

**Sonoma County, Mental Health Division
Mental Health Services Act, Prevention and Early Intervention Plan
EXECUTIVE SUMMARY**

INTRODUCTION

For the Prevention and Early Intervention (PEI) component of the Mental Health Services Act (MHSA), the Sonoma County Mental Health Division (MHD) engaged in a community planning process to design innovative, evidence-based, culturally competent programs to reduce risk factors, build protective factors and skills, and increase support for those at risk of developing serious mental illness. Sonoma County MHD convened stakeholders, service providers, family members, community members, and consumers in a process that resulted in four age-specific PEI strategies and one system enhancement PEI strategy.

COMMUNITY PLANNING PROCESS

The Sonoma County PEI community planning process was designed to be a comprehensive and representative planning process involving meaningful participation of diverse communities, including potential consumers, their families, and other community stakeholders.

The collaborative planning structure included the following groups:

- Sonoma County Mental Health Division
- Steering Committee
- Harder+Company Community Research (planning consultants)
- Community Workgroups
- Stakeholder Leadership Group

The planning process for Sonoma County involved three main components:

- **Outreach and launch:** facilitate steering committee nominations and regional outreach meetings;
- **Planning and recommendations:** convene and facilitate community workgroups, which developed recommendations for Stakeholder Leadership Group; and,
- **Prioritizing and decision-making:** present recommendations to Stakeholder Leadership Group to prioritize strategies.

All members of the community were welcome to participate in the PEI planning process by (1) participating in community workgroups, (2) nominating workgroup members and co-chairs, and (3) reviewing and commenting on the draft plan. Extensive community outreach was conducted through a series of launch meetings in Sonoma County. A total of 173 people attended six outreach meetings throughout Sonoma County.

In addition, a survey was distributed at all six launch meetings and also posted on the Mental Health Division's website in English and Spanish. The survey asked about priority populations and needs in Sonoma County. Ninety-six surveys were returned.

One of the primary goals of the Sonoma County PEI community planning process was to bring to the table the voices of un-served and underserved communities in the county. With that in mind, the planning team conducted targeted community outreach to un-served and underserved

populations. As a result, diverse organizations and groups representing un-served and underserved populations, and their family members, came to the community workgroup meetings.

The organizations represented at the workgroup meetings were from different areas of the county, represented diverse stakeholders, and were able to reflect their own needs or the needs of the populations with which they work. In order to provide expanded opportunities for participation to the diverse communities of Sonoma County, additional data collection efforts with youth and parents were undertaken by the planning team. This brought under-represented and new voices into the process. Sonoma County Mental Health Division will hold a public hearing on December 9, 2008.

PEI STRATEGIES AND PROGRAMS

Each of the proposed PEI projects described below is the result of a collaborative planning effort between the Sonoma County Mental Health Division (MHD) and community stakeholders. Community workgroup members prioritized community mental health needs and populations using data paired with their own experience to identify issues that would make a person's risk of developing mental illness "significantly higher than average," as directed by the State. The community workgroups then presented their recommendations to the Stakeholder Leadership Group, which met with the Steering Committee to refine the proposed PEI projects.

A. Early Childhood Prevention and Early Intervention Project

The Early Childhood Prevention and Early Intervention Project will address the needs of young children prenatal to age five, and their families, in Sonoma County. The project targets children prenatal to the age of five, as well as their parents and caregivers. The project aims to support a community continuum of care that includes screening, intervention, and support strategies in a way that serves children and caregivers, and establishes a framework for success beyond a single program or strategy. The Early Childhood Prevention and Early Intervention Project consists of two complementary components that reflect all aspects of the prevention continuum:

1) Model of Care for Children 0-5

- a. Universal social/emotional screening of children
- b. Assessment and linkage to services for high-risk children and their families
- c. Provider training and technical assistance for screening and assessment
- d. Education and early intervention for parents/caregivers and providers

2) System of Care for Pregnant Women and Mothers of Young Children Experiencing Perinatal Mood Disorder (PMD)

- a. Universal surveillance by medical providers
- b. Screening by non-medical health care workers
- c. Linkages for women experiencing PMD

B. School-Based Programs

The school-based PEI project uses Student Assistance Programs (SAPs) to address the key community needs of at-risk children, youth, and young adult populations, and their families. SAPs are a school-based approach to providing focused services to students seeking support

or needing interventions for academics, behavior, and attendance often due to deeper concerns relating to substance abuse, mental health, or social issues. They are a process that connects programs and services within and across school and community systems to create a network of supports to help students. SAPs identify students in need of intervention, assess these students' specific needs, and provide them with support and referral to appropriate resources. The overarching goal of SAPs is to remove barriers to education so that a student may achieve academically.

