MENTAL HEALTH SERVICES ACT

Prevention and Early Intervention Component
Suicide Prevention Project Proposal

Executive Summary

Introduction

Sacramento County has been engaged in the Community Planning Process (CPP) for the Prevention and Early Intervention (PEI) component of the Mental Health Services Act (MHSA). The Division of Mental Health will continue to plan for additional PEI Projects; however, based on DMH Information Notice 08-27, we are taking the opportunity to submit an Early Start Suicide Prevention Project that will complement the PEI Statewide Suicide Prevention Initiative.

The Sacramento community has recognized for some time the need for strengthened local suicide prevention efforts. In 2004, the Deputy Administrator from Sacramento's County Wide Services Agency established the formation of a Teen Suicide Prevention Task Force in response to four (4) youth fatalities by suicide. This Task Force, comprised of the Division of Mental Health, Child Protection Services, Alcohol and Drug Services, education, and an array of community members, system partners, and services providers from diverse communities, developed recommendations that reflected a coordinated community response to teen suicide. In 2005, during Sacramento County's planning process for the Community Services and Supports (CSS) component of the MHSA, all age groups identified the need to increase help in a crisis situation. Additionally, suicide prevention was specifically named as a high priority need by transition age youth and older adults. Finally, suicide data indicate that Sacramento County has a higher suicide rate than the state-wide average. All of the above information, along with input collected during the PEI CPP, led the Division to propose a Suicide Prevention Project to Sacramento's MHSA Steering Committee. The Steering Committee fully supported the idea of moving forward and the information below delineates the planning process and strategies included in Sacramento County's Suicide Prevention Project.

Request for Suicide Prevention Project Funding

Sacramento County is requesting $1,600,000 in PEI funding to develop a Suicide Prevention Project. This comprehensive plan includes the following four strategic directions:

1. System Creation
2. Training
3. Education
4. System Accountability

Planning Process

An extensive planning process was utilized to engage consumers and family members, unserved and underserved communities, system partners and other key stakeholders. The following strategies led to engagement of the community in general PEI planning; identification of suicide prevention as a community need; and development of the Suicide Prevention Project.

- PEI Cultural Competence Advisory Committee: This committee was established in October of 2008 and meets monthly. It is an on-going committee charged with providing an ethnic, cultural and linguistic perspective to the PEI community planning process.

- PEI Community Orientation Meeting, October 2008: A total of 162 community members attended an overview of the MHSA PEI component; Sacramento County's PEI planning process; a presentation on protective factors and resiliency; and an overview of the Statewide Suicide Prevention Initiative.

- System Partner Input Paper, Fall 2008: Seventeen (17) system partners responded to a PEI System Partner Input Paper in which they articulated the Key Community Mental Health Needs and Priority Populations most critical to the populations they serve. They also identified programs already in place to meet these needs and identified training and technical assistance needs in the area of suicide prevention.

- Community Survey, Fall 2008: A total of 1700 surveys were completed by community members regarding the PEI Key Community Mental Health Needs, Priority Populations, and Suicide Prevention. The survey was translated into Sacramento County's five (5) threshold languages and the Division received assistance from community-based providers in distributing the surveys to various ethnic and cultural communities.

- Community Educational Forums, Fall 2008-Spring 2009: The Division conducted eight (8) Community Educational Forums tailored to address several of the PEI Key Community Mental Health Needs and Priority Populations. The goal of each forum was to educate the community on the specific forum topic and engage the community in a dialogue regarding their perspective of services needed and "natural settings" in which those services could be provided. The forum topics included Suicide Risk, Underserved Cultural Populations, Early Onset, Trauma, Children and Youth in Stressed Families, and several others.

- Suicide Prevention Project Workgroup, Spring 2009: Community members and other system partners were invited to an orientation meeting as the first step to the Suicide Prevention Project planning. Some members of the PEI CCAC also participated in this workgroup. Over the course of several weeks, the Suicide Prevention Project Workgroup consolidated local information and reviewed and ranked strategies to develop the Suicide Prevention Project.

Suicide Prevention Project

The California Strategic Plan on Suicide Prevention served as Sacramento County's blueprint for action at a local level. The Plan guided Sacramento County's Suicide Prevention Workgroup in building a local System of Suicide Prevention. The Workgroup developed local strategies which are consistent with and compliment the strategic directions outlined in the state plan. The following is a summary of the proposed three to five year implementation plan developed and approved by the Suicide Prevention Workgroup.

Sacramento County's Suicide Prevention Project incorporates four strategic directions:

1. **Strategic Direction One**: Create a System of Suicide Prevention
    a. **Action one**: Appoint a County Liaison who will have multiple tasks related to coordinating local suicide prevention efforts.
    b. **Action two**: Establish a Suicide Prevention Taskforce whose collective charge is to address local suicide prevention issues.
    c. **Action three**: Expand existing accredited Suicide Prevention/National Lifeline Hotline capacity by developing warm lines to include cultural/ethnic/multi-lingual capacity and populations at higher risk of suicide.

2. **Strategic Direction Two**: Training
    a. **Action one**: Expand existing accredited Suicide Prevention/National Lifeline Hotline capacity to train, evaluate and supervise crisis line volunteers and staff.
    b. **Action two**: County Liaison and Taskforce will establish targets for suicide prevention training.
    c. **Action three**: County Liaison and Taskforce will develop and implement two levels of training; 1) Gatekeeper training for system partners and, 2) specialized training for direct service providers.

3. **Strategic Direction Three:** Education
    a. **Action one:** County Liaison and Taskforce will work with diverse communities to develop and coordinate a culturally and linguistically appropriate public outreach and education campaign on suicide prevention in multiple languages.
    b. **Action two:** County Liaison and Taskforce will work with diverse communities to develop multiple culturally relevant education efforts for community gatekeepers.

4. **Strategic Direction Four:** System Accountability
    a. **Action one:** County Liaison will coordinate with the State Office of Suicide Prevention to build local capacity for program evaluation.
    b. **Action two:** County Liaison and Taskforce will encourage effective use of evidence-based, promising practice, and community-defined evidence to develop prevention and awareness programs in multiple settings and will collect data for program effectiveness.
    c. **Action three:** County Liaison and Taskforce will assess local data sources and reporting processes and develop and implement a strategy to enhance data collection regarding suicide attempts and completions.

The Division presented the Suicide Prevention Project proposal to MHSA Steering Committee on April 16, 2009. After member discussion and public comment, the Steering Committee overwhelmingly approved the proposal and supported the Division submitting the Work Plan to the Department of Mental Health after it had been further developed.

Sacramento's Suicide Prevention Project is being posted for a 30-day public comment period from **July 27, 2009, to August 27, 2009.** A Public Hearing will be held on **August 27, 2009,** at the **Administrative Services Center, 7001-A E Parkway, Sacramento,** beginning at 6:00 PM.

Public Comment

The Sacramento County Mental Health Board and the MHSA Steering Committee approved the proposed Suicide Prevention Project unanimously. The MHSA Steering Committee provided feedback and there were a number of additional comments received during the 30-day public review and comment period. Below is a summary of the all the comments and the response from the Division of Mental Health.

Several suggestions were made regarding language used in the Suicide Prevention Project:

- Add the term "gender identity" to the culture definition on Attachment T
- Clarify on page 9 that the work with the LGBTQ community by the Center for Reducing Health Disparities focused on youth rather than all age groups
- In the PEI Priority Populations, instead of naming it "Children and Youth in Stressed Families" we should specifically use the word "suicide." By using the terms "stressed", "at risk" or "trauma", we are minimizing the serious nature of suicide and propagating the stigma facing individuals and families when an individual has attempted or completed suicide.

There were general comments and suggestions made about the project:

- There were concerns expressed about the inclusion of "community-defined practices" in the project and that we should not lower our standards beneath "evidence-based practices".
- Any evidence-based practices developed by the project should be culturally competent.
- We need to be careful when looking at age groups. Do not separate cultural groups by age – it's important to work with the whole family.
- The Division needs to ensure a thorough and rigorous data collection and evaluation process.
- Several individuals emphasized the need to educate the community on risk factors associated with specific groups including Older Adults, Transition Age Youth, Native American communities, and LGBTQ individuals of all ages, but particularly youth given the higher risk for that group. The Division needs to reach out to other non-traditional mental health partners to expand the safety net of services especially as budget reductions continue to impact services available in our community. Suggestions included public schools, public health, primary health, community colleges, youth community centers, faith-based groups, and organizations that provide senior services.
- We need to support families in coping with the death of a loved one by suicide and address concerns about suicide risk for other family members.
- Death by suicide is extremely traumatizing to family members and loved ones. Any minor mental health issues may profoundly escalate during this time. These issues need to be addressed as part of support services.
- One individual commented that the Suicide Prevention Project does not apply to Deaf individuals and that Sacramento County ignores the Deaf Community.

There were several comments made in support of the Suicide Prevention Project:

- The planning process was inclusive and strong, allowed a lot of feedback from participants and was validating to those who participated.
- This project is very important to schools as every year it seems like a student dies by suicide. It is good to invest so much in prevention rather than waiting until after the fact.
- Several individuals commented that the project is comprehensive and will address a serious need in our community.
- This project will be a significant resource to the LGBTQ community as suicide risk in that population is significant, especially for individuals going through the coming out process.

These services could circumvent suicidal ideation. It is good that the project also addresses families. There is now data indicating that while parents mean well in supporting their children, they often engage in rejecting behaviors that can increase the risk of suicide for LGBTQ transition age youth.

- There was support for including services for families in the areas of communication and relationship skills, as with poor skills, there are more divorces.

Division Response to Public Comments

The Division added the term "gender identity" to the culture definition on Attachment T and also made the clarification regarding the LGBTQ focus groups targeting youth rather than all age groups. With regard to the suggested change in the PEI Priority Populations definitions, the State Department of Mental Health established these definitions. However, the Division in no way intends to minimize the seriousness of suicide or contribute to the stigma associated with suicide attempts and completions. The Division will work with the community on developing effective strategies to reduce stigma and to create a culture in our community that respects and supports individuals and families seeking help when in need.

With regard to "evidence-based" versus "community-defined evidence", the Division understands how utilizing community-defined evidence may appear to be lowering the standards beneath evidence-based practices; however, it is generally agreed that evidence-based practices, as developed, have not taken into account differences based on culture, race and ethnicity and have not been adequately validated with diverse groups. Community-defined evidence, as described in the PEI Guidelines, Enclosure 4, means practices that have a community-defined evidence base for effectiveness in achieving mental health outcomes for underserved communities. It also defines a process underway that will develop specific criteria by which effectiveness may be documented using community-defined evidence that will eventually give the procedure equal standing with current evidence-based practice. The Division will ensure that any community-defined evidence and/or promising practices are subject to a thorough and rigorous data collection and evaluation process.

