

SAN BENITO COUNTY BEHAVIORAL HEALTH

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

POSTED

January 7, 2009

This MHSa Prevention and Early Intervention Plan is available for public review and comment through February 9, 2009. We welcome your feedback in writing or at the Public Hearing on February 26, 2009.

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Thank you!

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

Form No. 1

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

County Name: **San Benito County**

Date: January 5, 2009

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

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AUTHORIZING SIGNATURE

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

<to be signed prior to submittal to State>

County Behavioral Health Director

_____ Date

Executed at Hollister, California

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PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

County: San Benito County

Date: January 5, 2009

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

a. The overall Community Program Planning Process

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

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

b. Coordination and management of the Community Program Planning Process

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

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

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

This planning process was quite comprehensive for a small county. SBCBH developed a survey to obtain information from each stakeholder (see Attachment A for sample survey). This survey created a vehicle for obtaining input from individuals attending informational groups, as well as

others who were unable to attend an organized event. Input was obtained through a number of different informational groups, presentations, and broadly distributed PEI surveys. In addition, clients who were currently receiving mental health services were invited to complete a PEI survey. A number of community stakeholder meetings were also held. These meetings included a brief explanation of the PEI funding and an explanation of the concept of PEI; participants were then asked to complete the survey. Stakeholder meetings were held in easily-accessible community locations.

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

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

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

Once the informational groups were completed and the survey results were analyzed, the PEI Steering Committee met to discuss possible projects. The PEI Steering Committee was comprised of members from a number of different agencies, as well as youth and adult clients, family members, and community representatives. Over 20 people attended each PEI Steering Committee meeting.

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

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

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

- 1. Children and Youth Prevention and Early Intervention – Program 1:** Prevention and early intervention services for children and youth were identified as the highest priority for PEI funding. As a result, we are planning to contract with Hollister Youth Alliance to hire three (3) Case Managers to develop services for high-risk children and youth. Hollister Youth Alliance is a community organization that is committed to assisting youth develop skills so that they can positively affect their community. The lead Case Manager will focus on promoting mental health screening for children and youth across San Benito County. This individual will offer training to children’s agencies, educational settings, health care settings, and providers to help them identify mental health signs and symptoms, as well as make appropriate referrals to SBCBH.

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

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

In addition, the *El Joven Noble* curriculum has a family component, *Cara Y Corazon*, which will be implemented. Families of youth in the *El Joven Noble* program will meet regularly to participate in activities which promote positive family relationships. The *Cara Y Corazon* component encourages parents to create relationships with the school,

visit the campus to understand their youth's academic activities, and assists parents to reinforce the *El Joven Noble* teachings at home.

2. **Suicide Prevention Training - Program 2:** This program will expand the suicide prevention trainings available in this county. We will contract with Suicide Prevention Services of the Central Coast (SPSCC), a community organization which offers a variety of clinical, crisis, outreach, and supportive services designed to maintain and strengthen family and community life. The suicide prevention training program will prepare first responders, such as law enforcement, to recognize warning signs of suicidal behavior, develop techniques for responding to suicidal events, and develop methods for linking individuals to community resources. In addition, this program will offer support groups for family members who have relatives who have committed suicide. SPSCC will offer these groups in Hollister to ensure that they are accessible to San Benito County residents.
3. **Older Adult Prevention and Early Intervention - Program 3:** This program will utilize a full-time mental health clinician to provide early mental health screening and intervention to older adults receiving services from *Jóvenes de Antaño*, Meals on Wheels, or other community agencies. This program will also train agency partners, including Public Health and local physicians, in recognizing signs and symptoms of mental illness in older adults. The Older Adult program will provide linkage and support for older adults in accessing needed mental health and health care services.
4. **Women's Prevention and Early Intervention – Program 4:** This program will work to address domestic violence and offer mental health prevention and early intervention groups to help reduce stigma and improve access to the Latina community. A women's support group will be facilitated by a contracted clinician to address domestic violence, promote healthy relationships, and provide supportive services to monolingual and bilingual Spanish speakers in the community.

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

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

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

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

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

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

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

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

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

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

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

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

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

- a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including, but not limited to:*
 - Individuals with serious mental illness and/or serious emotional disturbance and/or their families*

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

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

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

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

- *Educators and/or representatives of education*

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

- *Representatives of law enforcement*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a. The date of the public hearing:

The Public Hearing has been scheduled during the next Mental Health Board meeting on February 26, 2009.

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

The draft PEI Plan has been distributed to the Steering Committee for review and comment. The draft PEI Plan has also been made available across the county in locations consistent with the CSS Plan distribution. It is available for viewing on the San Benito County website. In addition, copies of the plan have been placed at Esperanza Center, partner agencies, the public library, and a number of public facilities. The plan has also been made available to clients, family members, and other interested stakeholders.

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

Note: this section will be completed after the public review and hearing.

d. The estimated number of participants:

Note: this section will be completed after the public review and hearing.

PEI PROJECT SUMMARY

Form No. 3

County: **San Benito County**

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

Date: **January 5, 2009**

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

1. PEI Key Community Mental Health Needs

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

2A. PEI Priority Populations

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

PEI PROJECT SUMMARY – Children and Youth Prevention and Early Intervention

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

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

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

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

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

Survey results illustrated that individuals were interested in having services delivered in the community and to provide early mental health screening and school-based services for children and youth. 65% of the survey respondents identified early screening and school-based services for children and youth as a high priority for PEI funding. Other priorities include programs for children and

youth in stressed families, those whose parents have drug and alcohol problems, and those who are abused or neglected. These populations were also a factor in the decision to deliver mental health screening and prevention services in the schools.

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

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

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

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

The *El Joven Noble* curriculum also has a family component, *Cara Y Corazon – Family Strengthening Curriculum for Parents*, which will be implemented. Families meet regularly to participate in activities which promote positive family relationships. The *Cara Y Corazon* component encourages parents to create relationships with the school, visit the campus to understand their youth's academic

activities, and assists parents to reinforce the *El Joven Noble* and CLARITY teachings at home. These activities help youth develop life skills to help them reach their fullest potential.

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

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

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

4. Programs.

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
	Individuals: Families:	Individuals: Families:	
Children and Youth Prevention and Early Intervention	Individuals: 30 Families: 0	Individuals: 20 Families: 15	3 Months
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 30 Families: 0	Individuals: 20 Families: 15	3 Months

5. Alternate Programs.

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

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

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

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

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

7. Collaboration and System Enhancements.

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

8. Intended Outcomes.

Children will greatly benefit from this program through early identification of mental health behaviors of concern. Community agency staff will be trained to use the Mental Health Screening Tool to identify problem behaviors and make appropriate referrals for services. In addition, youth involved in the *El Joven Noble* and CLARITY programs will achieve positive outcomes including staying in school, out of trouble, at home, and healthy. This promising practice has demonstrated outcomes which will be utilized in evaluating this program.

9. Coordination with Other MHSA Components.

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

10. Additional Comments.

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

PEI PROJECT SUMMARY – Suicide Prevention Training

Form No. 3

County: **San Benito County** PEI Project Name: **Suicide Prevention Training** Date: **January 5, 2009**

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

1. PEI Key Community Mental Health Needs

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

2A. PEI Priority Populations

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

PEI PROJECT SUMMARY – Suicide Prevention Training, *continued*

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

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

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

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

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

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

attempt suicide as a high priority population for PEI funding. In addition, there was support to expand the availability of family suicide survivor support groups to offer early intervention for these family members.

3. PEI Project Description - Suicide Prevention Training.

This program will expand the number of suicide prevention trainings available to first responders in the county. These trainings provided by the Suicide Prevention Services of the Central Coast, will target first responders, such as law enforcement, and teach them to recognize the warning signs of suicidal behavior, develop techniques to improve response to suicidal events, and develop methods for linking individuals to community resources. This funding will support the Suicide Prevention Services of the Central Coast to expand the training that they offer in this county and target additional groups to receive the training.

In addition, this program will offer suicide survivor support groups for family members whose relatives who have committed suicide.

