

**El Dorado County Health Services Department – Mental Health Division
MHSA PEI Component Three-Year Program and Expenditure Plan**

EXECUTIVE SUMMARY

“Five of the ten leading causes of disability and premature death worldwide are psychiatric conditions...the only sustainable method for reducing the burden caused by these disorders is prevention.”

*World Health Organization,
- Prevention of Mental Disorders, Summary Report, 2004*

The Mental Health Services Act (MHSA) addresses a broad continuum of prevention and early intervention needs and recognizes that relevant approaches are key to making the transformation to a “help-first” framework. In El Dorado County, a Strategic Prevention Framework Planning Process (Assessment, Capacity Building, Planning, Implementation and Evaluation) was conducted and resulted in a County-wide, behavioral health promotion strategic plan that seeks to operationalize the essential elements required in all MHSA plans (Community Collaboration, Cultural Competence, Client/Family Driven Services, Wellness and Recovery Focus and Integrated Services Delivery). This Prevention and Early Intervention (PEI) application describes and documents the Community Program Planning (CPP) process and describes the County’s Plan for the PEI component which is composed of seven (7) programs. This plan will be updated annually or as required.

The following PEI CPP events took place to specifically address the MHSA PEI plan development: 11 Community Meetings and Planning meetings generating 183 community contacts (some participants may have been counted multiple times if they attended more than one meeting); Focus Groups (39) generating 456 community contacts; and, Key Interviews (47) generating 59 community contacts and 185 completed surveys.

The following PEI priorities were thereby identified:

- *Priority community mental health need:* At-risk children, youth and young adults and individuals at suicide risk
- *Priority population:* Children and youth in stressed families
- *Priority outcome:* Reduction of suicide
- *Priority age group:* Youth (and transition age youth and older adults due to the high suicide risk in these populations)
- *Priority strategy:* Prevention, selectively targeting those at risk in both the school and healthcare settings.

The community dialogue and PEI research resulted in the following findings to date:

- The local community health indicators consistently show problems in the areas of stress, aggression, and violence which require integrated strategies targeting improved overall community mental health.

- Strategies to address the needs of stressed families are deemed a priority and currently insufficient in the community.
- Local community wisdom did identify effective strategies that involve family members, are school or community-based, and address the determinants of characteristics found among stressed families (conduct disorder, depression, substance abuse, family conflict and aggression).
- Ongoing PEI CPP is critical to ensure continued re-assessment of the effectiveness of these strategies, community priorities, and proposed changes. A mechanism for this process is defined within this plan.

PEI Program Summary

In moving forward with the seven proposed PEI Programs, there was a clear acknowledgement that ongoing CPP was needed and would shape changes in the current level of our understanding and the related planning for the use of the MHSA PEI funds. It is anticipated that over time, program changes will occur to ensure continuous improvement and adjustments experienced in the funding amounts. Participation for funded programs in the local Community Strengthening Groups will be explored as a possible vehicle for this continuous reassessment. Feedback from these groups would be relayed to the MHSA Advisory Committee who, in turn, advises the Health Services Director regarding MHSA programs and funding.

Program 1 – School-based Mental Health Promotion and Service Linkage

In this strategy, County Mental Health clinicians are assigned to participate in a school-based screening team thereby providing for early identification, assessment, and referral to PEI-funded services, such as the Primary Intervention Project (PIP), Incredible Years, and other MHSA and Medi-Cal funded programs, such as, Teaching Prosocial Skills, and Trauma-focused Cognitive Behavioral Therapy. All school-age groups will be considered. The target population is youth struggling with school success assessed to be related to family stress.

Program 2 – Primary Intervention Project (PIP)

This early intervention strategy will be available on a pilot basis in two regions of the County serving youth in grades K-3. The continued use of this model and potential future pilot sites will be a subject for discussion. Youth experiencing classroom difficulties that may be a function of family stress are the target population.