The general comments and suggestions are valuable and will help guide the Division and Suicide Prevention Task Force during further planning and implementation. Specifically, we will ensure that although some strategies may target specific age groups, services and activities will also be geared toward serving the entire family. Prevention, Intervention and Postvention services will also target family members who have had loved ones die by suicide.

Strategic Direction 3 (Education) will educate the community on general suicide risk factors as well as risk factors for specific groups. The Suicide Prevention Task Force will also utilize resources developed by the Training Partnership Team in the Workforce, Education and Training Component as they related to suicide prevention and awareness training.

With regard to the comment about the Deaf Community, the Suicide Prevention Task Force will identify local issues and populations at high risk of suicide. The Deaf Community has been identified as a high need community, and as a result, culturally specific services have been developed for members of this Community. The Suicide Prevention Project will continue the

commitment to improving services to the Deaf Community as the Division is committed to reducing disparities to all underserved groups.

The Division is greatly appreciative of community members who dedicated their time and resources toward developing the Suicide Prevention Project. We believe it is a strong and comprehensive approach toward preventing suicide in our community. As stated, we will also partner with the State Office of Suicide Prevention and neighboring counties to coordinate and strengthen regional efforts focused on this serious and preventable public health issue.

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Enclosure 3

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

Form No. 1

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

County Name: Sacramento	**Date:** October 6, 2009 Revision

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

County Mental Health Director	**Project Lead**
Name: Mary Ann Bennett, Acting Deputy Director Telephone Number: 916-875-9904 Fax Number: 916-874-8249 E-mail: bennettm@saccounty.net	Name: Michelle Callejas, MHSA Program Manager Telephone Number: 916-875-6486 Fax Number: 916-875-1490 E-mail: callejasm@saccounty.net
Mailing Address: 7001-A East Parkway, Suite 300, Sacramento, CA 95823	

AUTHORIZING SIGNATURE

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

Signature Mary Ann Bennett — 10-6-2009

County Mental Health Director — Date

Executed at: Sacramento, California

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PEI COMMUNITY PROGRAM PLANNING PROCESS

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

County: SACRAMENTO **Date: October 6, 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

Leland Tom, Mental Health Deputy Director, had ultimate responsibility for the oversight of the PEI Planning process through March 31, 2009. Mary Ann Bennett, Acting Mental Health Deputy Director, has now assumed this oversight role. Michelle Callejas, MHSA Program Manager, was directly responsible for Community Program Planning oversight and project development. Working under the direction of the MHSA Program Manager, Kathryn Skrabo, MSW, was the PEI Lead Program Planner working with a PEI Planning Team.

In addition to the above, the Division's Management Team, which includes consumer, adult family member, and child/youth family member representation, reviewed and approved the PEI Planning Process, stayed current on planning developments, and provided input as planning activities were conducted.

DMH Information Notice 08-27 highlighted the opportunity to submit an Early Start Project that could complement the Statewide Initiatives. The Division of Mental Health recommended to the MHSA Steering Committee that Sacramento County move forward with a **PEI Suicide Prevention Project** while we continue our community planning efforts.

b. Coordination and Management of the Community Program Planning Process

An MHSA PEI Planning Team was formed to assist in planning. The team included the following individuals:

- Michelle Callejas, MHSA Program Manager
- Kathryn Skrabo, MHSA Program Planner
- Myel Jenkins, MHSA Program Planner
- Julie Leung, MHSA Program Planner
- Frances Freitas, MHSA Program Planner
- Jane Ann LeBlanc, MHSA Program Planner
- Anne- Marie Rucker, Program Planner, Child and Family Services Unit
- Dawn Williams, Program Planner, Research, Evaluation and Performance Outcomes Unit
- Mary Nakamura, Program Coordinator, Ethnic Services Unit
- Marilyn Hillerman, Adult Family Advocate
- Dave Schroeder, Family and Youth Advocate Coordinator

- Andrea Hillerman-Crook, Consumer Advocate
- Alex Rechs, Program Coordinator, Child and Family Services Unit
- Jan Houle, MHSA Administrative Services Officer

In addition, Jo Ann Johnson, Ethnic Services Manager, coordinated the development of the PEI Cultural Competency Advisory Committee which has provided, and will continue to provide, input throughout the planning process.

Tracy Herbert, Manager of Research, Evaluation and Performance Outcomes, developed the PEI Community Survey and coordinated the data collection from the survey, the System Partner Input Papers, the Community Educational Forums and the PEI Cultural Competency Advisory Committee feedback.

Finally, MHSA support staff and volunteers were utilized to assist with the Community Educational Forums and the Community Orientation meeting. Support was also provided by other stakeholders, including consumers, family members and community members that served on panels and assisted in promoting events to their communities and networks.

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

The MHSA Steering Committee, the highest recommending body on MHSA matters, has representation from all of the required partner sectors. The committee approved the initial PEI Planning Process structure and received updates on PEI community engagement activities. Some members representing partner sectors attended the PEI Regional Roundtable meeting on July 31 and August 1, 2008, which was sponsored by the California Institute of Mental Health (CiMH), the Mental Health Services Oversight and Accountability Commission and the State Department of Mental Health. In addition to Steering Committee members, other individuals were invited to participate and a total of 37 participants attended with representation from all of our system partners. During a breakout session, Sacramento's MHSA team utilized the time to gather input regarding our local planning process. After the Roundtable, a follow-up meeting was held to further define planning and receive feedback from partners. (See Attachment A: MHSA Steering Committee Member Roster and Attachment B: PEI Regional Roundtable Attendee list)

The MHSA Program Manager attended meetings from other systems to present information on the PEI component and to let stakeholders know how they could become involved in the planning process. Presentations were made to the following stakeholders: Child Protective Services Executive Management Committee; Sacramento's Family Advocate Committee (FAC); the Child and Family Policy Board; the Division of Alcohol and Drug Services; Ryan White Provider's Caucus; Mental Health Children's Stakeholder Meeting; the Mental Health Board Older Adult Committee, and the Sacramento Health Care Improvement Project.

In September 2008, the PEI Planning Team began meeting weekly to plan for community Stakeholder engagement activities. The first activity planned was the PEI Cultural Competence Advisory Committee Meeting held Oct 7, 2008. At this

meeting, participants were introduced to the PEI Component, learned about the Key Community Needs and Priority Populations, and were reminded to attend the Oct 22nd Community Orientation Meeting. **(**See Attachment C: Letter of Invitation to Bridge Meeting and Attachment D: PEI Cultural Competence Advisory Committee Distribution List)

On October 22, 2008, the Community Orientation Meeting kicked off our community PEI activities. Extensive outreach was done for the PEI Orientation Meeting beginning with an e-mail announcement and followed by a personalized letter of invitation from the Mental Health Director. This invitation went to numerous stakeholders, system partners, community agencies, principals and superintendents of school districts in Sacramento County, the Los Rios Community College District, CSU Sacramento, the First Five Commission, and others. The intent was to ensure that at least one representative from each agency/organization would attend and share their information with others in their organization. Along with these targeted invitations, the community was also invited to attend. There were 162 attendees at this event. The program included an explanation of the community planning process, an open invitation to participate in all activities at any level, distribution of the PEI community survey, an overview of the PEI component, a presentation on risk and resiliency and an overview of the Statewide Suicide Prevention Initiative. (See Attachment E: Community Orientation Meeting Letter of Invitation; Attachment F: Community Orientation Meeting Agenda; and Attachment G: Community Orientation Meeting Summary Graphic)

A System Partner Input Paper was designed to solicit input from system partners on what they perceive as Key Community Mental Health Needs and Priority Populations and what programs are currently in place that address mental health concerns. A specific question was asked about training and technical assistance needs related to suicide prevention. (See Attachment H: System Partner Letter and Attachment I: System Partner Input Paper Report Form)

A community survey was developed and translated into Sacramento County's five (5) threshold languages: Spanish, Cantonese, Russian, Vietnamese and Hmong. Surveys were made available on-line and distributed in hard copy to community-based organizations and at various community events. One of the survey questions asked, "If Sacramento County had money to reinforce the Statewide Initiatives locally would you support spending money on Suicide Prevention?" There were 1372 respondents that answered yes. In addition, all three state initiatives were ranked in order of importance and Suicide Prevention ranked second, after the Student Mental Health Initiative.

MHSA sent representatives from education, probation and social services to the 2009 California Mental Health Advocates for Children and Youth Conference (CMHACY) which focused on Prevention and Early Intervention. In addition, family members and youth advocates also attended through MHSA sponsorship.

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 County engaged participation from various cultural groups during the Workforce, Education and Training (WET) planning process. To continue building relationships, community leaders and other members from underserved ethnic communities were invited to a lunch meeting to discuss how the Division was "bridging" from WET to PEI.

From this meeting, the PEI Cultural Competence Advisory Committee (CCAC) was formed. The PEI CCAC provides input into the PEI Planning Process. Members were asked to participate in Community Educational Forums and/or recommend potential presenters or panelists in order to address cultural issues related to the various forum topics. Along with taking the PEI surveys into their communities, they also assisted in promoting the Community Educational Forums by distributing flyers.

One of the PEI CCAC meetings was dedicated to the issue of suicide. Responses to questions about suicide were collected and input was sent to the Suicide Prevention Workgroup. In addition, several members of the PEI CCAC participated on the workgroup. (See Attachment J: PEI CCAC 3/2/09 Meeting Minutes)

MHSA hosted eight (8) Community Educational Forums throughout the County. There were two goals for each forum: 1) to briefly educate the community about PEI, the Key Community Mental Health Needs and Priority Populations, and 2) to engage the community in a dialog about specific needs related to each topic and natural settings for PEI services and activities that would be most beneficial in serving the community. In planning each Forum, a minimum of at least one cultural perspective was showcased. Forum Two: "Underserved Cultural Populations: Disparities in Accessing Services" had specific information on cultural and refugee issues. Other cultural perspectives were covered in different forums and included the following: a LBGTQ issues; Russian and other refugee acculturation issues; depression and the elderly; foster youth; Native American historical trauma; and client and family member perspectives and concerns.