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

Activity	Time from Initiation of Program (signed contract, budget authority to hire staff)
Contract for services	2 months
Identify high-priority groups for training	2 months
Begin delivering training	2 months
Offer family suicide survivor support groups for family members	3 months
Evaluation	6 months and annually

PEI PROJECT SUMMARY – Suicide Prevention Training, *continued*

4. Programs.

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
	Individuals: Families:	Individuals: Families:	
SPSCC Suicide Prevention Training	Individuals: 50 Families:	Individuals: 15 Families:	4 Months
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 50 Families:	Individuals: 15 Families:	4 Months

5. Alternate Programs.

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

PEI PROJECT SUMMARY – Suicide Prevention Training, *continued*

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

The Suicide Prevention Services of the Central Coast will provide suicide prevention training to first responders throughout San Benito County. They will also offer support groups for individuals who have experienced a suicide in their family. When an individual is identified as needing ongoing mental health services, the Suicide Prevention Services of the Central Coast staff will make a referral to County Behavioral Health. Individuals who need grief counseling due to complicated bereavement reactions will also be referred to Behavioral Health for services. If an individual needs other services, linkage and referral will be offered, as appropriate.

7. Collaboration and System Enhancements.

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

8. Intended Outcomes.

First responders will benefit from this training through enhanced awareness of suicidal behavior, recognition of signs and symptoms of suicidal ideation, and the development of skills to intervene. In addition, persons who attend the family suicide survivor support groups will have the opportunity to share feelings and obtain the support needed to heal and recover. Outcomes will be measured using a satisfaction survey for persons attending the first responder training, and family members who attend the family suicide survivor support groups. These surveys will provide information on the quality of the training for first responders.

In addition, the surveys administered to the survivor group will measure access to the groups and the perceived benefit of the group in helping the individual grieve. The results of the surveys will be analyzed and provided as feedback to the Suicide Prevention Services of the Central Coast and Behavioral Health staff for ongoing program evaluation and quality improvement.

9. Coordination with Other MHSA Components.

This program will be closely coordinated with our other MHSA and core service delivery programs and with the other programs offered by the Suicide Prevention Services of the Central Coast. Survivors and family members will be referred to the appropriate program to meet each individual's need.

10. Additional Comments.

All resources and information on community services will be available in both Spanish and English. Whenever possible, the contractor will hire bilingual, bicultural staff to ensure that services are culturally sensitive.

PEI PROJECT SUMMARY – Older Adult Prevention and Early Intervention

Form No. 3

County: **San Benito County** PEI Project Name: **Older Adult Prevention and Early Intervention** Date: **January 5, 2009**

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

1. PEI Key Community Mental Health Needs

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

2A. PEI Priority Populations

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

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

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

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

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

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

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

The stakeholder data showed strong support for providing additional services for screening older adults for signs and symptoms of mental illness and provide early intervention for those individuals identified. As a result, the PEI Steering Committee allocated

funding to hire a 1.0 FTE Mental Health Clinician I to provide trainings, mental health screenings, and early intervention to older adults. Survey respondents identified at-risk older adults as a high priority for PEI funding.

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

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

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

The Clinician will collaborate with other agencies that provide services to this population. These agencies include the Health and Human Services Agency, In-Home Supportive Services, Adult Protective Services, local physicians, Public Health, Senior Centers, nursing homes, Geropsychiatric Partial Hospitalization Program (Senior Connections), home health agencies, home delivery meals programs, and regional organizations which serve the elderly. All agencies will receive training to complete a brief screening tool to help them recognize signs and symptoms of mental illness in older adults.

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

The Clinician will offer caregiver groups to provide support and early intervention to family members who are caring for an elderly relative. Being a caregiver can be very overwhelming and isolating. Attending a caregiver support group once or twice a month provides the caregiver with some time out of the home and develops supportive relationships with others who are experiencing the

same situation. Through recognition of signs of caregiver stress and the warning signs of early symptoms, the likelihood of diagnosable depression, other health problems, and isolation are reduced.

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

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

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

4. Programs.

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
	Individuals: Families:	Individuals: Families:	
Older Adult Prevention and Early Intervention	Individuals: 30 Families:	Individuals: 10 Families:	4 Months
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 30 Families:	Individuals: 10 Families:	4 Months

5. Alternate Programs.

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

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

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

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

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

7. Collaboration and System Enhancements.

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

8. Intended Outcomes.

Older adults will greatly benefit from this program through early identification of signs and symptoms of mental health behaviors of concerns. Community agency staff will be trained to use a screening tool to identify early signs of depression, isolation, and suicidal behaviors, and to make appropriate referrals for services. In addition, care givers will be invited to participate in support groups to help them understand and manage the stress of caring for a relative. Individuals involved in the support groups will achieve positive outcomes, including developing supportive relationships with other care givers, understanding the signs of stress, and developing

skills for coping with and preventing these issues. Surveys will be distributed periodically to older adults and their caregivers to measure satisfaction with services and the accessibility and quality of services delivered.

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

9. Coordination with Other MHSa Components.

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

10. Additional Comments.

All resources and information on community services will be available in both Spanish and English. If at all possible, we will hire bilingual, bicultural staff to ensure that services are culturally sensitive.

PEI PROJECT SUMMARY – Women’s Prevention and Early Intervention

Form No. 3

County: **San Benito County**

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

Date: **January 5, 2009**

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

1. PEI Key Community Mental Health Needs

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

2A. PEI Priority Populations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4. Programs.

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Women’s Prevention and Early Intervention program	Individuals: 10 Families:	Individuals: 10 Families:	4 Months
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 10 Families:	Individuals: 10 Families:	4 Months

5. Alternate Programs.

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

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

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

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

7. Collaboration and System Enhancements.

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

8. Intended Outcomes.

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

9. Coordination with Other MHSA Components.

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

10. Additional Comments.

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

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: San Benito Date: 12/30/08
 PEI Project Name: Children and Yc5. Children and Youth at Risk of or Experiencing Juvenile .
 Provider Name (if known): Hollister Youth Alliance
 Intended Provider Category: Ethnic or cultural organization
 Proposed Total Number of Individuals to be served: FY 07-08 _____ FY 08-09 65
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 0
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 65
Months of Operation: FY 07-08 0 FY 08-09 12

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

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

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

Project: Children and Youth Prevention and Early Intervention

A. Expenditures

1. Personnel – No expenditures are estimated for this category for this specific project.
2. Operating Expenditures – No expenditures are estimated for this category for this specific project.
3. Subcontracts/Professional Services – This category includes a subcontract between San Benito County Behavioral Health and the Hollister Youth Alliance to provide Prevention and Early Intervention services to youth and their families. The estimated contract is outlined below.

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

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

B. Revenues

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

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: San Benito Date: 12/30/08
 PEI Project Name: Suicide Prevent 2. Individuals Experiencing Onset of Serious Psychiatric Ill
 Provider Name (if known): **Suicide Prevention Services of the Central Coast**
 Intended Provider Category: Mental Health Treatment/Service Provider
 Proposed Total Number of Individuals to be served: FY 07-08 _____ FY 08-09 65
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 0
 Total Number of Individuals to be served through PEI
 Expansion: FY 07-08 0 FY 08-09 65
 Months of Operation: FY 07-08 0 FY 08-09 12

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

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

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

Project: Suicide Prevention Training

A. Expenditures

1. Personnel – No expenditures are estimated for this category for this specific project.
2. Operating Expenditures – No expenditures are estimated for this category for this specific project.
3. Subcontracts/Professional Services – This category includes a subcontract between San Benito County Behavioral Health and the Suicide Prevention Services of the Central Coast to provide suicide prevention services to individuals in our county. The Suicide Prevention Services currently provides suicide prevention services to San Benito County. These additional PEI funds will be provided to this organization to help cover recurring operational expenses, such as utilities and supplies.

B. Revenues

SBCBH is not projecting any revenues for this specific project.