SAPs provide an umbrella of prevention, identification, screening, intervention, and support strategies within a school, in collaboration with a network of community supports. The range of SAP services typically includes: 1) Group Prevention Education; 2) Individual and Group Counseling and Support Groups; 3) School-Wide Awareness and Outreach Activities; 4) Family Engagement and Parent Programs; 5) Referrals; 6) School staff development; 7) Resources.

C. Crisis Intervention for Individuals Experiencing First Onset

Crisis Intervention for Individuals Experiencing First Onset is a selective and early intervention prevention strategy designed to address multiple issues and risk factors (substance use, trauma, depression, anxiety, cutting, and suicide risk) of the transition age youth age group with, a specific focus on individuals at risk of experiencing first onset of serious psychiatric illness. The proposed project calls for the creation of a Crisis Assessment and Prevention (CAP) team aimed at preventing the occurrence and severity of mental health problems for transition age youth. The CAP team will achieve this goal in a two-fold process: 1) the CAP team will provide education and training to educators (both in high school and college settings), parents, and peer counselors to help them identify transition age youth at risk for mental health crises; and, 2) the CAP team will provide mobile crisis assessment services (including assessment, psychotherapy, case management, strengths-building, psychiatry services, and linkage to referrals) to students attending high schools and colleges in Sonoma County that have participated in the CAP trainings.

The Crisis Intervention for Individuals Experiencing First Onset Project involves two core components and will incorporate components identified in the Systems Enhancement Project. The range of services to be offered by the Project includes the following:

- 1) **Mobile Crisis Assessment Prevention (CAP) Team** available in school-based settings to provide services to TAY at risk of or experiencing first onset of serious psychiatric illness. This includes: a) training for selected teachers, faculty, parents, counselors, and law enforcement personnel to recognize the warning signs of mental illness and refer to the CAP Team; and b) screening and assessment of at-risk youth in high schools and colleges.
- 2) **Peer-based services** including youth training and counseling, and support groups for at-risk youth and families.

D. Reduce Depression and Suicide among Older Adults

The project to reduce depression and suicide among older adults will address the key community needs of disparities in access, psycho-social impact of trauma, stigma and discrimination, and suicide risk. In seniors, depression and anxiety often go hand in hand with other physical ailments and loss which lead them to 1) seek care from physicians in private

offices, clinics and/or emergency rooms, and 2) keep themselves homebound, thereby increasing their isolation. The PEI project will develop and expand the system of opportunities for older adults to be assessed, screened and receive early intervention for depression, anxiety, and suicidal thoughts. The system would include medical provider, gatekeeper training, and screening and/or early intervention services appropriate for a variety of settings that meet older adults at sites which they currently utilize, including primary care sites, senior centers, senior housing sites, community centers, churches, libraries, senior serving programs, or in the homes of homebound seniors. The project encompasses two core components:

- 1) Training for Medical Providers and Gatekeepers using QPR (Question, Persuade, Refer)**
- 2) Screening and intervention services for Adults & Older Adults experiencing anxiety, depression, and at risk for suicide.** This includes: a) Screening and early intervention program; and, b) Home visitation for homebound seniors

E. Reducing Disparities to Access Mental Health Services

The County of Sonoma Department of Health Services, Mental Health Division has established the following populations as a funding priority:

- Elementary, Middle and High School youth
- Transition Age Youth ages 16-24 and
- Older Adults 60+

The proposed projects should create the opportunity to reach underserved communities within these populations including Latino, African American, Native American and LGBTQ.