Working with the Center for Reducing Health Disparities (CRHD), MHSA staff attended community report out meetings to discuss issues relevant to the Hmong, African American and youth from Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) communities. Suicide was a concern voiced from participants in each of these meetings. The first Community Educational Forum was on Suicide Risk. The agenda included local data from The Effort, a nationally accredited Suicide Crisis Line located in Sacramento. Dr. Tanya Fancher, who is a researcher in the field of depression in the Southeast Asian Population at the University of California, Davis, spoke on suicide risk in the Asian elderly population. Judith LaDeaux, Student Affairs Coordinator of Native American Studies at the University of California spoke on suicide in the Native American community. This forum

generated great interest in the topic of suicide prevention and the importance of developing culturally and linguistically appropriate outreach and activities.

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.

The PEI Survey was translated into Sacramento County's five (5) threshold languages (Russian, Hmong, Vietnamese, Cantonese and Spanish) and was distributed at specific agencies that serve our diverse communities. Agency partners helped to outreach the surveys and members of the PEI CCAC assisted in outreach to their communities. Panelists and presenters were recruited at the PEI CCAC committee to do presentations at the eight Community Educational Forums. (See Attachment K-P: PEI Surveys in English 5 threshold languages)

The PEI survey was distributed at the 28th Annual Mental Health Aging Conference on October 23, 2008, where there were over 200 individuals in attendance. An MHSA staff member attended the monthly Older Adult Committee meeting to solicit input and report on MHSA and PEI events and activities.

The Community Educational Forums were held at different geographic locations that had access to public transportation. Flyers promoting the Community Educational Forums indicated that interpretation services would be provided upon request. Forums were rotated from evening to afternoon to accommodate a variety of schedules. Promotion of the Community Educational Forums was extensive and included sending out flyers to the MHSA email distribution list of over 1300. Flyers were also sent to system partners and providers to distribute and post. Finally, flyers were available at various events and meetings. (See Attachment Q: Listing of Community Forums)

In addition to engaging diverse cultural and ethnic groups, adults, older adults, consumers and family members, Sacramento County continued its engagement efforts and partnerships with transition age youth. MHSA supported eight (8) individuals to attend the "Serving Youth with Emotional Disturbance and Transition-Aged Youth Being Served in or At-risk for the Juvenile Justice System" conference held January 15th and 16th, 2009. Transition age youth from Mental Health America conducted a panel presentation as did staff from our Children's Unit.

The For Youth by Youth Community Educational Forum was planned by a team of young people. An active outreach campaign to form a committee was conducted from November 2008 to January 2009. Outreach began with phone calls to local community-based organizations working with youth, including agencies serving those of unserved and underserved communities. All phone calls were followed up with informational emails. MHSA staff also presented information directly to youth by making presentations at agency sites.

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

The MHSA Program Manager was invited to do a half-day presentation at the Consumer Speaks Conference on October 27, 2008. The first part included an overview of PEI, including a discussion about the Key Community Mental Health Needs and Priority Populations. The second part of the afternoon was used to have a general discussion and elicit feedback about PEI from the consumer's perspective. (See Attachment R: Consumer Speaks Conference Flyer)

The MHSA Steering Committee is comprised of 50% consumers and family members. Committee members are invited and included in all PEI activities, as well as being apprised of developments through the regular bi-monthly Steering Committee meetings.

The PEI Planning Committee included a Consumer Advocate, an Adult Family Advocate and a Family and Youth Advocate Coordinator. A PEI presentation was also made to the Family Advocate Committee (FAC) meeting.

Community Educational Forum Eight was For Youth by Youth. This Forum was planned and presented by a large group of transition age youth. Committee members included young people who self-identified as consumers and family members.

The Division has a strong collaborative relationship with Mental Health America and they were instrumental in promoting PEI planning activities. Staff members from Mental Health America have been involved in Community Educational Forums, served on the PEI Planning Committee, and helped arrange for volunteers to assist with the logistics of various events. Panel members for the Community Educational Forums included family advocates, representatives from the California Network of Mental Health Clients, the United Advocates for Children and Families, and other adult consumers as panelists.

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:

i) Individuals with serious mental illness and/or serious emotional disturbance and/or their families

Consumers and family member involvement is a core value of Sacramento's Division of Mental Health. Consumers and family members comprise 50% of the MHSA Steering committee. They are briefed on all PEI community engagement and planning activities.

PEI was part of the Consumer Speaks Conference held October 27, 2008. After a PEI overview/training, a dialogue was facilitated with the audience to provide feedback on Key Community Mental Health Needs and Priority Populations. Surveys were distributed at the Consumer Self-Help Center and other consumer-focused organizations.

MHSA developed a contract with Mental Health of America to video-tape each of the Community Educational Forums. Consumers trained by the local public access cable network produce a program called Mental Health Matters that airs on public access TV. There were four to six consumers at each of the Community Educational Forums videotaping the Forum. To date, two of the eight forums have been aired on public access TV.

Youth consumers were active in planning the For Youth by Youth Community Educational Forum. This forum was designed and facilitated by 28 diverse transition aged youth in the community who have some level of involvement in the system or who had a special interest in mental health issues.

ii) Providers of mental health and/or related services such as physical health care and/or social services

A Program Manager from Public Health's Promotion and Education Unit attended the PEI Roundtable as part of the Planning Team and assisted in developing the planning process.

The Primary Health Medical Director, a Program Manager from Child Protective Services, the Division Chief of Alcohol and Drugs Services, Director of Adult Protective Services, and Deputy Director of the Department of Human Assistance are on the MHSA Steering Committee. In addition, three (3) community agencies that represent children, adults and older adults are also on the Steering Committee.

All of the mental health contract agencies in the County were invited to the PEI Community Orientation meeting on October 22, 2008. All of the hospitals and clinics were also invited to the PEI Community Orientation meeting.

To address veterans' issues, Janet Lial, Suicide Prevention Coordinator at the Veterans' Administration Hospital, presented at the Community Educational Forum on Suicide Risk and Mike Miracle, Director, Veteran's Center presented on Trauma in the Military at the Community Educational Forum entitled The Psycho-social Impact of Trauma.

Alondra Thompson, a licensed therapist in private practice, presented on post-partum depression at the Community Education Forum about Individuals Experiencing Onset of Serious Psychiatric Illness.

At the Community Educational Forums, the following doctors, who all work in the UC Davis Health Care system, served as panelists:

- Dr. Tanya Fancher – Suicide in the Elderly Population
- Dr. Cameron Carter – Youth and Early Adulthood Onset of Mental Illness
- Dr. Ladson Hinton – Elderly Depression

iii) Educators and/or representatives of education

The Superintendent of the Sacramento County Office of Education (SCOE) is a member of the MHSA Steering Committee. SCOE and two (2) representatives

from the Los Rios Community College District attended the CiMH PEI Roundtable as part of the Sacramento Team.

The Division of Mental Health (DMH) and SCOE co-sponsored a full-day planning meeting that brought school districts and county mental health together. Staff from SCOE and DMH met on four different dates to plan for this meeting. An outcome of this very successful meeting included a 32 page summary document that will be used to provide input into the PEI planning decisions.

SCOE has a state contract with the California Department of Education to develop tools for counties across the state to use to support local PEI education efforts. The Sacramento SCOE/Division of Mental Health summary document is being developed by SCOE to be distributed statewide as an example of how education and mental health can work together collaboratively **(**See Attachment S: Collaborative Partnerships in Sacramento County)

Local schools were major participants in the Teen Suicide Task Report done in 2006 and provided input into the Suicide Prevention Project Workgroup.

iv) Representatives of law enforcement

Representatives from Probation, the Public Defender's Office and the Juvenile Court are on the MHSA Steering Committee, the highest recommending body for MHSA activities in Sacramento County.

One of the Community Educational Forums focused on Youth at Risk of Juvenile Justice. The Chief of Probation and the Sacramento City Youth Gang and Violence Prevention Coordinator were two of the panelists, in addition to several gang prevention specialists, one with the Sacramento Police Department and another with the Mayor's Office of Youth Development.

The Probation Department and the Criminal Justice Cabinet also submitted System Partner Input Papers as part of the PEI Planning Process.

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

At the Community Educational Forum entitled Stigma and Discrimination, Delphine Brody, representing the California Network of Mental Health Clients, presented the client perspective and Vickie Mendoza from the United Advocates for Children, Youth and Families presented the youth family perspective. Marilyn Hillerman, representing NAMI, presented the adult family perspective and Laurel Mildred, the former Executive Director for the California Network of Mental Health Clients and current consultant, represented an overall perspective on mental illness, prevention, stigma and discrimination.

Jesus Sanchez from Youth in Focus spoke on the stigma associated with being lesbian, bisexual, gay, transgender or questioning. Kenn Logan, a youth

advocate with Mental Health America, and Lou Williamson, MA, an adult consumer, provided their perspectives as panelists on the Individuals Experiencing the Onset of Serious Psychiatric Illnesses Community Education Forum.

MHSA works very collaboratively with consumers and family members employed by Mental Health America (MHA) to promote PEI planning activities. Staff members from MHA have been involved in community Educational Forums and serve on the PEI Planning Committee and MHSA Steering Committee.

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

Experiences from the CSS and WET planning process provided the community with a familiarity with the participatory process. The Community Orientation Meeting and each of the eight Community Educational Forums had a brief training overview on PEI and emphasized ways to get involved. The PEI Cultural Competence Advisory Committee received a training as well.

At the MHSA Steering Committee, training on the PEI component was provided to members. Additionally, the PEI Planning Process was reviewed and discussed with the Steering Committee and the Division Management Team. At each MHSA event, the Division posts laminated posters that list the MHSA five (5) essential elements and we continually train to these elements.

For the Suicide Prevention Project Workgroup, the first overview meeting provided an orientation to PEI and at each subsequent workgroup meeting, PEI principles and values and the five essential elements were part of each discussion.

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.

During the CSS process, there was a sense that the County engaged in, but did not sustain, meaningful relationships with diverse communities. The Division of Mental Health heard from members of the community that we had solicited their input only to meet our needs and disregarded their input. Because of this feedback, strong efforts were made, and continue to be made, to outreach and engage with our unserved and underserved communities and the Division has followed up with communities we have worked with in the past. Careful thought went into the PEI CCAC meeting held on Oct 7, 2008, to make sure feelings of inclusion and respect were experienced by participants.