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: San Benito Date: 12/30/08
 PEI Project Name: Older Adult PEI 2. Individuals Experiencing Onset of Serious Psychiatric Ill
 Provider Name (if known): San Benito County Behavioral Health
 Intended Provider Category: _____ County Agency _____
 Proposed Total Number of Individuals to be served: FY 07-08 _____ FY 08-09 40
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 0
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 40
 Months of Operation: FY 07-08 0 FY 08-09 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	\$0	\$0	\$0
MH Clinician I	\$0	\$66,596	\$66,596
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
b. Benefits and Taxes @ _____ %	\$0	\$28,735	\$28,735
c. Total Personnel Expenditures	\$0	\$95,331	\$95,331
2. Operating Expenditures			
a. Facility Cost	\$0	\$4,494	\$4,494
b. Other Operating Expenses	\$0	\$13,901	\$13,901
c. Total Operating Expenses	\$0	\$18,395	\$18,395
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$0	\$113,726	\$113,726
B. Revenues (list/itemize by fund source)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$113,726	\$113,726
6. Total In-Kind Contributions	\$0	\$0	\$0

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

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

Project: Older Adult Prevention and Early Intervention Services

A. Expenditures

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

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

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

B. Revenues

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

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: San Benito Date: 12/30/08
 PEI Project Name: Women's PEI §1. Trauma Exposed Individuals
 Provider Name (if known): **(Provider to be determined)**
 Intended Provider Category: Other
 Proposed Total Number of Individuals to be served: FY 07-08 _____ FY 08-09 20
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 _____
 Total Number of Individuals to be served through PEI
 Expansion: FY 07-08 0 FY 08-09 20
 Months of Operation: FY 07-08 0 FY 08-09 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
b. Benefits and Taxes @ _____ %	\$0	\$0	\$0
c. Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
c. Total Operating Expenses	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
<u>Women's PEI service provider (TBD)</u>	\$0	\$20,000	\$20,000
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$20,000	\$20,000
4. Total Proposed PEI Project Budget	\$0	\$20,000	\$20,000
B. Revenues (list/itemize by fund source)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$20,000	\$20,000
6. Total In-Kind Contributions	\$0	\$0	\$0

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

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

Project: Women's Prevention and Early Intervention

A. Expenditures

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

B. Revenues

SBCBH is not projecting any revenues for this specific project.

PEI Administration Budget Worksheet

Form No. 5

County: San Benito

Date: 12/30/2008

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator					\$0
b. PEI Support Staff					\$0
c. Other Personnel (list all classifications)					\$0
_____					\$0
_____					\$0
_____					\$0
d. Employee Benefits					\$0
e. Total Personnel Expenditures			\$0	\$0	\$0
2. Operating Expenditures					
a. Facility Costs					\$0
b. Other Operating Expenditures				\$30,000	\$30,000
c. Total Operating Expenditures			\$0	\$30,000	\$30,000
3. County Allocated Administration					
a. Total County Administration Cost			\$0	\$3,626	\$3,626
4. Total PEI Funding Request for County Administration Budget			\$0	\$33,626	\$33,626
B. Revenue					
1 Total Revenue			\$0	\$0	\$0
C. Total Funding Requirements			\$0	\$33,626	\$33,626
D. Total In-Kind Contributions			\$0	\$0	\$0

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

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

Administration – Prevention and Early Intervention Projects

A. Expenditures

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

B. Revenues

We are not projecting any revenues at this time.

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 6

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

County:	San Benito
Date:	12/30/2008

#	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	Children and Youth PEI Services	\$0	\$202,890	\$202,890	\$101,445	\$101,445	\$0	\$0
2	Suicide Prevention Training	\$0	\$4,000	\$4,000	\$1,000	\$1,000	\$1,000	\$1,000
3	Older Adult PEI Services	\$0	\$113,726	\$113,726				\$113,726
4	Women's PEI Services	\$0	\$20,000	\$20,000			\$20,000	
				\$0				
				\$0				
				\$0				
				\$0				
	Administration		\$33,626	\$33,626				
	Total PEI Funds Requested:	\$0	\$374,242	\$374,242	\$102,445	\$102,445	\$21,000	\$114,726

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

San Benito County Behavioral Health
Prevention and Early Intervention Survey

REVISED 04/17/08

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

SERVICES: Prevention and Early Intervention

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

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

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

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

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

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

POPULATIONS: Prevention and Early Intervention

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

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

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

Children and Youth in Stressed Families

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

Children and Youth At-Risk of School Failure

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

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

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

Trauma Exposed Individuals

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

High-risk Adults and Older Adults

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

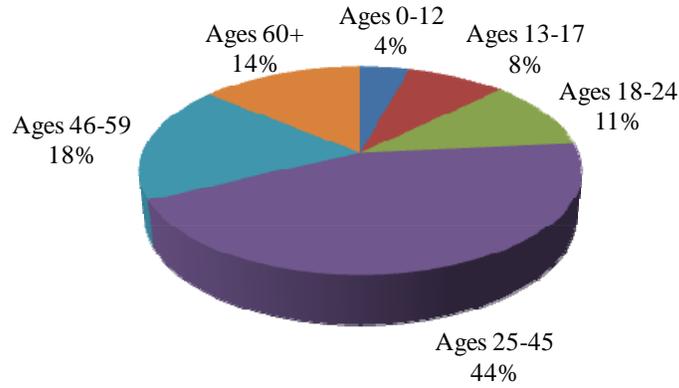
Suicide Prevention

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

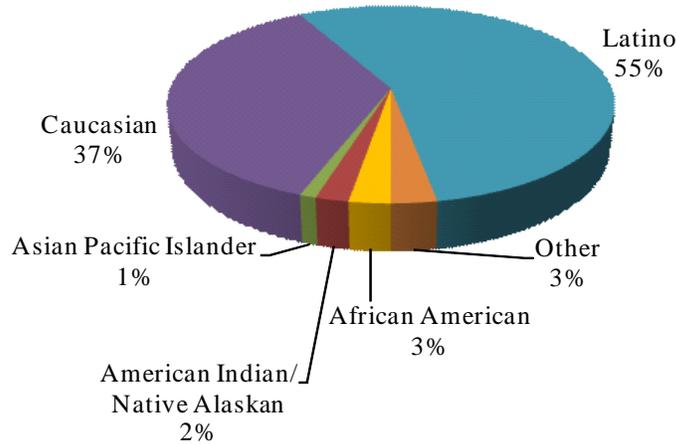
Comments:

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

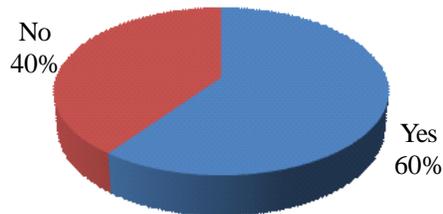
What is your age? (n=425)



What is your race? (n=389)

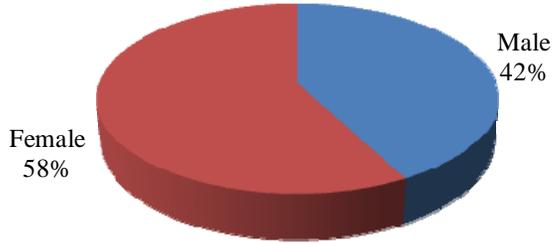


Are you Latino? (n=416)

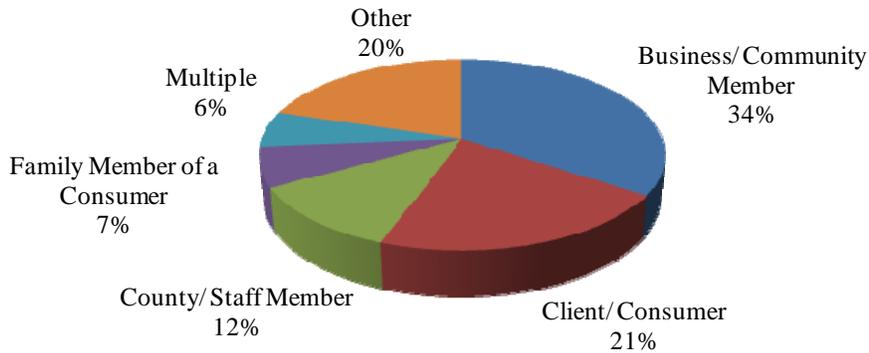


**San Benito County
MHSA PEI Survey Results
September 2008**

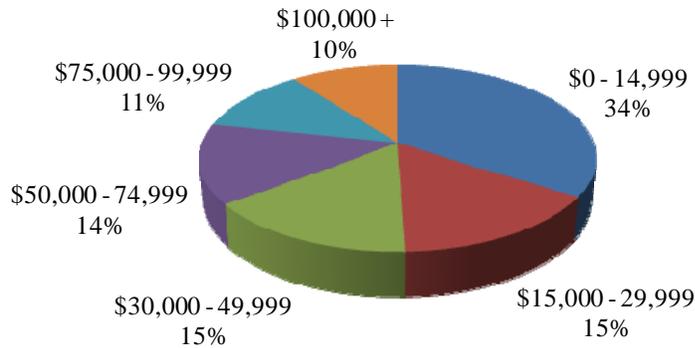
What is your gender? (n=419)



