Increase community awareness and education referencing first break health symptoms for Increase the awareness of services for adults and TAY suffering from early onset symptoms
- Increase the number of individuals/families meeting the criteria of early onset who receive

**PEI PROJECT SUMMARY**

Form No. 3

**Long Term Community Benefits**

- Reduce the rate of depression and psychosis diagnostic categories
- Reduce the tendency of intensive mental health treatment

**9. Coordination with other MHSA Components:**

The development of this Prevention and Early Intervention (PEI) Project for the TAY and adult populations expands the participants' point of entry into outpatient mental health services and provides the opportunity for referral to other CSS Program services. In addition, the collaboration with the Psychiatric Triage Diversion Team at SB County Hospital (A-5) will identify patients with mild to moderate mental health issues in need of PEI Services. The collaboration will expand linkages of initial onset consumers to community resources for additional early follow-up, instead of waiting for additional failures in the higher levels of care in the mental health system. This will include diversion from incarceration through the Mental Health Court expansion developed under the Community Support Service (CSS) plan.

Program staff will meet monthly with DBH staff members who are currently involved in the implementation of other MHSA components such as PEI and CSS coordinators. This meeting will be used for updates about each component's progress during implementation. It will also be an opportunity to educate, inform and support families and individuals that might qualify for on-going services such as Community Services and Support.

**10. Additional Comments (optional):**

**PEI Revenue and Expenditure Budget Worksheet**

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

County Name: San Bernardino County Date: 8/18/08

PEI Project Name: Community Wholeness & Enrichment Program

Provider Name (if known):

Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served: FY 07-08 \_\_\_\_\_ FY 08-09 920

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

Total Number of Individuals to be served through PEI

Expansion: FY 07-08 0 FY 08-09 920

Months of Operation: FY 07-08 \_\_\_\_\_ FY 08-09 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
<b>a. Salaries, Wages</b>	FTE		
Clinic Supervisor	3.00	\$225,078	\$225,078
Clinical Therapist I	3.00	\$171,912	\$171,912
Social Worker II	3.00	\$128,289	\$128,289
Office Assistant III	3.00	\$93,474	\$93,474
Total	12.00	\$618,753	\$618,753
<b>b. Benefits and Taxes @ 47 %</b>		\$290,814	\$290,814
<b>c. Total Personnel Expenditures</b>		<b>\$0</b>	<b>\$909,567</b>
<b>2. Operating Expenditures</b>			
<b>a. Facility Cost</b>		\$38,000	\$38,000
<b>b. Other Operating Expenses</b>		\$200,107	\$200,107
<b>c. Total Operating Expenses</b>		<b>\$0</b>	<b>\$238,107</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
_____			\$0
_____			\$0
_____			\$0
<b>a. Total Subcontracts</b>		<b>\$0</b>	<b>\$0</b>
<b>4. Total Proposed PEI Project Budget</b>		<b>\$0</b>	<b>\$1,147,674</b>
<b>B. Revenues (list/itemize by fund source)</b>			
_____			\$0
_____			\$0
_____			\$0
<b>1. Total Revenue</b>		<b>\$0</b>	<b>\$0</b>
<b>5. Total Funding Requested for PEI Project</b>		<b>\$0</b>	<b>\$1,147,674</b>
<b>6. Total In-Kind Contributions</b>		<b>\$0</b>	

## **BUDGET NARRATIVE MHSA PEI COMMUNITY WHOLENESS AND ENRICHMENT PROJECT:**

It is the intent of this estimated budget is to contract the full amount allocated to approximately three community-based organizations, not yet chosen, for the purpose of coordinating and implementing the overall project for eligible participants throughout San Bernardino County. The agencies have not been identified and will be chosen as soon as possible through a Request for Proposal (RFP) process.

### **PERSONNEL: Year 1 (07-08) - \$0 Year 2 (08-09) - Total \$618,753**

Staff will be allocated/hired by the agency(s) selected for implementation in this RFP process, and may consist of the following:

#### **Community Education and Training**

- ***Social Worker II- 3.0 FTE at \$42,763 each Total \$128,289***

This allocation may be a combination of part time staff totaling 3.0 FTE staff will be trained and highly skilled in delivery of mental health prevention services as well as the screening and referral process. Selected staff will also be skilled at public speaking, presentation, and have excellent knowledge of community resources. This paraprofessional staff may assist clinical staff in services for selective populations, and will be the primary case managers for this project.