We continue to work on improving communication and inclusion. There is an MHSA distribution list of over 1300 and all activities, meetings and issues of importance are sent to those on the list. For certain events and planning meetings, personal phone

calls were also made to ensure participation and clarify information. Periodic updates are also sent via email.

When planning various community events, we take into account the times and locations to meet the needs of community members. We also make an effort to seek specific input from our system partners and stakeholders in order to nurture relationships.

During the stakeholder input process, the Division learned that crisis services were a community need across all ages and in all the sectors. Because of that, we moved forward on Suicide Prevention, knowing it had been an area of interest in the CSS planning process and that was in alignment with PEI.

During the CSS process, 143 program proposals were submitted for consideration but only five (5) were approved due to the limited amount of funding available. This resulted in a high level of frustration in the community and many stakeholders chose not to continue participating. In moving forward with PEI, we have been clearer about the limited resources available and have made a concerted effort to manage expectations.

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.

In addition to sending out flyers, posting events on the MHSA web page and sending out e-mail announcements to our distribution list, we engaged our other system partners to assist us in promoting PEI events through their networks. Outreach efforts were measured to be successful based on the number of individuals that attended our PEI activities. We asked everyone that attended to sign in and were able to identify what kind of demographic breakdown we had. Evaluations were completed at each of the Community Educational Forums and the input was very favorable.

At the end of the Suicide Prevention Project Workgroup, the committee evaluated the planning process. The feedback was positive and included the following:

- Appreciated having data to respond to rather than having to create something from scratch;
- Liked the brief format of having longer meetings for a fixed amount of time;
- Members felt their opinions were heard;
- One member from the PEI CCAC appreciated that the feedback from the PEI CCAC was actually incorporated into the Suicide Prevention Project – good example of follow-through and inclusion.

The initial outreach for the For Youth by Youth Community Educational Forum began in November 2008 and continued up to date of the Forum, March 6, 2009. Electronic methods were a primary source of outreach – the flyer was emailed out to many distribution lists and posted through electronic newsletters. The For Youth by Youth committee also took responsibility for promoting the Forum by taking flyers to

their high schools and local community based agencies, such as Asian Pacific Community Counseling and Hmong Women's Heritage Association.

The planning committee completed a survey on the planning process. The committee members were surveyed to assess how they felt about the experience of leadership and planning and it was very favorable.

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

a. The date of the public hearing:

August 27, 2009
6:00 p.m. – 9:00 p.m.
DHHS-DBHS Administrative Services Center
7001-A East Parkway
Conference Room 1
Sacramento, CA 95823

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 Division of Mental Health posted the Suicide Prevention Project for public comment and review from July 27, 2009 through August 27, 2009.

An announcement was placed in the Sacramento Bee newspaper indicating the link to the posting and the date of the Public Hearing. An e-mail indicating the link to the posting and date of the Public Hearing was sent to all of our Child and Adult contract providers, our local libraries, and over 1300 individuals on our MHSA e-mail distribution list. The Executive Summary was translated into Sacramento County's five (5) threshold languages and also posted for review. The Division worked with agencies that serve various cultural and ethnic groups in circulating the translated versions and obtaining feedback from the communities they serve.

The MHSA Program Manager presented the Suicide Prevention Project at the following meetings:

- Sacramento County Mental Health Board: August 4, 2009
- MHSA Steering Committee: August 20, 2009
- PEI Cultural Competency Advisory Committee: August 24, 2009

A Public Hearing was conducted by the Sacramento County Mental Health Board on August 27, 2009.

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

The Sacramento County Mental Health Board and the MHSA Steering Committee approved the proposed Suicide Prevention Project unanimously. The MHSA Steering Committee provided comments included below.

There were a number of additional comments received during the 30-day public review and comment period. Below is a summary of the comments and the response from the Division of Mental Health

Public Comment

Several suggestions were made regarding language used in the Suicide Prevention Project:

- Add the term "gender identity" to the culture definition on Attachment T
- Clarify on page 9 that the work with the LGBTQ community by the Center for Reducing Health Disparities focused on youth rather than all age groups
- In the PEI Priority Populations, instead of naming it "Children and Youth in Stressed Families" we should specifically use the word "suicide." By using the terms "stressed", "at risk" or "trauma", we are minimizing the serious nature of suicide and propagating the stigma facing individuals and families when an individual has attempted or completed suicide.

There were general comments and suggestions made about the project:

- There were concerns expressed about the inclusion of "community-defined practices" in the project and that we should not lower our standards beneath "evidence-based practices".
- Any evidence-based practices developed by the project should be culturally competent.
- We need to be careful when looking at age groups. Do not separate cultural groups by age – it's important to work with the whole family.
- The Division needs to ensure a thorough and rigorous data collection and evaluation process.
- Several individuals emphasized the need to educate the community on risk factors associated with specific groups including Older Adults, Transition Age Youth, Native American communities, and LGBTQ individuals of all ages, but particularly youth given the higher risk for that group. The Division needs to reach out to other non-traditional mental health partners to expand the safety net of services especially as budget reductions continue to impact services available in our community. Suggestions included public schools, public health, primary health, community colleges, youth community centers, faith-based groups, and organizations that provide senior services.

- We need to support families in coping with the death of a loved one by suicide and address concerns about suicide risk for other family members.
- Death by suicide is extremely traumatizing to family members and loved ones. Any minor mental health issues may profoundly escalate during this time. These issues need to be addressed as part of support services.
- One individual commented that the Suicide Prevention Project does not apply to Deaf individuals and that Sacramento County ignores the Deaf Community.

There were several comments made in support of the Suicide Prevention Project:

- The planning process was inclusive and strong, allowed a lot of feedback from participants and was validating to those who participated.
- This project is very important to schools as every year it seems like a student dies by suicide. It is good to invest so much in prevention rather than waiting until after the fact.
- Several individuals commented that the project is comprehensive and will address a serious need in our community.
- This project will be a significant resource to the LGBTQ community as suicide risk in that population is significant, especially for individuals going through the coming out process. These services could circumvent suicidal ideation. It is good that the project also addresses families. There is now data indicating that while parents mean well in supporting their children, they often engage in rejecting behaviors that can increase the risk of suicide for LGBTQ transition age youth.
- There was support for including services for families in the areas of communication and relationship skills, as with poor skills, there are more divorces.

Division Response to Public Comments

The Division added the term "gender identity" to the culture definition on Attachment T and also made the clarification regarding the LGBTQ focus groups targeting youth rather than all age groups. With regard to the suggested change in the PEI Priority Populations definitions, the State Department of Mental Health established these definitions. However, the Division in no way intends to minimize the seriousness of suicide or contribute to the stigma associated with suicide attempts and completions. The Division will work with the community on developing effective strategies to reduce stigma and to create a culture in our community that respects and supports individuals and families seeking help when in need.

With regard to "evidence-based" versus "community-defined evidence", the Division understands how utilizing community-defined evidence may appear to be lowering the standards beneath evidence-based practices; however, it is generally agreed that evidence-based practices, as developed, have not taken into account differences based on culture, race and ethnicity and have not been adequately validated with diverse groups. Community-defined evidence, as described in the PEI Guidelines, Enclosure

4, means practices that have a community-defined evidence base for effectiveness in achieving mental health outcomes for underserved communities. It also defines a process underway that will develop specific criteria by which effectiveness may be documented using community-defined evidence that will eventually give the procedure equal standing with current evidence-based practice. The Division will ensure that any community-defined evidence and/or promising practices are subject to a thorough and rigorous data collection and evaluation process.

The general comments and suggestions are valuable and will help guide the Division and Suicide Prevention Task Force during further planning and implementation. Specifically, we will ensure that although some strategies may target specific age groups, services and activities will also be geared toward serving the entire family. Prevention, Intervention and Postvention services will also target family members who have had loved ones die by suicide.

Strategic Direction 3 (Education) will educate the community on general suicide risk factors as well as risk factors for specific groups. The Suicide Prevention Task Force will also utilize resources developed by the Training Partnership Team in the Workforce, Education and Training Component as they related to suicide prevention and awareness training.

With regard to the comment about the Deaf Community, the Suicide Prevention Task Force will identify local issues and populations at high risk of suicide. The Deaf Community has been identified as a high need community, and as a result, culturally specific services have been developed for members of this Community. The Suicide Prevention Project will continue the commitment to improving services to the Deaf Community as the Division is committed to reducing disparities to all underserved groups.

The Division is greatly appreciative of community members who dedicated their time and resources toward developing the Suicide Prevention Project. We believe it is a strong and comprehensive approach toward preventing suicide in our community. As stated, we will also partner with the State Office of Suicide Prevention and neighboring counties to coordinate and strengthen regional efforts focused on this serious and preventable public health issue.

d. The estimated number of participants: 365

PEI Project Summary

County: Sacramento County PEI Project Name: Suicide Prevention Project Date:

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☐	☐	☐	☐
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☐	☐		
4. Stigma and Discrimination	☐	☐	☐	☐
5. Suicide Risk	☒	☒	☒	☒

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

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

With DMH Information Notice 08-27 highlighting the opportunity to submit an Early Start Project that could complement the Statewide Initiatives, the Division of Mental Health proposed to the MHSA Steering Committee that Sacramento County move forward with the development of an Early Start Suicide Prevention Project while the overall PEI Community Planning Process continued.

There were several sources of data that supported the development and planning of the Suicide Prevention Project. In 2004, in response to four (4) youth fatalities by suicide, Sacramento County commissioned a Teen Suicide Prevention Taskforce to develop a suicide prevention plan for Sacramento County adolescents. Early in Sacramento County's CSS Community Planning Process (CPP) in 2005, the community identified the need to increase help in a crisis situation for community residents of all ages. Suicide was specifically named as a high priority issue for Transition Age Youth and older adults. In the recent past, Sacramento County started its PEI CPP. In the fall of 2008, more than 1,700 Sacramento County residents participated in the PEI Community Planning Survey and prioritized suicide risk as a Key Community Need. Furthermore, this past fall, 17 system partners responded to a PEI System Partner Input Paper and identified a need for training and technical assistance related to suicide prevention and intervention. Finally, Sacramento County's 2006 suicide rate was 13.3 people per 100,000 compared to the statewide average of 9.0 per 100,000.