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

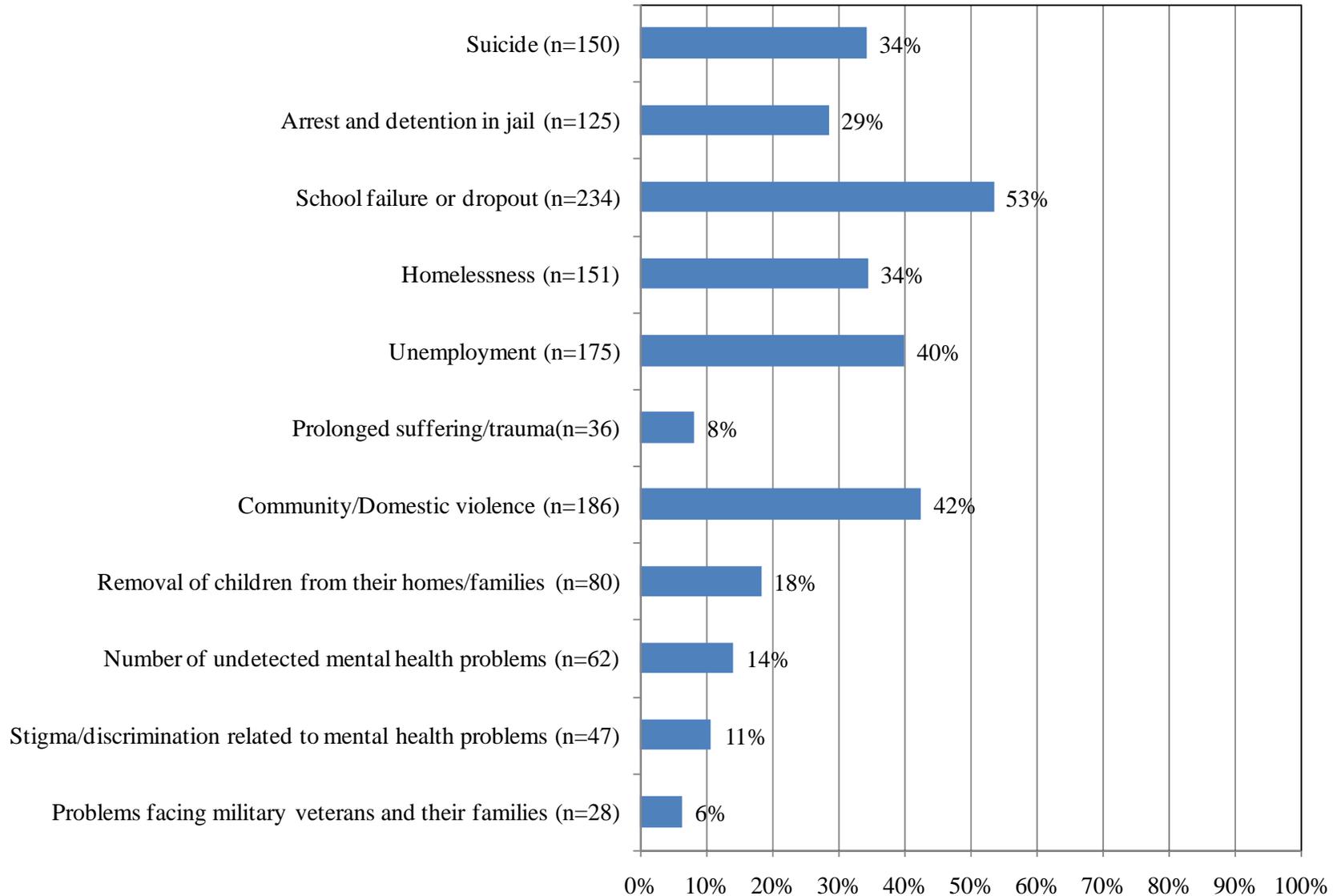


What is your income level? (n=378)



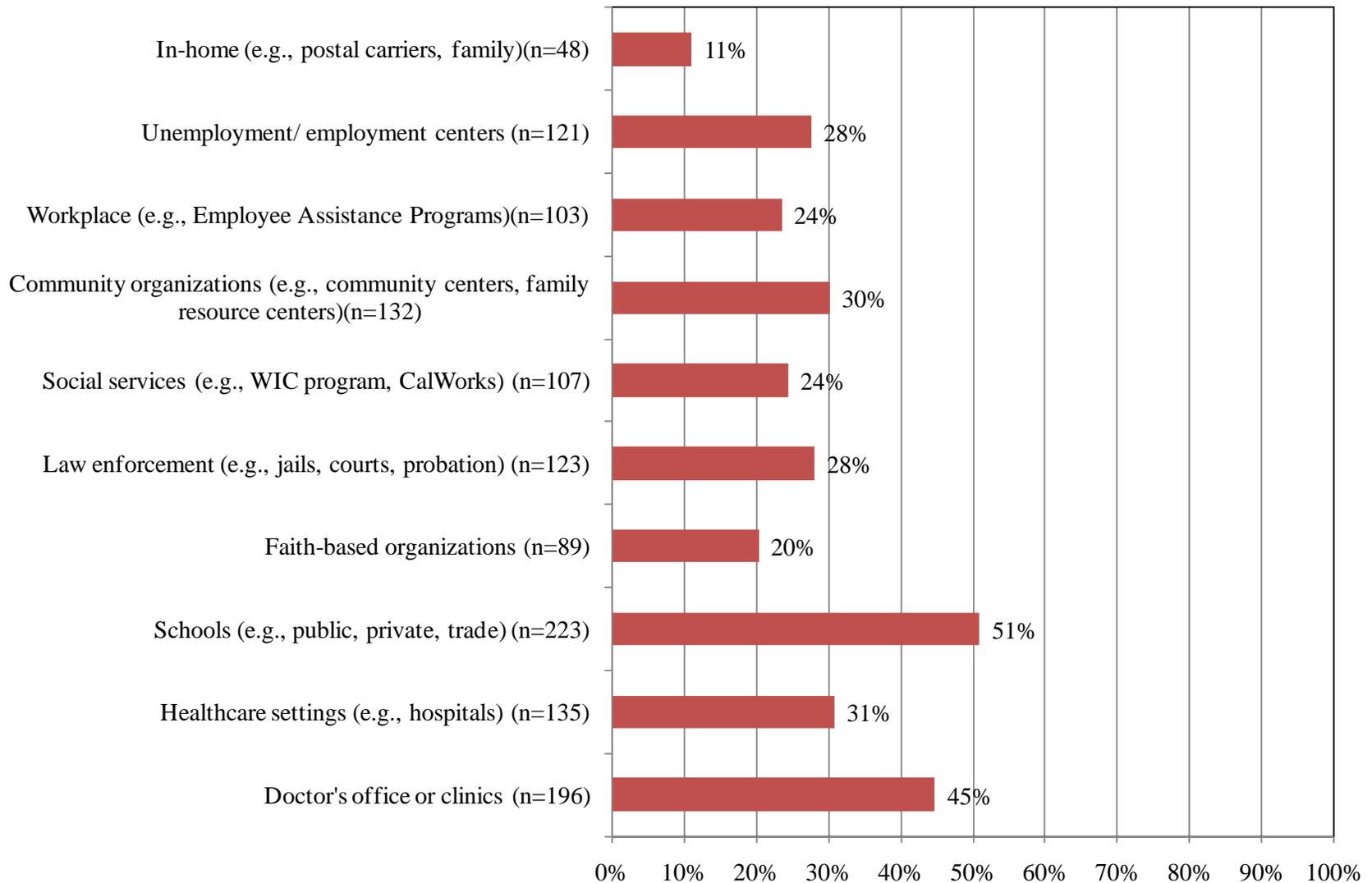
San Benito County
MHSA PEI Survey Results
September 2008