#### **Selective/Early Intervention Services**

- ***Clinical Therapist I- 3.0 FTE at average \$57,064 Total \$171,192***

Selected staff will be trained Master Level staff that will be able to run psycho-social educational groups for selective populations. This staff will also be able to work closely with individuals experiencing early onset or first break symptoms and will be available for individuals identified as needing assessment through screening and referral process.

#### **Early Intervention Services/Coordination**

- ***Clinic Supervisors 3.0 FTE at \$75,026 each Total \$225,078***

The coordinator function would support all 3 service strategies in the Wholeness And Enrichment Project as well as serve as liaison to established service collaboratives with agencies working with high risk populations such as domestic violence shelters, Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) populations, etc. as well as local psychiatric hospitals.

- ***Office Assistant 3.0 FTE at \$31,158 each Total \$93,474***

This highly skilled administrative position would directly support the Coordinator(s), scheduling of related meetings, trainings, processing of program referrals across strategies and agencies, and data collection as indicated

### **Benefits and Taxes Year 1 (07-08) - \$0 Year 2 (08-09) Total \$290,814**

Benefits and Taxes are calculated at 47% of salary, and includes FICA, health and dental coverage, State Disability Insurance (SDI), workers compensation insurance, state and federal payroll taxes

**OPERATING EXPENSES Facility Costs Total \$38,000**

A portion of facility cost for rent and leasing, training and meeting space as needed for groups/meetings and general operations

**Other Operating Expenses Year 1 and Year 2 Total \$200,107**

Will be allocated as appropriate when Requests for Proposals (RFP) are written.

Professional services for staff development at average cost per employee of \$400 (400x12=4800)	\$4,800
Travel and transportation based on current average annual cost per budgeted employee of \$741.67.	\$8,900
General office expenditures based on average cost per FTE of \$2,333.33	\$28,000
Utilities and Equipment based on current average cost per FTE of \$4,916.67	\$59,000
3 vehicles @ \$20,000	\$60,000
Miscellaneous operating expenditures - general liability, vehicle, malpractice insurance premiums based on current average annual cost of \$3,050.58 per FTE (rounded down)	\$36,607
Translation and interpreter services at average cost of \$3 per client	\$2,800



**PEI Administration Budget Worksheet**

**Form No. 5**

County: San Bernardino County

Date: 8/14/2008

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
<b>A. Expenditures</b>					
<b>1. Personnel Expenditures</b>					
a. PEI Coordinator		1		\$66,628	\$66,628
b. PEI Support Staff		8		\$399,977	\$399,977
c. Other Personnel (list all classifications)					
<u>Finance Personnel</u>		3.5		\$149,240	\$149,240
<u>Research &amp; Evaluation</u>		0.5		\$40,503	\$40,503
<u>Contract Unit</u>		5		\$278,768	\$278,768
d. Employee Benefits				\$369,584	\$369,584
e. Total Personnel Expenditures			\$0	\$1,304,699	\$1,304,699
<b>2. Operating Expenditures</b>					
a. Facility Costs				\$130,400	\$130,400
b. Other Operating Expenditures				\$209,480	\$209,480
c. Total Operating Expenditures			\$0	\$339,880	\$339,880
<b>3. County Allocated Administration</b>					
a. Total County Administration Cost			\$0	\$63,804	\$63,804
<b>4. Total PEI Funding Request for County Administration Budget</b>			<b>\$0</b>	<b>\$1,708,383</b>	<b>\$1,708,383</b>
<b>B. Revenue</b>					
1 Total Revenue			\$0	\$0	\$0
<b>C. Total Funding Requirements</b>			<b>\$0</b>	<b>\$1,708,383</b>	<b>\$1,708,383</b>
<b>D. Total In-Kind Contributions</b>			<b>\$0</b>	<b>\$618,199</b>	<b>\$618,199</b>