On February 19, 2009, the Division of Mental Health convened a Suicide Prevention Community Orientation Meeting. System partners, MHSA Steering Committee members, PEI Cultural Competency Advisory Committee members, Teen Suicide Prevention Taskforce members, school partners, community members, providers that attended Community Educational Forum One, Suicide Risk, and the community at large were invited to attend. This meeting provided an opportunity to inform attendees about local and state data related to suicide. Sandra Black from the DMH Office of Suicide Prevention introduced The California Strategic Direction on Suicide Prevention Plan. Our local Suicide Prevention Crisis Line / National Suicide Prevention Lifeline Provider, The Effort, reviewed local Sacramento data and informed the audience about their Crisis Line operations and services. Meeting attendees participated in assets and gaps mapping related to local suicide prevention, intervention, and post-vention services and they were invited to participate in the Suicide Prevention Project Workgroup. In addition, members of other committees, including the PEI Cultural Competence Advisory Committee and the SCOE/Mental Health participants were encouraged to participate in the Workgroup.

Using the California Strategic Plan on Suicide Prevention's strategic directions as a framework, Workgroup participants assembled on March 4, 11, 18, 2009 to develop local suicide prevention strategies. Workgroup participants linked assets and gaps, which were reframed as strategies, to one or more of the four strategic directions outlined in the Plan. Workgroup participants reviewed and clarified the strategies identified, developed additional strategies, and prioritized strategies within each strategic direction. All of these strategies combined to form Sacramento's three-year proposed Suicide Prevention Project.

On April 16, 2009, the MHSA Program Manager presented the proposed Suicide Prevention Project to the MHSA Steering Committee. After much discussion, the members overwhelmingly supported the proposal and recommended that Sacramento County further develop the plan for submission to DMH. Additionally, there was strong support from community members and stakeholders, as expressed during public comment at this meeting.

3. PEI Project Description:

The California Strategic Plan on Suicide Prevention served as Sacramento County's blueprint for action at our local level. The Plan guided the Sacramento County's Suicide Prevention Project Workgroup in building a local System of Suicide Prevention. The Workgroup developed local strategies, which are consistent with and complement the strategic directions as outlined in the state Plan. (See Attachment T: MHSA PEI Proposed Suicide Prevention Project)

The Suicide Prevention Project is being submitted as one project of our overall PEI Plan. Per DMH Information Notice 07-19, Form Number 7 was not completed as Sacramento County has not determined which PEI Project will be used to meet the local evaluation requirement. Form Number 7 will be completed upon submission of the final PEI Plan.

SUICIDE PREVENTION PROJECT DESCRIPTION:

I. Strategic Direction One: Create a System of Suicide Prevention

A. Action one: Appoint a County Liaison whose tasks include:

1. Coordinate local suicide prevention efforts
2. Coordinate and collaborate with the state Office of Suicide Prevention
3. Establish, convene, and maintain a new Suicide Prevention Taskforce to collectively address local suicide prevention issues

B. Action two: Establish a Suicide Prevention Taskforce whose membership will reflect a broad range of local stakeholders, including system partners and community-based leaders and organizations, with expertise and experience with diverse at-risk groups. Taskforce initial charge includes:

1. Develop and implement a comprehensive assessment of existing local suicide prevention services, supports and major gaps.
2. Develop a local suicide prevention action plan that promotes multiple points of entry, to include on-line communication and "no wrong doors".
3. Establish protocols for interagency communication and coordination.

C. Action three: Increase existing accredited Suicide Prevention Crisis Line / National Suicide Prevention Lifeline capacity by expanding interpretation services and developing warm lines and ethnic/multi-cultural crisis lines that promote a centralized number so that people in need can call.

1. Up to five (5) potential contractors that serve underserved and unserved communities will provide the technology and staff to support a warm line and two (2) types of support services that will meet the needs of the community they serve, such as a peer-to-peer and/or clinical support groups and/or an identified culturally appropriate support service. The target groups for the warm lines will be established by the Division based on higher risk of suicide and/or reaching unserved/underserved racial, cultural and ethnic communities. Some possibilities include, but are not limited to, Transition-Age Youth, particularly Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ); Older Adults; Native Americans; African Americans; mental health consumers; and one or more of Sacramento County's current five threshold language groups. It is understood that traditional suicide prevention strategies may not be effective for all groups; therefore, the Division will seek providers that have a history of serving the targeted group and can tailor the services to be culturally and/or linguistically appropriate and responsive.
2. The Suicide Prevention Crisis Line / National Suicide Prevention Lifeline contractor, The Effort, will provide oversight of the warm lines and train each warm line contractor in crisis line / warm line skills, such as the ASIST model; form a coalition of warm line agencies that meet weekly for coordination and supervision; and provide on-site support to assist agencies in maintaining quality assurance for each warm line. (See Attachment U: Strategic Direction One, Warm line Diagram)
3. Explore the feasibility of utilizing the Suicide Prevention Crisis Line as the Sacramento County Mental Health Plan's after-hours crisis line.

II. Strategic Direction Two: Training

A. Action one: Expand existing accredited Suicide Prevention Crisis Line / National Suicide Prevention Lifeline capacity to train, evaluate and supervise crisis line volunteers and staff.

B. Action two: County Liaison and Taskforce will establish targets for suicide prevention training by:

1. Identifying evidence-based, promising practice and community-defined evidence guidelines and practices for gatekeeper and clinical training.
2. Establish standards for best practices related to suicide prevention.
3. Evaluate and implement procedures and protocols that relate to assessing suicide risk and intervention.

4. Define and train to core competencies for assessment, intervention and pre- and post-vention based on best practice and accepted agency/systems procedures and protocols.
5. Establish local training targets for selected occupations, develop and implement a plan to meet those targets, and establish measures to assess progress .

C. Action three: County Liaison and Taskforce will develop and implement two levels of training: (1) gatekeeper training for system partners and (2) specialized training for direct service providers.

Although other trainings may be considered by the Taskforce, ASIST (Applied Suicide Intervention Skills Training), currently being provided by The Effort, may be used for gatekeepers, system partners, service providers, and community members. ASIST is a two-day interactive workshop that trains professionals and other community providers in suicide "first-aid". Participants are trained how to recognize and assess the potential risk of suicide. This workshop also equips the participant with the intervention skills to keep the person safe until the appropriate level of ongoing help can be accessed. The training is designed for persons in a position of trust, including professionals, paraprofessionals, and lay people. It is also suitable for mental health professionals, nurses, physicians, pharmacists, teachers, counselors, youth workers, police, correctional staff, school support staff, clergy and community volunteers. The Suicide Prevention Workgroup discussed a number of gatekeepers, including some of those just mentioned, to be trained within the parameters of this project. A modified version of ASIST may also be used given the amount of time required for the full ASIST training. Another training option is Question, Persuade and Refer (QPR). The Taskforce will determine which of these gatekeepers will be targeted, trainings they will receive, and establish priorities for trainings. Any trainings used will take into account cultural and linguistic considerations.

III. Strategic Direction Three: Education

A. Action one: County Liaison and Taskforce will work with diverse communities to develop and coordinate a culturally and linguistically appropriate public outreach and education campaign on suicide prevention in multiple languages for the purpose of enhancing awareness and reducing stigma. The public outreach campaign may include: developing Public Service Announcements, creation of a speakers' bureau, creation of suicide awareness training teams, development and distribution of written materials, developing a community calendar of activities promoting local and national suicide prevention activities, and developing a directory of local suicide prevention services. Sacramento County has entered into discussions with neighboring counties about coordinating trainings and public outreach and education efforts.

B. Action two: County Liaison and Taskforce will:

1. Coordinate outreach efforts with diverse communities to increase the number of key community gatekeepers who can effectively recognize life-threatening distress.
2. Partner with diverse communities to develop and implement culturally and linguistically relevant gatekeeper training to expand awareness and participation in suicide prevention efforts.

IV. Strategic Direction Four: System Accountability

A. Action one: County Liaison will coordinate with the state Office of Suicide Prevention to build local capacity for program evaluation.

B. Action two: County Liaison and Taskforce will encourage effective use of evidence-based, promising practice, and community-defined evidence to develop prevention and awareness programs in multiple settings and will collect data for program effectiveness.

C. Action three: County Liaison and Taskforce will:

1. Assess local data sources and reporting processes pertinent for suicide prevention.
2. Develop and implement a strategy to enhance data collection
3. Create a system to track relevant information related to suicide attempts and completions.

MILESTONES AND TIMELINE:

Milestones	**Estimated Timeline**
Selection of County Liaison	1-3 months
Establishing Suicide Prevention Taskforce	6 months
Selection of Warm Line Providers through an RFP Process / Contract Development	6-9 months
Gatekeeper Training	6-9 months
Specialized Training for Service Providers	6-12 months
Suicide Prevention Public Awareness Campaign	6-9 months
Development and Implementation of Enhanced Data Collection Strategy	6-9 months

PEI PROJECT SUMMARY

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2010 by type		Number of months in operation through June 2010
	Prevention	Early Intervention	
Suicide Prevention Crisis Line / National Suicide Prevention Lifeline Expansion	Individuals: 8,700	Individuals:	8 months
Suicide Prevention Warm Lines and Support Services	Individuals: 100 Families:	Individuals: Families:	1 month
Suicide Prevention Public Awareness Campaign	Individuals: 10,000 Families:	Individuals: Families:	6 months
Gatekeeper Trainings/Specialized Trainings	Individuals: 200 Families:	Individuals: Families:	8 months
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 19,000** **Families**:	**Individuals:** **Families**:	Months of operation depends on program, RFP process, etc. Will range from 1 to 8 months if Project receives approval in October 2009.

The numbers projected above are rough estimates. We will be engaging in competitive bid processes for most of the services so there will be delays in implementation. While the projection for the Warm Lines appears low, it is estimated it will take several months to issue a Request for Proposals (RFP), select providers, obtain approval from the Board of Supervisors, negotiate contracts, and have the volunteers trained to receive calls. In all likelihood, there will not be much time to deliver services prior to June 2010.

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

Sacramento County's existing Suicide Prevention Crisis Line / National Suicide Prevention Lifeline and the project's Warm Lines will link individual community members who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to Sacramento County Mental Health, primary care providers or other appropriate mental health service providers. The contractor will provide oversight to Warm Line providers and will include resource and referral information in on-going training and supervision. Resource information will include mental health services as well as other community assets such as social services, substance abuse treatment, domestic or sexual violence prevention and intervention, etc. Emphasis will be placed on identifying existing age-appropriate and culturally relevant community services.

Warm Line providers will provide culturally relevant and appropriate activities and support services to the specific communities they serve. Support services may include, but are not limited to, public awareness and education tailored to specific communities; Peer-to-Peer support services, and support groups facilitated by provider clinical staff, peers, and community leaders.