Community issues that are important for PEI in San Benito County



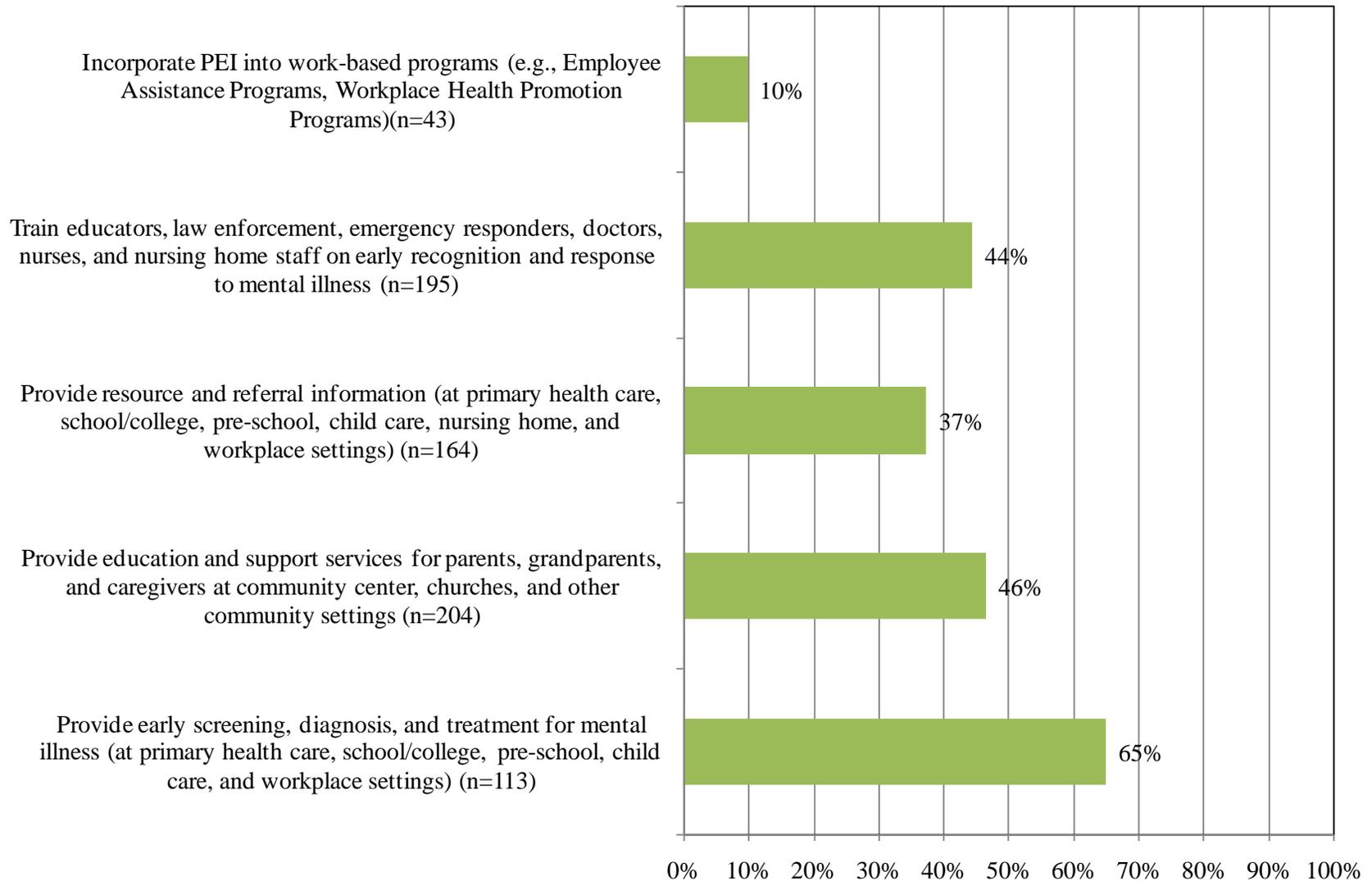
San Benito County
MHSA PEI Survey Results
September 2008

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



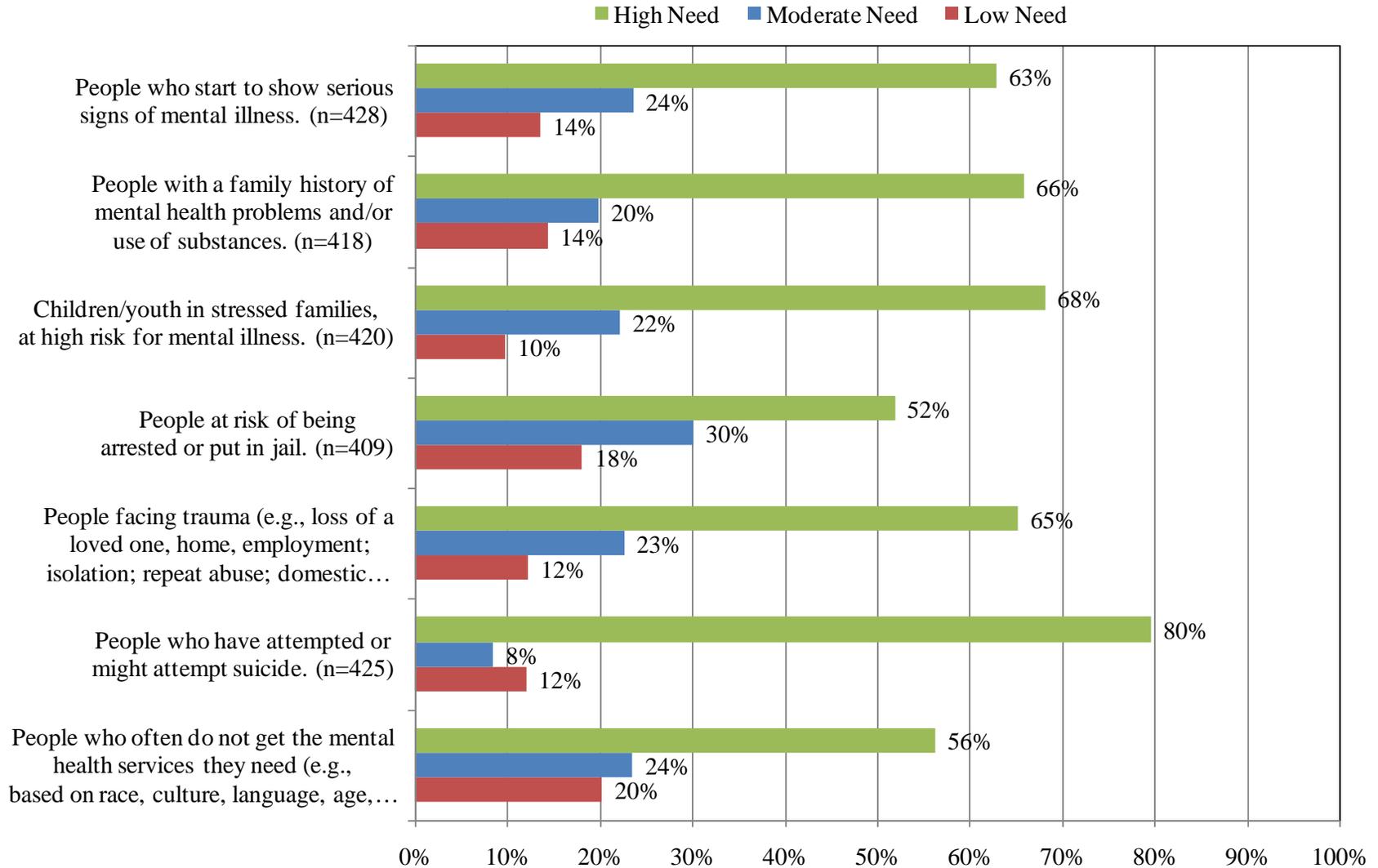
San Benito County
MHSA PEI Survey Results
September 2008