## 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

<b>County:</b>	San Bernardino
<b>Date:</b>	5/5/2008

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 07/08	FY 08/09	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	Student Assistance Program	\$0	\$1,375,000	\$1,375,000	\$893,750	\$481,250		
2	Resilience Promotion in Afr-Ame Children	\$0	\$516,000	\$516,000	\$516,000			
3	Preschool PEI Project	\$0	\$468,289	\$468,289	\$468,289			
4	Family Resource Center	\$0	\$3,227,000	\$3,227,000	\$968,100	\$968,100	\$968,100	\$322,700
5	American Indian Resource Center	\$0	\$650,250	\$650,250	\$162,562	\$162,562	\$300,126	\$25,000
6	NCTI Crossroads Ed.	\$0	\$2,000,000	\$2,000,000		\$2,000,000		
7	Promotores de Salud	\$0	\$225,000	\$225,000			\$225,000	
8	Older Adult Community Services	\$0	\$1,350,000	\$1,350,000				\$1,350,000
9	Child and Youth Connection	\$0	\$726,014	\$726,014	\$544,511	\$181,503		
10	Nurse Family Partnership	\$0	\$396,000	\$396,000		\$396,000		
11	Active Duty and Family Support	\$0	\$450,000	\$450,000			\$450,000	
12	Community Wholeness and Enrichment Project	\$0	\$1,147,674	\$1,147,674			\$1,147,674	
13	Administration	\$0	\$1,708,383	\$1,708,383				
	<b>Total PEI Funds</b>	\$0	\$14,239,611	\$14,239,611	\$3,553,212	\$4,189,415	\$3,090,900	\$1,697,700

## Local Evaluation of a PEI Project (Form No. 7)

**LOCAL EVALUATION OF A PEI PROJECT****County: *San Bernardino*****Date: *03/31/08***

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: *“Promotores de Salud”/ Community Health Workers***

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

*San Bernardino County will evaluate: “Promotores de Salud” / Community Health Workers (CHW) project.*

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

This project was selected for the following reasons:

- It will be implemented across the county in selected areas with elevated concentration of Latino population. This ethnic group has the highest percentage of poverty population (51%) and the second lowest penetration rate (3%).
- It had a significant priority rating in the stakeholder consultation process in terms of how to address stigma/discrimination related to mental illness (46%) and how to offer services to underserved populations at locations where they meet (44%).
- It includes three phases for a better model evaluation. They are:
  - Recruit Promoters,
  - Training Promoters, and
  - Community Implementation.
- It contains a significant number of prevention and early intervention issues such as:
  - How the community can help families to respond early signs of mental illness;
  - How to address children and youth needs in stressed families;
  - How help schools to deal with behavioral health issues;
  - How to prevent that mental illness becomes a delinquency problem for the community, etc.

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

Person/family-level outcomes

- Reduced stigmatizing attitudes about mental health.
- Improve knowledge of mental health and availability of services designed to meet psychological and emotional needs.

## Local Evaluation of a PEI Project (Form No. 7)

Program/system-level outcomes

- Provide a liaison to the mental health resources and programs within the community without having to visit a traditional treatment services site.
- Increased collaboration with existing partners such as local schools and district offices, faith-based organizations, primary care centers, natural gathering sites, social service agencies, and local law enforcement offices.

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

The table below represents an estimate for Latino Populations to be served under the Community Health Workers (CHW) project. Approximately 900 families and 3,840 individuals will be involved during the fiscal year 2008-09. By priority population the estimate is based on the survey results for Latino participants as a part of 2007 PEI Community Planning Process. By age group the estimate is based on the percentages of Latinos in SB County under the 200% of Federal Poverty Level (FPL). It is anticipated that approximately 1,320 (35%) children and youth, 700 (18%) Transitional Age Youth (TAY), 1,600 (42%) Adults, and 220 (6%) Older Adults will be served by this project.