Gatekeeper training and clinical training will also include resource and referral information to enable system gatekeepers and clinicians to link community members who are perceived to need assessment or extended treatment for mental illness or emotional disturbance, or who have other service needs, to appropriate resources.

6. Collaboration and System Enhancements

Sacramento County's Mental Health Division has established ongoing relationships with mental health providers and system partners, including Alcohol and Drug Services, Child Welfare, Juvenile Justice, local school districts, primary care providers, Senior and Older Adult Services, Cultural and Ethnic Service Providers and many other community organizations. Many of these partners were involved in the planning of this Suicide Prevention Project. These partners will also be invited to participate in the Suicide Prevention Taskforce. This Project will strengthen these partnerships and may lead to mutually beneficial leveraging opportunities.

The first undertaking of the Suicide Prevention Taskforce will be to establish member roles and responsibilities related to their charge in establishing, maintaining, and evaluating a local system of suicide prevention. The Taskforce and the Division of Mental Health will collaborate with other counties to address regional needs and to increase efficiency and economies of scale.

Another important partner in the implementation of this Project is The Effort, a community-based organization that operates the Suicide Prevention Crisis Line / National Lifeline. They provide valuable community services and this Project will expand the Crisis Line / Lifeline capacity. The Effort will also provide oversight over the Warm Lines which will include training, supervision, and monitoring of Warm Line Providers' staff and volunteers.

Warm Line Providers will be determined through an RFP process and will be considered as significant partners in the implementation of this Project. It is anticipated that potential providers will have existing outreach and support services in place that can be leveraged and enhanced. Potential providers will be required to demonstrate the capacity to understand, engage and serve their identified cultural and ethnic community effectively, such as having culturally and linguistically appropriate staff and experience serving the identified community. They must also demonstrate their ability to implement the program effectively, meet fiscal, administrative, and data collecting/evaluation responsibilities, and achieve intended outcomes.

Existing partners and potential providers will be asked to contribute internal resources that may include space, equipment, staff, volunteers, peer support, and supervision. During the RFP process, potential providers will be asked to describe their plan for generating support, leveraging additional resources and/or funding to expand and/or sustain programs.

This Project will be sustained through continued MHSA PEI funding. As part of implementing the Project's programs, Sacramento County Division of Mental Health will monitor and assess each provider's ability to achieve outcomes and meet fiscal requirements throughout the contract period. Program evaluation will address effectiveness of programs, progress towards achieving outcomes and goals, and sustainability.

7. Intended Outcomes

The Suicide Prevention Project Workgroup determined the desired individual and system level outcomes and developed strategies that would lead to the following outcomes:

I. Individual Outcomes-Suicide Prevention Crisis Line and Warm Line

A. Increase access to and linkage with needed services (e.g., support services, crisis services, etc.). Indicators:

1. The percent of people calling who receive a referral
2. The percent of people calling who receive a follow-up phone call to check on well-being and referral linkage
3. The percent of calls that are identified as being from unserved or underserved populations

B. Improvements in self-reported life satisfaction and well-being. Indicators:

1. Survey questions addressing self reported changes and life satisfaction and well-being

PEI PROJECT SUMMARY

II. System and Program Outcomes:

A. Increase community (especially unserved and underserved) and system partner awareness through education strategies about the following:

- Suicide is a public health problem that is preventable
- The stigma associated with suicide attempts, completions and with being a mental health consumer or family member
- Knowledge and implementation of suicide prevention strategies and best practices related to suicide prevention and intervention
- Recognition of at-risk behaviors related to suicide, referrals of resources/services and delivery of services

B. Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the media.

C. Improve and expand system accountability through data collection, training and public outreach.

D. Increase capacity of Crisis Line to serve underserved and unserved cultural and ethnic populations.

E. Develop Warm Line capacity to serve underserved and unserved cultural and ethnic populations and individuals with general mental health issues.

F. Increase collaboration among community organizations and system partners to improve referrals and follow-up services.

III. Methods/Measure of Success:

A. Surveys, program documentation and data collection

B. Crisis-call tracking and follow-up

C. Pre-Post Tests to measure learning from training sessions

8. Coordination with Other MHSA Components

I. Coordination with Community Services and Supports

All Sacramento County CSS programs will be identified as community resources in Gatekeeper and specialized trainings. If callers to the Crisis Line or Warm Lines need mental health services, they will be referred to one of the Access Teams and may subsequently be linked to a CSS or other program in our mental health plan. Staff members in all programs, including CSS, will receive suicide prevention training. The Taskforce will include CSS Programs in the development of interagency communication. CSS Programs' staff will be encouraged to participate in the development of the local system of Suicide Prevention.

II. Intended Use of Workforce Education and Training Funding

The WET Training and Partnership Team will be considered a resource in providing and implementing this Projects' training needs as part of the WET component. Suicide Prevention training was identified as a priority training area in our WET Plan and was included in the Action on training. There will be collaboration with the Suicide Prevention Taskforce so as not to duplicate efforts.

III. Intended Use of Capital Facilities and Technology Funds

At this time, Capital Facilities and Technology funds have not been identified for this Project.

9. Additional Comments (optional)

N/A

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Enclosure 3
Revised 08/08

Form No. 4

PEI Revenue and Expenditure Budget Worksheet

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

County Name: Sacramento
Date: 07/27/09
PEI Project Name: Suicide Prevention
Provider Name (if known): not known
Intended Provider Category: not yet defined

Proposed Total No. of Individuals to be served:	FY 08-09		FY 09-10	2,000
Total No. of Individuals currently being served:	FY 08-09		FY 09-10	10,000
Total No. of Individuals to be served through PEI Expansion:	FY 08-09		FY 09-10	12,000
Months of Operation:	FY 08-09		FY 09-10	11

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 08-09	FY 09-10	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
1) Suicide Prevention Liaison	$ -	$ 91,000	$ 91,000
2) Outcome/Accountability Spec	$ -	$ 91,000	$ 91,000
b. Benefits and Taxes @41%	$ -	$ 75,000	$ 75,000
c. Total Personnel Expenditures	$ -	$ 257,000	$ 257,000
2. Operating Expenditures			
a. Facility Cost	$ -	$ 10,000	$ 10,000
b. Other Operating Expenses	$ -	$ 45,000	$ 45,000
c. Total Operating Expenses	$ -	$ 55,000	$ 55,000
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
a. Crisis Line / Warmlines	$ -	$ 1,138,000	$ 1,138,000
b. Training	$ -	$ 50,000	$ 50,000
c. Public Relations Campaign	$ -	$ 100,000	$ 100,000
d. Total Subcontracts	$ -	$ 1,288,000	$ 1,288,000
4. Total Proposed PEI Project Budget	$ -	$ 1,600,000	$ 1,600,000
B. Revenues (list/itemize by fund source)			
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
1. Total Revenue	$ -	$ -	$ -
5. Total Funding Requested for PEI Project	$ -	$ 1,600,000	$ 1,600,000
6. Total In-Kind Contributions	$0	$225,000	$225,000

**Fiscal Years have been changed per verbal direction from DMH*

Form 4 - Budget Narrative

SACRAMENTO COUNTY DIVISION OF MENTAL HEALTH
SUICIDE PREVENTION PROJECT
BUDGET NARRATIVE

A. Expenditures

1. Personnel Expenditures - 2.0 FTE's

a. Salaries based on Sacramento County Human Services Program Planner Range B at Step 9
Suicide Prevention Liaison will oversee Project implementation and work with State Office of Suicide Prevention.
Outcome/Accountability Specialist will develop evaluation of programs within Project, data collection, and outcome evaluation.

b. Benefits calculated at 41% of salary costs.

2. Operating Expenditures

a. Facility Costs - calculated at 5% of salaries
b. Other Operating Expenses - calculated at 24% of salaries to include: allocated costs, office supplies, telecommunications, mileage, etc.

3. Subcontracts/Professional Services

Contracts and subcontracts have not been awarded and therefore are not known at this time.

B. Revenues

There are no anticipated revenues contributing to this project.

6. In-Kind Contributions

In-Kind funds are calculated based on volunteers staffing the Suicide Prevention Crisis Line assuming 24/7 coverage, 7 days per week equating to 6.0 FTE at $30,000/year + 25% benefits.

Enclosure 3

Form No. 5

PEI Administration Budget Worksheet

NOTE - We will request Administration funds when we submit our entire PEI Plan

Date: _____

	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			$ -	$ -	$ -
b. PEI Support Staff			$ -	$ -	$ -
c. Other Personnel (list all classifications)					
d. Employee Benefits			$ -	$ -	$ -
e. Total Personnel Expenditures			$ -	$ -	$ -
2. Operating Expenditures					
a. Facility Costs			$ -	$ -	$ -
b. Other Operating Expenditures			$ -	$ -	$ -
c. Total Operating Expenditures			$ -	$ -	$ -
3. County Allocated Administration					
a. Total County Administration Cost			$ -	$ -	$ -
4. Total PEI Funding Request for County Administration Budget			$ -	$ -	$ -
B. Revenue					
1. Total Revenue			$ -	$ -	$ -
C. Total Funding Requirements			$ -	$ -	$ -
D. Total In-Kind Contributions			$ -	$ -	$ -

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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:	Sacramento
Date:	7/27/09

		Fiscal Year			Funds Requested by Age Group			
#	List each PEI Project	**FY 07/08**	**FY 09/10**	**Total**	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	Suicide Prevention	$ -	$ 1,600,000	$ 1,600,000	$ 400,000	$ 416,000	$ 384,000	$ 400,000
				$ -				
				$ -				
				$ -				
				$ -				
				$ -				
				$ -				
				$ -				
				$ -				
				$ -				
	Administration		$ -	$ -				
	Administration funds will be requested when entire PEI Plan is submitted							
	Total PEI Funds Requested:	$ -	$ 1,600,000	$ 1,600,000	$400,000	$416,000	$384,000	$400,000

*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).