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



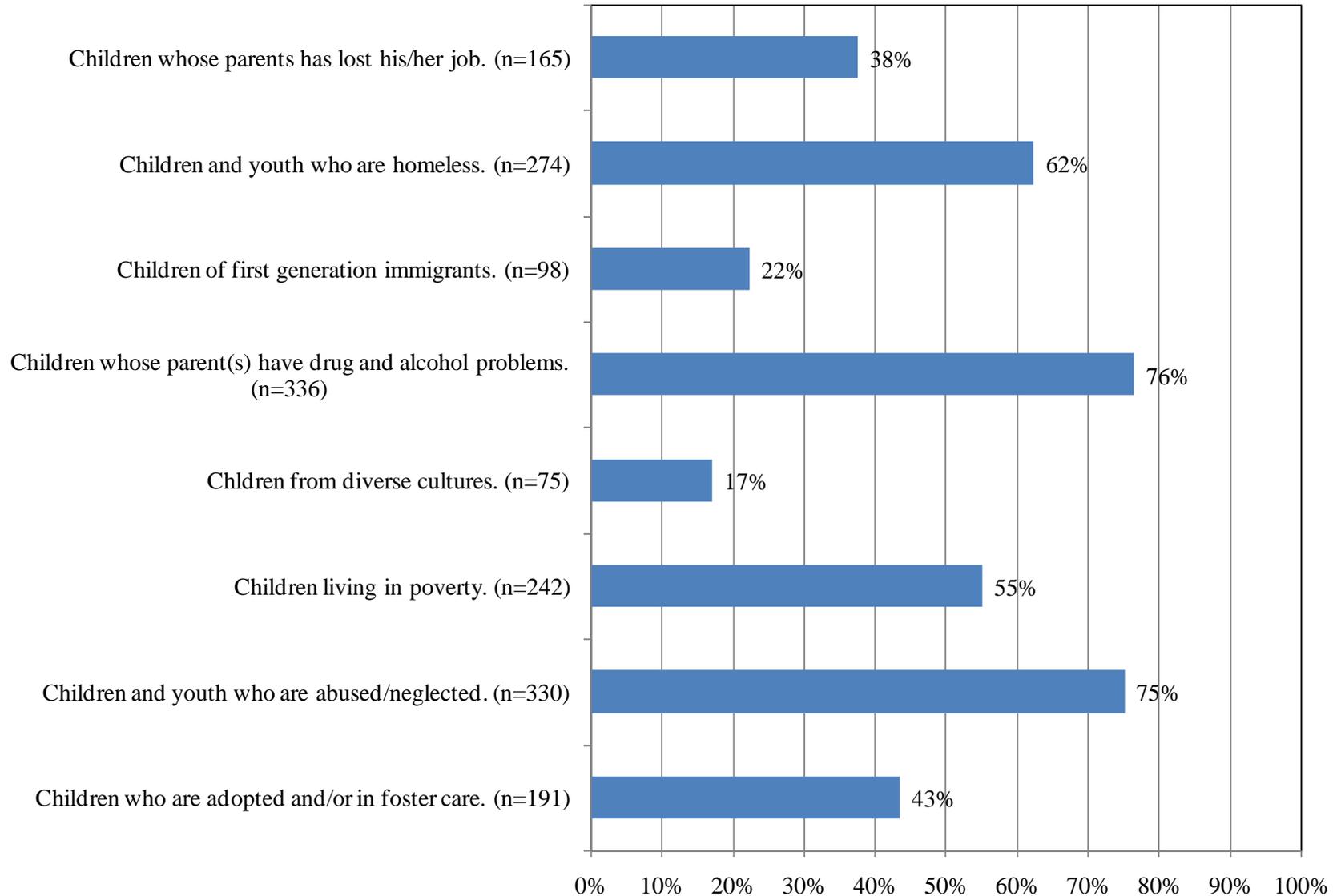
**San Benito County
MHSA PEI Survey Results
September 2008**

Which groups have the highest need for PEI services in San Benito County?



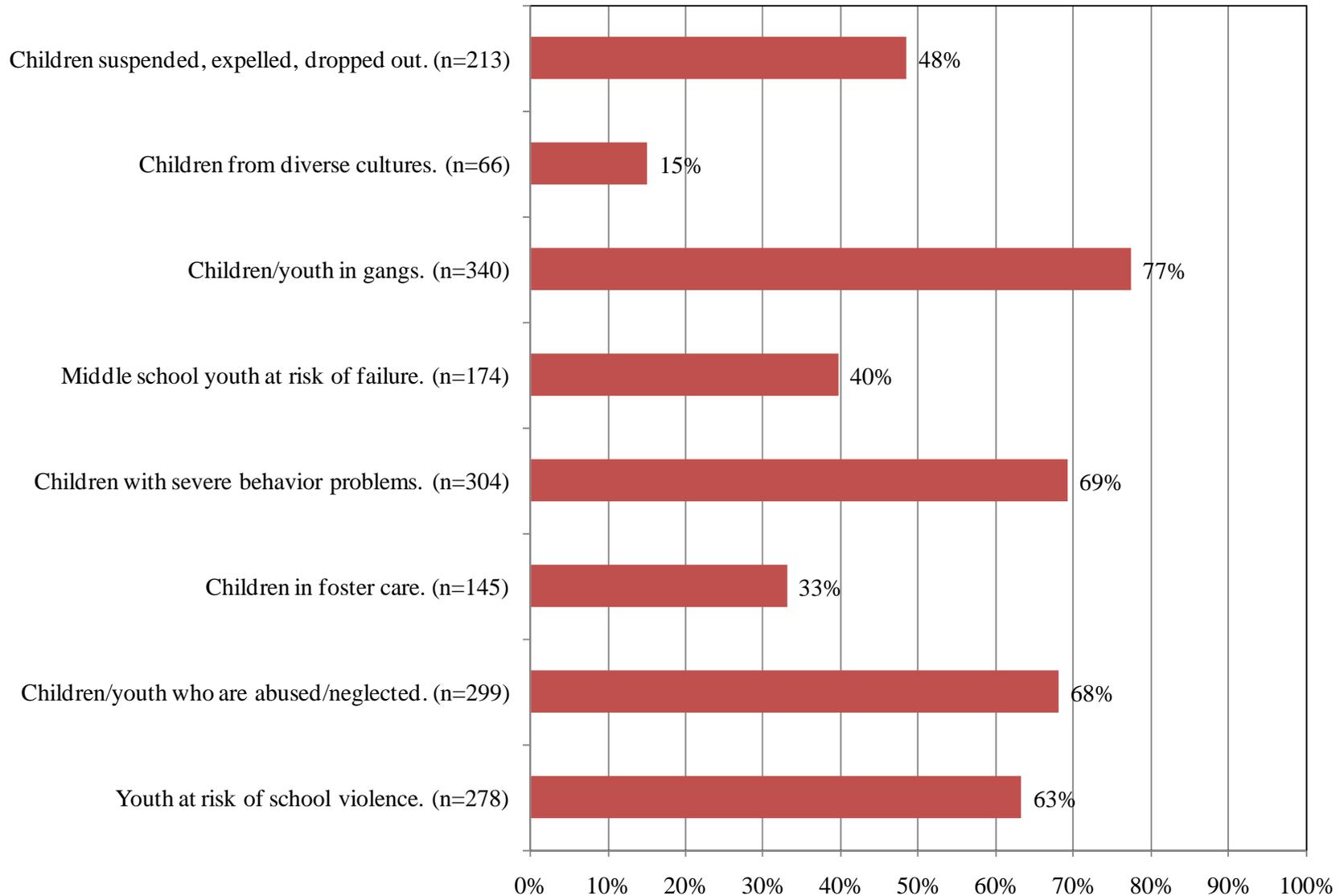
San Benito County
MHSA PEI Survey Results
September 2008