## Local Evaluation of a PEI Project (Form No. 7)

**PERSONS TO RECEIVE INTERVENTION**

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUVENILE JUSTICE	SUICIDE PREVENTION	STIGMA/DISCRIMINATION
<b>ETHNICITY/ CULTURE</b>							
African-American	-	-	-	-	-	-	-
Asian-American	-	-	-	-	-	-	-
Latino	1,536	960	1,344	1,728	768	576	1,920
Native-American	-	-	-	-	-	-	-
Euro-American	-	-	-	-	-	-	-
Other (Indicate if possible)	-	-	-	-	-	-	-
<b>AGE GROUPS</b>							
Children & Youth (0-17)	531	332	885	1,138	506	199	663
Transition Age Youth (16-25)	275	172	459	590	262	103	344
Adult (18-59)	643	402	-	-	-	241	803
Older Adult (>60)	88	55	-	-	-	33	109
<b>TOTAL</b>	<b>1,536</b>	<b>960</b>	<b>1,344</b>	<b>1,728</b>	<b>768</b>	<b>576</b>	<b>1,920</b>

**Total PEI project estimated *unduplicated* count of individuals to be served 3,840**

## Local Evaluation of a PEI Project (Form No. 7)

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

##### Person/family-level outcomes

- Number of persons/families involved in the project. This will be measured at the beginning, six months after implementation and at the end of the project.
- Number of persons/families who started the project and who completed it. This will be measured at the end of the project.
- Number and percent of screening and referrals to Mental Health (MH) assessments. This will be measured at the end of the project.
- Number and percent of screening and referrals to other assessments. This will be measured at the end of the project.
- Objectives to be measured through questionnaires at the beginning of the project, six months after implementation and at the end of the project include:
  - Individual/family knowledge of emotional and mental health issues,
  - Language barriers and cultural differences between mental health care providers and Latinos,
  - Identify risk factors most common associated with mental health illness,
  - Recognize available resources,
  - Service satisfaction, etc.

Participants will be contacted for the purpose of completing a follow-up survey (paper and/or phone) to get feedback on the objectives mentioned.

##### Program/system-level outcomes

- The Retention Rate will measure comparison of participants who started and ended the project.
- The number of participants receiving MH intervention at DBH system (unduplicated clients) will be compiled and classified by gender, age group and type of diagnosis. This will be done six months after implementation and again at the end of the project.
- Evaluate external data sources for comparison purposes related to behavioral issues like: school records drop-outs, juvenile justice records, suicides or attempt to suicides, substance abuse records, etc. This will be done at the end of the project.

#### 5. How will data be collected and analyzed?

Data collection and surveys addressed to participants will be administered by the Promoters and will be elaborated and supervised by the Project Coordinator. Data analysis will be conducted by DBH with the advice of the following sections:

- Office of Program Planning Development (OPPD, former MHSA)
- Office of Cultural Competence and Ethnic Services (OCCES)
- Research & Evaluation

##### Person/family-level outcomes

Initial, middle, and post surveys will be done for all participants in the project. A follow-

## Local Evaluation of a PEI Project (Form No. 7)

up survey will be administered to a random sample of participants. Promoter opinions will be obtained thru a simple questionnaire and a focus group. In all cases, the answers will be rated on Likert response scale.

Program/system-level outcomes

Evaluation will be done using data collected by DBH data systems, and external data sources. Tables and charts will be presented for analysis. In addition, statistical tests such as t-test and Chi-square could be included in the analysis for comparison purposes.

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

Health literature affirms that CHW model has been successfully implemented in a variety of settings. It is supported on cultural competency principles such as:

- Developing positive traits,
- Building leadership, and
- Increasing confidence among the served people.

A Promoter is a community member who is able to establish friendly relations with the public and understands social values, culture traditions, beliefs, and language. The primary focus of this project is to engage Latinos so instructions, questionnaires, materials, and screening tools will be included under these principles and available in the Spanish language. A satisfaction survey will be included to address quality services and cultural competence topics.

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

For the first phase (one month), SB County will recruit a group of twelve (12) Promoters based on a detail assessment of mental health awareness, attitudes, leadership, and self-efficacy for advocacy. For the second phase (two months), it will develop a Promoters training using a Mental Health curriculum previously prepared. It will include major aspects of prevention and early intervention for the Latino population. Finally, the third phase of community implementation (nine months) will allow Promoters to conduct a weekly PEI/Psycho-Educational workshops addressed to groups, and entire communities. The cities selected by region for this project are: Fontana, Rancho Cucamonga, & Ontario (West Valley); Rialto & San Bernardino (Mid-Valley); Twenty-nine Palms (Low Desert) and Hesperia (High Desert).

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

The progress of the project implementation will be reviewed six month from implementation and discussed with the PEI stakeholders. The final outcome evaluation data will be summarized and reported to the stakeholders and DBH Administration.