FY 2009/10 Mental Health Services Act
Summary Funding Request

County: Sacramento Date: 7/27/2009

	MHSA Component				
	CSS	**CFTN**	**WET**	**PEI**	**Inn**
A. FY 2009/10 Planning Estimates					
1. Published Planning Estimate[a/]				$10,712,200	
2. Transfers[b/]					
3. Adjusted Planning Estimates	$0	$0	$0	$10,712,200	$0
B. FY 2009/10 Funding Request					
1. Required Funding in FY 2009/10[c/]				$1,600,000	
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds[d/]				$0	
b. Adjustment for FY 2008/09[e/]				$0	
c. Total Net Available Unspent Funds	$0	$0	$0	$0	$0
3. Total FY 2009/10 Funding Request	**$0**	**$0**	**$0**	**$1,600,000**	**$0**
C. Funding					
1. Unapproved FY 06/07 Planning Estimates					
2. Unapproved FY 07/08 Planning Estimates				**$0**	
3. Unapproved FY 08/09 Planning Estimates				**$1,600,000**	
4. Unapproved FY 09/10 Planning Estimates				**$0**	
5. Total Funding[f/]	**$0**	**$0**	**$0**	**$1,600,000**	**$0**

FY 2009/10 Mental Health Services Act
Prevention and Early Intervention Funding Request

County: Sacramento Date: 7/27/2009

	PEI Work Plans		FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Type of Intervention			Estimated MHSA Funds by Age Group			
	No.	Name		Universal Prevention	Selected/ Indicated Prevention	Early Intervention	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.	1	Suicide Prevention Project	$1,600,000	$1,600,000	$0	$0	$400,000	$416,000	$384,000	$400,000
2.										
3.										
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22.										
23.										
24.										
25.										
26.	**Subtotal: Work Plans**[a/]		**$1,600,000**	$1,600,000	$0	$0	$400,000	$416,000	$384,000	$400,000
27.	**Plus County Administration**									
28.	**Plus Optional 10% Operating Reserve**									
31.	**Total MHSA Funds Required for PEI**		**$1,600,000**							

a/ Majority of funds must be directed towards individuals under age 25--children, youth and their families and transition age youth . Percent of Funds directed towards those under 25 years= 51.00%

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NOTE - Form 7 is intentionally left blank

PERSONS TO RECEIVE INTERVENTION

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUVENILE JUSTICE	SUICIDE PREVENTION	STIGMA/ DISCRIMINATION
ETHNICITY/ CULTURE							
African American							
Asian/ Pacific Islander							
Latino							
Native American							
Caucasian							
Other (Indicate if possible)							
AGE GROUPS							
Children & Youth (0-17)							
Transition Age Youth (16-25)							
Adult (18-59)							
Older Adult (>=60)							
TOTAL	0	0	0	0	0	0	0

Total PEI project estimated ***unduplicated*** count of individuals to be served _____

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MHSA STEERING COMMITTEE MEMBERS
2007 - 2009

SLOT	STAKEHOLDER GROUP:	APPOINTED BY:	MEMBER	ALTERNATE
1	Mental Health Board*	Mental Health Board	Jane Fowler	Susan McCrea
2	Co-Chair** - Mental Health Director	Department of Health & Human Services Director	Mary Ann Bennett	Dorian Kittrell
3	Service Provider - Children	Association of Mental Health Contractors	Lyn Farr (EMQ)	Sheila Self (River Oak)
4	Service Provider - Adults	Association of Mental Health Contractors	Susan Stieber (Turning Point)	Joe St. Angelo
5	Service Provider - Older Adults	Association of Mental Health Contractors	Deborah Short (HRC)	René Reis (El Hogar)
6	Law Enforcement	Criminal Justice Cabinet	R.C. Smith	Scott Jones
7	Adult Protective Services/Senior & Adult Services	Department of Health & Human Services Director	Bert Bettis	Judy Ludwick
8	Education	Sacramento County Office of Education	David W. Gordon	Joyce Wright
9	Department of Human Assistance	Department of Human Assistance Director	Toni J. Moore	Suzanne Hammer
10	Alcohol & Drug Services	Department of Health & Human Services Director	Maria Morfin	Marguerite Story-Baker
11	Cultural Competence	Cultural Competence Committee	Katherine Elliot	Hendry Ton
12	Children Protective Services	Department of Health & Human Services Director	Dovie Hostetler	Vacant
13	Health	Department of Health & Human Services Director	Dorothy Pitman	John Onate
14	Juvenile Court	Presiding Judge	Kenneth G. Peterson	Carol S. Chrisman
15	Probation	Chief of Probation	Michael Shores	John Reilly
16	Consumer - TAY	6-member panel	Reina Kaslofski	Vacant
17	Consumer - TAY	6-member panel	Kenneth Logan	Porcha Primes
18	Consumer - Adult	6-member panel	Andrea Hillerman-Crook	Valerie Retallack
19	Consumer - Adult	6-member panel	William Romero	Vacant
20	Consumer - Older Adult	6-member panel	Al Lipson	Vacant
21	Consumer - Older Adult	6-member panel	Frank Topping	Vacant
22	Family Member/Caregiver of Child age 0-17 Yrs	6-member panel	Edwina Browning Hayes	Lois Cunningham
23	Family Member/Caregiver of Child age 0-17 Yrs	6-member panel	Stephanie Ramos	Rebecca Solorio
24	Family Member/Caregiver of Adult age 18-59 Yrs	6-member panel	Tyna Allianic	Hideko Davis
25	Family Member/Caregiver of Adult age 18-59 Yrs	6-member panel	Michelle Balkis	Nafeesah Rasheed
26	Family Member/Caregiver of Older Adult age 60+ Yrs	6-member panel	Marilyn Hillerman	Gulshan Yusufzai
27	Family Member/Caregiver of Older Adult age 60+ Yrs	6-member panel	Caroline Caton	Karen Owen
28	Family Member/Consumer At-large	6-member panel	Dave Schroeder	David Kiesz

* Note - Mental Health Board member will also be Consumer/Family Member
** Note - the 2nd Co-Chair position will be a Committee member appointed by the Committee.

There are 14 Consumers and Family Members, including the Mental Health Board Member, which is 50% of the Steering Committee membership

PEI Regional Roundtable Attendee List
July 31-August 1, 2008

NAME	SECTOR REPRESENTED
Ambrose, Carla	Alcohol and Drug Services
Beckhorn, Nisha	Education- Los Rios Community College
Beebe, Michaele	Family Member
Brody, Delphine	Consumer
Callejas, Michelle	Sacramento County Division of Mental Health - MHSA
Cunningham, Lois	Family Member
Edison, Joni	CPS
Efken, Lynn	Sacramento County Office of Education
Elmore, Richard	Sacramento County Mental Health Treatment Center
Garrison, Kathryn	Mental Health Provider - EMQ
Hillerman, Andrea	Consumer Advocate
Hillerman, Marilyn	Family Member
Jenkins, Myel	Sacramento County Division of Mental Health - MHSA
Johnson, Ellen	Native American Community
Johnson, JoAnn	MH Ethnic Services Manager
LeBlanc, Jane Ann	Sacramento County Division of Mental Health - MHSA
Malloy, Paulette	Alcohol and Drug Services
Mangan, Pat	Sacramento County Division of Mental Health
Nakamura, Mary	Sacramento County Division of Mental Health
Netters, Tyrone	Community
Porteus, Jonathan	Community based agency
Quinley, Matthew	Sacramento County Division of Mental Health
Raney, Cheryl	SCOE
Rucker, Anne-Marie	Sacramento County Division of Mental Health
Schroeder, David	Family Advocate
Self, Sheila	Community based agency
Skrabo, Kathryn	Sacramento County Division of Mental Health - MHSA
Soto, David	Area 4 on Aging
Thull, Lynn	Community
Thurston, Holly	Sacramento County Division of Mental Health - MHSA
Tom, Leland	Sacramento County Division of Mental Health
Tracy, Gwyneth	Los Rios Community College
Vang, Pa Kou	Underserved Community - Asian
Walton, Bernice	Public Health
Williams, Dawn	Sacramento County Division of Mental Health
Wright, Joyce	Sacramento County Office of Education
Ynostroza, Joe	Underserved Community -Latino
Young, Michael	Youth Advocate

Countywide Services Agency

Department of Health and Human Services

Mental Health Services
Leland Tom, Director

Mental Health Services Act
Michelle Callejas, MFT
Program Manager

County of Sacramento

Terry Schutten, County Executive
Penelope Clarke, Agency Administrator
Lynn Frank, Director

Address:

Dear _____,

We would like to invite you to attend a luncheon meeting to acknowledge and thank the community members who participated in our Mental Health Services Act (MHSA) Workforce Education and Training (WET) planning process and to invite others to join us as we continue with our MHSA efforts. Many of you participated in focus groups, granted interviews regarding strategies for diversifying our workforce, attended Task Force meetings, attended Workgroup meetings and chaired Workgroups and/or the WET Taskforce. We greatly appreciate the time you have dedicated to helping us transform our mental health system of care.

The next area of focus is on the Prevention and Early Intervention component of the MHSA. We want to inform you about our planning process and let you know about opportunities to get involved. We are also considering forming an advisory committee comprised of diverse community members to provide direction on the planning process and are very interested in your opinions and suggestions regarding this idea. We are committed to improving services and reducing disparities in unserved and underserved communities and value your input on how we can accomplish these goals.

Please join us at this luncheon on Tuesday, October 7, 2008 from 12:00 to 2:00 pm at the Oak Park Community Center, 3425 Martin Luther King, Jr. Blvd, Sacramento, 95817. If you are unable to attend but would like to recommend someone to attend in your place, please let us know so that we can welcome your representative. If you have any questions, please call Mary Nakamura (876-5821), Kathryn Skrabo (875-4179) or Myel Jenkins (875-1534). We look forward to seeing you all on the 7th!