Priority Populations: Children and Youth in Stressed Families



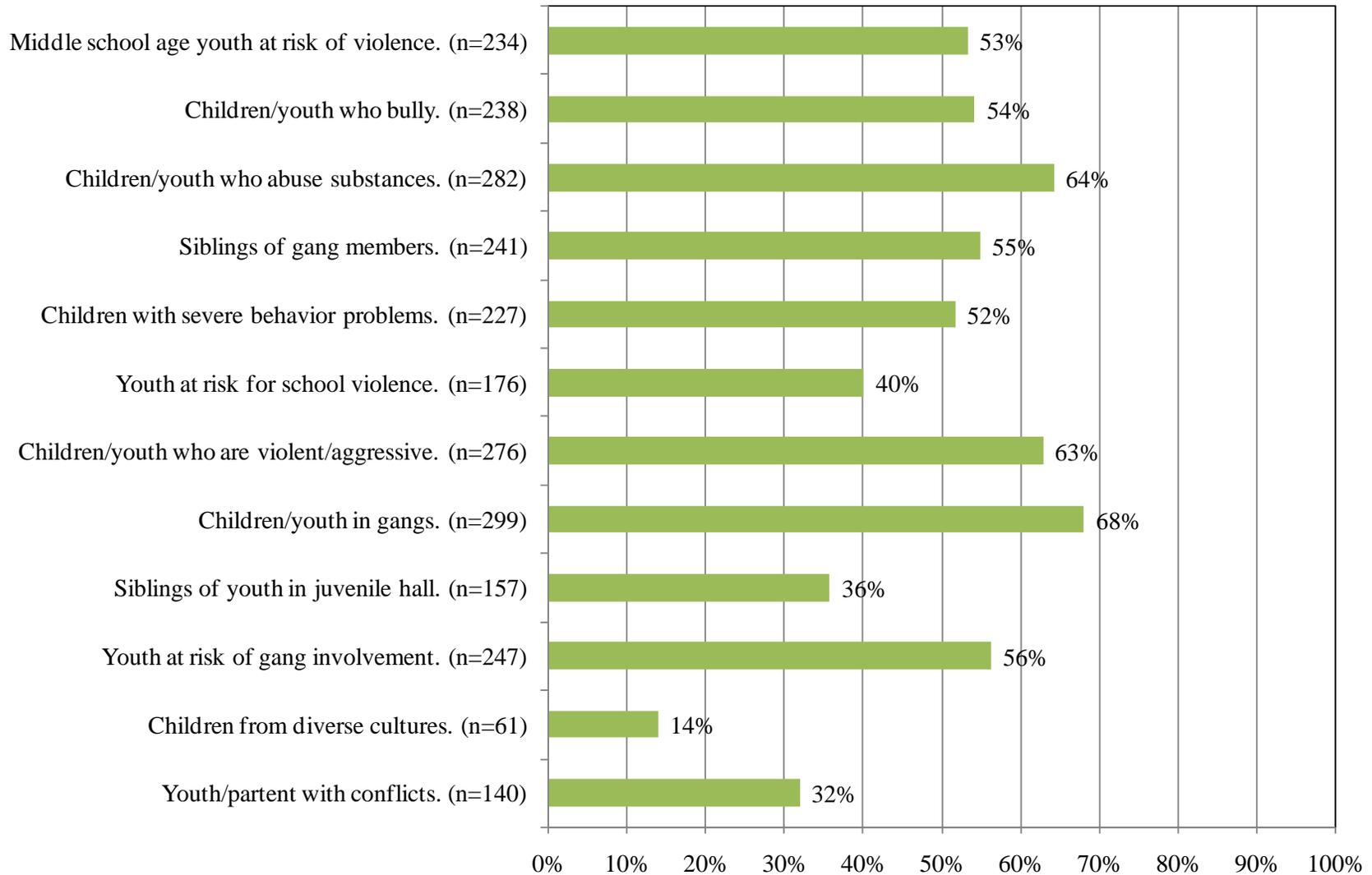
San Benito County
MHSA PEI Survey Results
September 2008

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



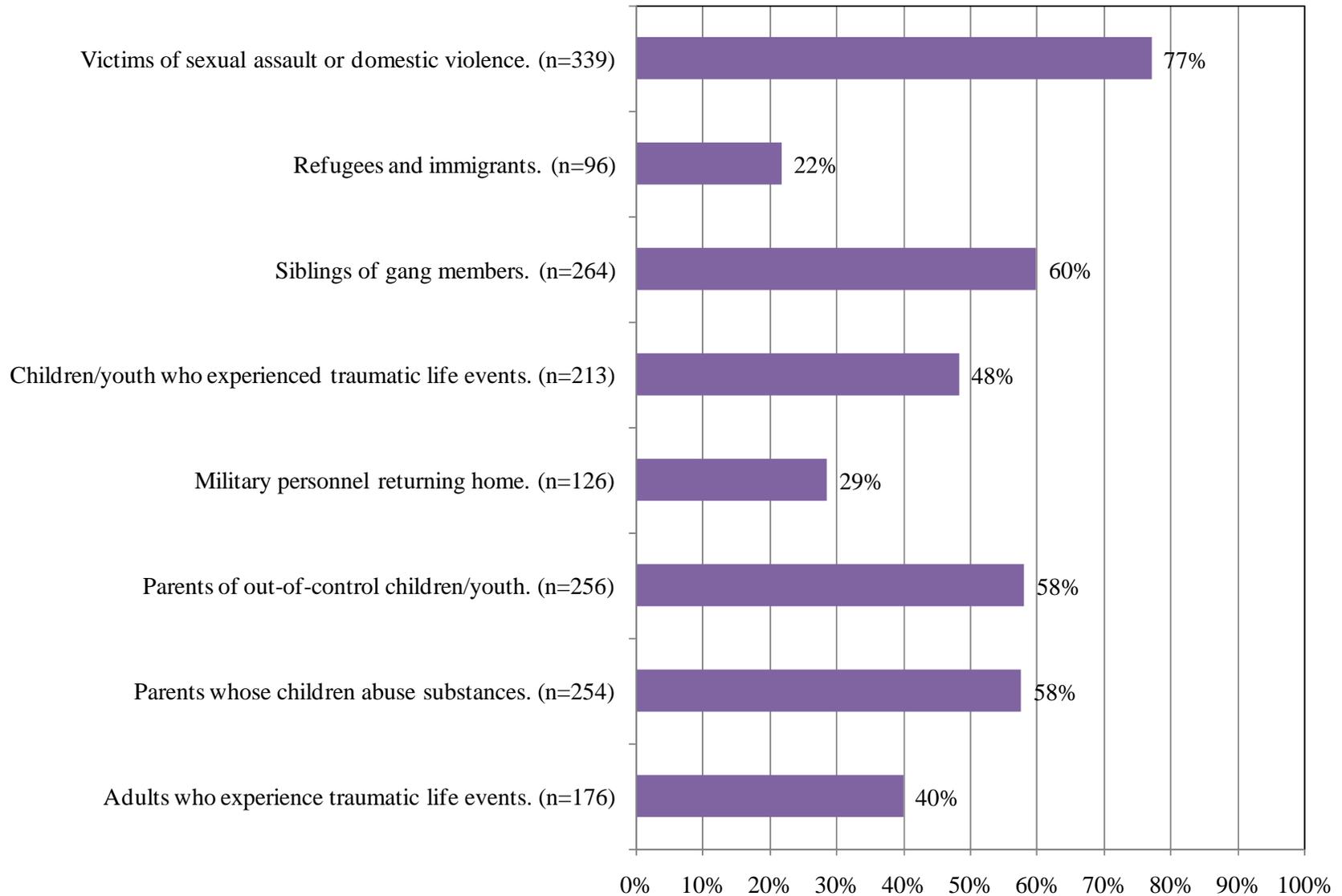
San Benito County
MHSA PEI Survey Results
September 2008