Program 3 – Incredible Years

PEI-funded parenting skills classes will occur three times a year in community-based settings applied as a universal strategy. Families may be referred from the School-based Mental Health clinicians, from the Health Services Department-Mental Health Division, school districts and community partners. The MHD will provide the trained facilitators; community-based partners who wish to host the classes will provide the site, and PEI-funded meals, childcare, and the related operational materials. The intention is to provide this class on a mobile basis thereby reaching the outer lying communities over time.

Program 4 – Community Education Project

The Community Education Project seeks to promote community mental health through knowledge, education and skills training and to build the community's capacity to promote mental health through community education. The Community Education Project will apply three community educational strategies: Parenting Wisely – a multi-media CD-ROM educational tool, Family to Family – a parent education program specifically targeting families of individuals with serious mental illness, and a PFLAG-sponsored outreach (Parents, Families, and Friends of Lesbians and Gays), education and training program designed to decrease stigma and discrimination related to the LGBT (Lesbian, Gay, Bisexual and Transgender) population.

Program 5 – Wennem Wadati

The Native American Resource Collaborative has developed a culturally-specific strategy by which to engage and strengthen the mental health of youth and families. Wennem Wadati – A Native Path to Healing applies a combination of mental health early intervention strategies, traditional cultural teachings, and crisis intervention support for youth. Specifically, this program will provide outreach to American Indian youth by inviting their participation in traditional talking circles. In addition, outreach to American Indian families to participate in monthly traditional gatherings designed to spread cultural knowledge and family preservation will be conducted. Finally, during school hours, a phone line will provide access to an American Indian mental health specialist who will be available via answering service to respond to school sites in situations where American Indian students are experiencing a mental health crisis. Foothill Indian Education Alliance, a non-profit organization, serves as the contracted entity/fiscal agent for this project.

Program 6 – Home-Delivered Meals Wellness Outreach Program for Older Adults

Community-based outreach, engagement and early intervention services targeting the Older Adult population will be integrated with the existing Home-Delivered Meals program provided by the County Department of Human Services. As a result, the ability to provide mental health early detection and intervention to many older adults and caregivers will be greatly enhanced. This program targets a high-risk population for depression and suicide.

Program 7 – Health Disparities

The existing MHSA CSS plan includes a workplan designed to address Health Disparities for the Latino and Native American populations. The efforts in these areas have been largely in the areas of outreach, engagement, and early intervention. MHSA PEI funding, therefore, is proposed to be used for these programs upon PEI plan approval.

The seven (7) proposed PEI programs are also consistent with the needs and solutions addressed by the Community Services and Supports (CSS) programs—which speaks well for the community's progress toward the goal of integrated MHSA service delivery.

Identified Problem	CSS Solutions	PEI Solutions
Behavioral issues among youth displacing them from their homes	Wraparound services to prevent out-of-home placement	Programs 1-3: School-based Mental Health Promotion and Service Linkage; Primary Intervention Project (PIP), and Incredible Years parent education classes.
Homelessness & delinquency among Transition Age Youth (TAY)	Outreach, Engagement & case management services—housing & employment support	Program 4: Community Education Project - Parenting Wisely & PFLAG outreach.
Homelessness & institutionalization among adults	Outreach, Engagement & case management services—housing and employment support	Programs 4, 5 & 7: Community Education Project – NAMI’s Family to Family and culturally-specific strategies for the Latino and American Indian communities.
Isolation and depression leading to institutionalization and homelessness for older adults	Community education, outreach, engagement, and evidence-based brief treatment and transitional housing program	Program 6: Home-Delivered Meals Wellness Outreach Program for Older Adults.
Isolation and lack of culturally-specific resources for the Latino population	Outreach, engagement and supportive services linkage	Program 7: Health Disparities Initiative
Isolation and lack of culturally-specific resources for the American Indian population	Outreach, engagement and service linkage	Program 7: Health Disparities Initiative

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PEI Component of the Three-Year Program and Expenditure Plan

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