MHD will solicit proposals from vendors to do the following: outreach, education, leadership and mentoring programs delivered in a variety of settings, including community agencies, schools, youth and faith based organizations.

All interested vendor must meet the requirement specified in this Request for Proposal (RFP). Vendors must have qualified staff on hand for this project and be ready to begin work on or before the project initiation date specified in the key dates listed in Section 1F.

F. System Enhancement

The System Enhancement PEI Project will offer a series of one-time grants in the areas of training, education, screening, and system coordination, to help develop and maintain an effective system of services across the PEI spectrum. This project creates a unique opportunity to reduce stigma and reach underserved populations, such as Latino, African American, Native American, and LGBTQ communities.

Through education, screening, and system coordination, the System Enhancement PEI Project will build on and support each of the age-specific PEI projects. For example, this project will support the screening component of the Early Childhood Prevention Project by providing technical assistance and training related to screening. Services will be delivered in multiple community settings, including health centers, schools, youth organizations, and other community agencies. The System Enhancement Project comprises four core components:

- 1) **Gatekeeper Training.** County-wide gatekeeper training to increase awareness of mental health issues and early symptoms, and increase awareness of community resources and supports.
- 2) **Public Education and Community Engagement.** County-wide public education and community engagement activities to reduce stigma and raise awareness of mental health issues.
- 3) **Screening.** Age-appropriate screening services for children, youth, adults, and older adults in multiple community settings.
- 4) **Systems Coordination.** Ensure that prevention and early intervention services coordinate with existing mental health planning efforts and services.
- 5) **Latino Outreach and Engagement.** SCMHD will create a Latino Outreach Engagement Committee. This advisory group will be led by the Ethnic Services Coordinator and the Program Manager of Community Mental Health Centers (Mario Guerrero and Susan Castillo) to provide community input on the implementation of all new PEI programs and services.

PEI FUNDING

The chart below illustrates the proposed funding for each PEI project.

PEI Project	% of budget
A. Early Childhood Prevention Project	18%
B. School-Based Programs	18%
C. Crisis Intervention for First Onset	18%
D. Reduce Depression and Suicide in Older Adults	10%
E. Reduce Disparities in Access to Mental Health Services	18%
F. System Enhancement	One-time award

PEI Program Strategies

A. Early Childhood Prevention and Early Intervention Project	B. School-based Programs	C. Crisis Intervention for Individuals Experiencing First Onset	D. Reduce Depression and Suicide Among Older Adults	E. Reduce Disparities in Access to Mental Health Services	F. System Enhancement
<ul style="list-style-type: none"> • Addresses needs of children 0-5. • Supports community continuum of care. • Supports strategies that serve children and caregivers. 	<ul style="list-style-type: none"> • Uses student assistance programs to address needs of at risk youth, children, and young adults. • Supports strategies within a school to provide education and increase awareness. • Targeted schools 	<ul style="list-style-type: none"> • Creates a Crisis Assessment and Prevention Team, to provide education and mobile crisis response. • Includes youth training and counseling, and support groups for at-risk youth and families. • Targeted schools 	<ul style="list-style-type: none"> • Addresses disparities in access, psycho-social impact of trauma, stigma, and suicide risk. • Trains medical providers in screening techniques, for anxiety, depression, suicide risk, etc. 	<ul style="list-style-type: none"> • Addresses disparities for people of color, limited involvement in criminal justice system, fewer incarcerations. • Psycho-social Impact of Trauma • At-risk Children, Youth, TAY. Adult populations • Stigma and Discrimination • Suicide Risk 	<ul style="list-style-type: none"> • Builds and supports each of the age-specific PEI projects. • Creates a unique opportunity to reduce stigma and reach underserved populations. • Gatekeeper Training • Public Education and Community Engagement • Screening • People of color outreach

Cultural competency essential characteristics are embedded in the program design, in each section, in order to improve access to services that enhance effectiveness and collaboration. Examples of key characteristics include culturally and linguistically appropriate services and staffing that reflects the community served. Column E reflects community feedback related to the importance of having a specific category focuses on reducing disparities in ethnic minority communities.