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



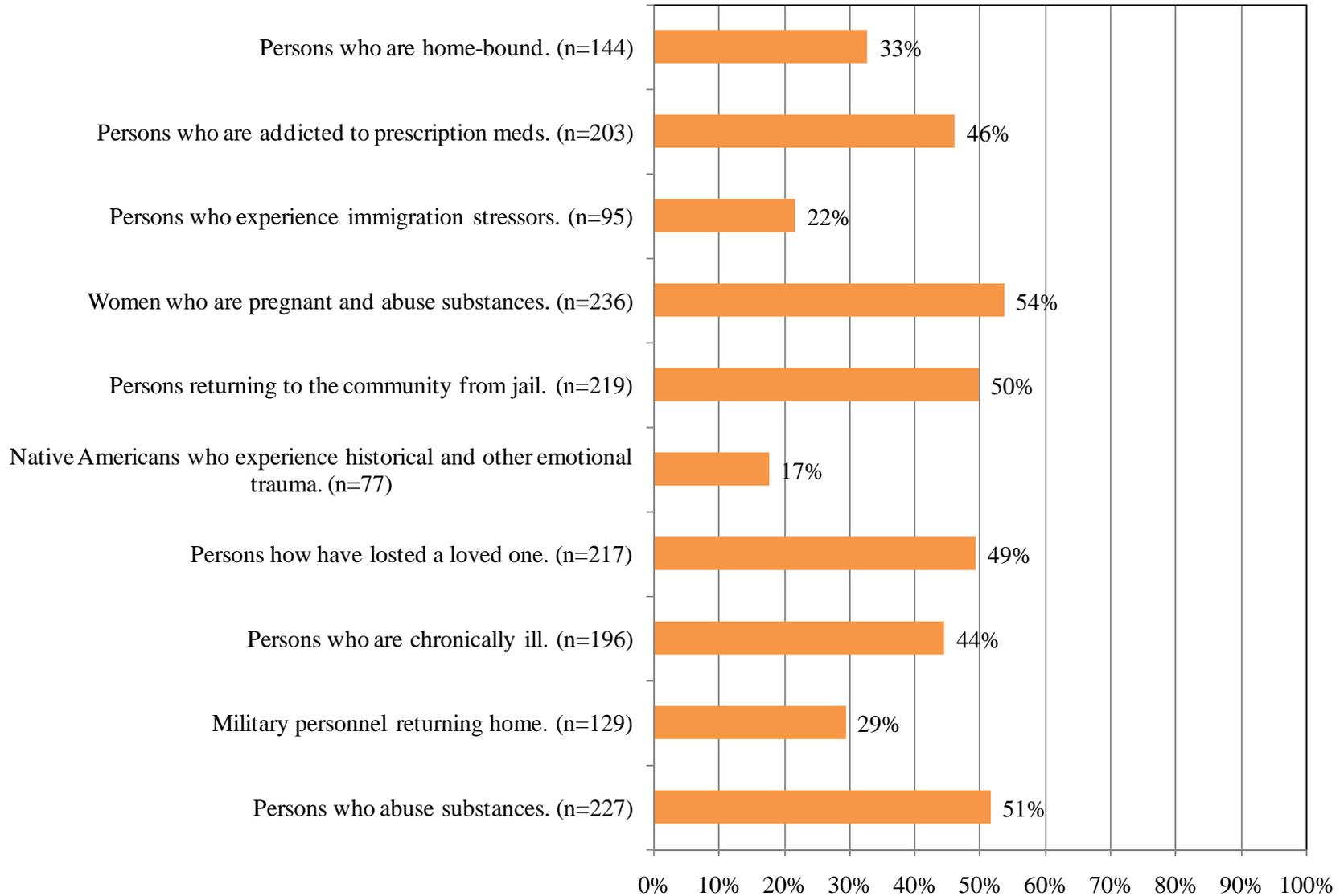
San Benito County
MHSA PEI Survey Results
September 2008

Priority Populations: Trauma Exposed Individuals



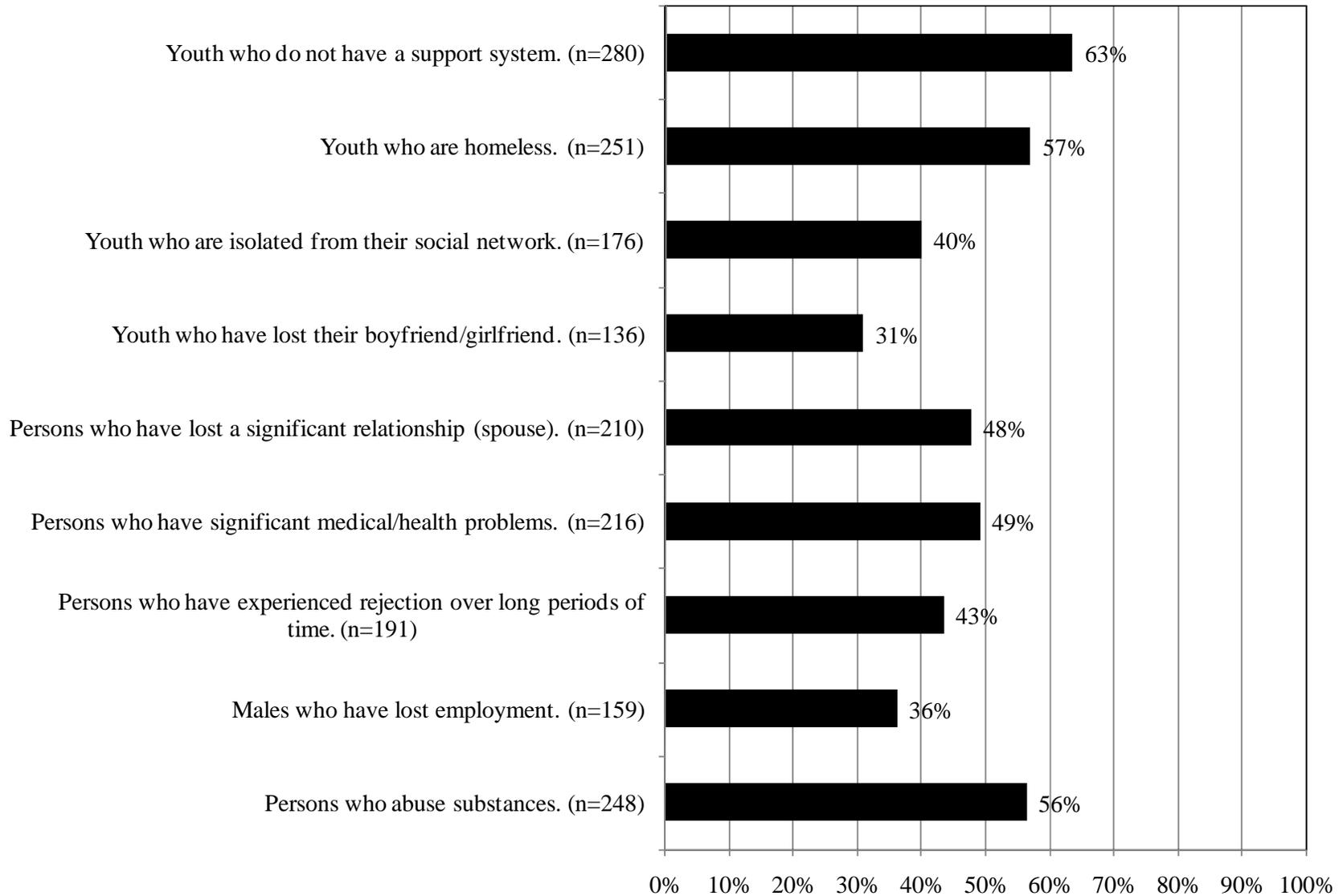
San Benito County
MHSA PEI Survey Results
September 2008

Priority Populations: High-Risk Adults and Older Adults



San Benito County
MHSA PEI Survey Results
September 2008

Priority Populations: Suicide Prevention





San Benito County Behavioral Health Department

**Please send your written comments and feedback on the
Mental Health Services Act, Prevention and Early Intervention
Component Program Expenditure Plan, Fiscal Year 2008-09
to:**

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San Benito County Behavioral Health
1131 San Felipe Road
Hollister, CA 95023

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(831) 636-4020