Jo Ann Johnson, Program Manager
Mary Nakamura, Program Coordinator
Myel Jenkins, Planner
Kathryn Skrabo, Planner
Michelle Callejas, Program Manager

7001-A East Parkway, Suite 300 • Sacramento, California 95823-2501 • phone (916) 875-6472 • fax (916) 875-6970
Visit our Website at http://www.sacdhhs.com/mhsa

PEI Cultural Competence Advisory Committee Distribution List

Full Name	Affiliation
Abdur-Rahim Wasi	Dept of Human Assistance, County of Sacramento
Alondra L. Thompson	Private Practive
Annette Knox	La Familia Counseling Cemter
Atary Xiong	Southeast Asian Assistance Center
Barbara Laymance	Consumer Self Help
Ben Jones	Mental Health America of Northern California
Britta Guerrero	Sacramento Native American Health Center
Carmen Pacheco	El Hogar
Carol Britto	Senior and Adult Services, County of Sacramento
Carolina Flores	Community Member
Chiem-Seng Yaangh	Sacramento City USD
Cibonay Cordova	Sacramento Native American Health Center
Connie Reitman-Solas	Inter-Tribal Council of CA, Inc.
Cristiana Giordano	UC Davis Center for Reducing Health Disparities
Dawn Williams	Division of Mental Health, County of Sacramento
Deborah Kawkeka	California Rural Indian Health Board, Inc.
Derrell Roberts	Roberts Family Development Center
Dr. Lue Vang	Sacramento City USD
Dr. Serge Lee	Sacramento State University, Division of Social Work
Elaine Abelaye	Asian Resources, Inc.
Elizabeth Contreras	Alcohol and Other Drug Services, County of Sacramento
Ellen Johnson	Native American Health Center
Frank Nava	Community Member
Hendry Tong	UC Davis
Jackie Kaslow	Community Member
Jan Houle	Division of Mental Health, County of Sacramento
Jane Ann LeBlanc	Division of Mental Health, County of Sacramento
Jeanette Stedifor	Sacramento Regional Office, Career Development, Native TANF Program
Jesus Cervantes	Dept of Mental Health, County of Sacramento
Jesus Sanchez	Youth in Focus
Jo Ann Johnson	Division of Mental Health, County of Sacramento
Joe Ynostroza	CA Hispanic Commission on Alcohol & Drug Abuse, Inc.
Judy Fong Heary	Asian Pacific Counseling Center
Julie Leung	Division of Mental Health, County of Sacramento
Kao Thun	United Lu-Mien Community
Katherine Elliott, Ph.D., MPH	UC Davis Center for Reducing Health Disparities
Kathryn Skrabo	Division of Mental Health, County of Sacramento
Katrina Lee	House of Hope Ministry
Koua Franz	Hmong Women's Heritage Association
Laura Leonelli	Southeast Asian Assistance Center
Laurel Benhamida	Muslim American Society-Social Services Foundation
Lester Neblett	Sacramento Gay and Lesbian Center

PEI Cultural Competence Advisory Committee Distribution List

Full Name	Affiliation
Lorenda T. Sanchez	California Indian Manpower Consortium, Inc.
Lynnaia Keune	La Familia Counseling Cemter
Marilyn Hillerman	Mental Health America of Northern California
Mark Teeley	MAAP Inc.
Mary Nakamura	Division of Mental Health, County of Sacramento
Marya Endriga	CSUS
Maurine Huang	Opening Doors, Inc.
Mercedes Gonzalez-Wise	Asian Pacific Counseling Center
Michael Young	Mental Health America of Northern California, S.A.F.E.
Michelle Callejas	Division of Mental Health, County of Sacramento
Myel Jenkins	Division of Mental Health, County of Sacramento
Neng Vang	Sacramento ACT
Nicolette Dennison	Division of Mental Health, County of Sacramento
Oralia Bermudez	La Familia Counseling Cemter
Pa Kou Vang	Hmong Women's Heritage Association
Patrick Marius Koga	UC Davis
Pavel Nikora	Community Member
Peter A. Zaragoza, Jr.	California Indian Manpower Consortium, Inc.
Poshi Mikalson	Mental Health America of Northern California
Ray Martinez	MAAP Inc.
Reina Kaslofski	Mental Health America of Northern California, S.A.F.E.
Rene Oliver	SAMHSA
Roman Romaso	Slavic Assistance Center
Ron King	The Gardens Community Center
Roy Kim	Sacramento Employment and Training Center
Sandy Stowell	EMQ
Shahnaz Kamali, LCSW	CalWORKS
Sharon Saffold	Division of Public Health, County of Sacramento
Stephanie Ramos	Mental Health America of Northern California
Terence Imai	Mental Health Board, County of Sacramento
Thomas Vang	Sacramento Lao Family Community, Inc.
Tina Roberts	Roberts Family Development Center
Tony Lee	EMQ
Tonya L Fancher, MD MPH	University of California, Davis
Troy Wood	Division of Mental Health, County of Sacramento
Tyrone Netters	Consultant, African American Community
Valentine Lopez	Community Member
Valerie Ries-Lerman	NAMI
Virginia Saldaña-Grove	MAAP Inc.
Viva Vang	Division of Mental Health, County of Sacramento
William Romero	Wellness and Recovery Center

Countywide Services Agency

Department of Health and Human Services

Mental Health Services
Leland Tom, Director

County of Sacramento

Terry Schutten, County Executive
Penelope Clarke, Agency Administrator
Lynn Frank, Director

Dear

In 2004, Proposition 63 was passed and became known as The Mental Health Services Act (MHSA). To date, the MHSA has generated approximately three billion dollars. This funding is being used to expand and enhance mental health services as counties throughout the state work strategically to transform the public mental health system. There are five components of the MHSA that form the foundation of this system transformation. Sacramento County has implemented the first component, Community Services and Supports (CSS), and continues to work collaboratively with the community on establishing new CSS programs to serve individuals and families living with mental illness or emotional disturbances. We are also in the final stages of planning the Workforce Education and Training (WET) component of the MHSA, which is designed to recruit, train and retain a skilled and diverse workforce.

The Division of Mental Health is now planning for another component of the MHSA – Prevention and Early Intervention (PEI). PEI represents an unprecedented opportunity to plan for services and supports that educate and engage individuals ***prior*** to the development of a serious mental illness or emotional disturbance. PEI is critical to shifting our mental health system from "fail first" to "serve first" and allows us to develop strategies that cultivate protective factors, reduce risk factors, build upon an individual's skills, and increase support for children, youth, adults and families in our community.

In order to receive PEI funding, counties must conduct a planning process that includes a wide array of community stakeholders. In the initial stage, we will solicit input to prioritize the Key Community Mental Health Needs and Priority Populations set forth by the State Department of Mental Health. After data have been gathered and analyzed, we will work collaboratively with the community to develop specific strategies and projects that address the needs and populations identified in the data gathering process.

I would like to invite you or a representative to attend a PEI Orientation Meeting on Wednesday, **October 22, 2008**. We will discuss PEI funding guidelines and inform you of opportunities to get involved. As we prepare for PEI, it is critical that we partner and collaborate with community stakeholders to leverage resources and develop strategies that will yield a comprehensive Prevention and Early Intervention plan.

I hope you will join us in our efforts to promote wellness for all residents of Sacramento County – together, we can make it happen!

Sincerely,

Leland Tom

Leland Tom, Director
Mental Health Division

The next component of the
MENTAL HEALTH SERVICES ACT

PREVENTION AND EARLY INTERVENTION (PEI)

IS ROLLING OUT IN SACRAMENTO COUNTY

You (or your representative) are invited to attend a PEI Orientation Meeting to learn how the Division of Mental Health will plan for new prevention services for children, youth, adults, and families.

OCTOBER 22, 2008
CSUS Alumni Center*
6000 J Street
4:30 – 7:30 p.m.

4:30- 5:30	*Registration and light hors d'oeuvres*
Program	Welcome and Greeting
	Opening Comments
	MHSA and PEI Overview • PEI Requirements • PEI Planning Process
	Sacramento PEI Framework: Protective Factors
	Statewide Initiative: Suicide Prevention
	Closing

In order to plan appropriately, please RSVP by October 14, 2008, by e-mail, fax or phone:

- MHSA@SacCounty.net
- Fax: 875-1490
- Phone: 875-MHSA(6472)

If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Mary Drain one week prior to the meeting at 875-4639 or DrainM@SacCounty.net

*** Parking passes will be available in front of the Alumni Center**

Mental Health Services Act
Prevention and Early Intervention (PEI)
Community Orientation Meeting

CSUS Alumni Center
October 22, 2008
4:30- 7:30 p.m.

Social Networking	**4:30 – 5:30**
Welcome	**5:30 – 5:50**
• **Leland Tom, Director, Division of Mental Health**	
• **Don Nottoli, Supervisor, Sacramento County Board of Supervisors**	
MHSA and PEI Overview	**5:50 – 6:20**
• **Michelle Callejas, MFT, MHSA Program Manager**	
Break and Completion of Surveys	**6:20 – 6:35**
Sacramento PEI Framework: Protective Factors	**6:35 – 7:05**
• **Bonnie Benard, MSW Senior Program Associate, West Ed**	
Statewide Initiatives: Suicide Prevention	**7:05 – 7:15**
• **Sandra Black, MSW, Department of Mental Health Office of Suicide Prevention**	
Questions/Comments	**7:15 – 7:30**

MHSA

MENTAL HEALTH SERVICES ACT
PREVENTION & EARLY INTERVENTION
COMMUNITY ORIENTATION
OCT 22, 2008

WELCOME & THANK YOU FOR ATTENDING!
- THANK YOU MICHELLE & STAFF
- COMMUNITY INVOLVEMENT IS CRITICAL TO MHSA SUCCESS
  - PRIORITIES
  - RESOURCES
  - INPUT

LEGAND TOM > "VITAMIN WATER" (TOM) IS PREVENTION MEASURE

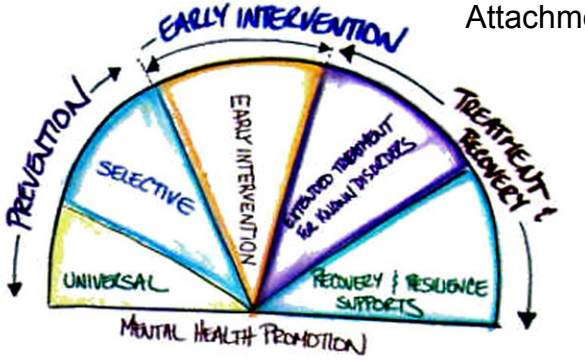
SUPV. DON NOTTOLI
- EXPERTISE, KNOWLEDGE & EXPERIENCE HAS POSITIVELY INFLUENCE SUCCESSFUL MENTAL HEALTH SYSTEM
- $ + RESOURCE + EXPERIENCE = SUCCESS
- "HELP FIRST APPROACH" IS GOOD APPROACH

"GOOD START!"

MICHELLE CALLEJAS
- THANK YOU KATHRYN S

YEAH! APPLAUSE

PEI
SERVICES & PROGRAMS DESIGNED TO PREVENT MENTAL ILLNESS FROM OCURRING OR FROM BECOMING MORE SEVERE & DISABLING



NEED WORKPLAN TO SUCCEED
MUST MEET STATE GUIDELINES & ADDRESS 1 OR MORE KEY COMMUNITY MENTAL HEALTH NEEDS

MHSA COMPONENTS
- COMMUNITY SVCS & SUPPORT (CSS)
- WORKFORCE EDUCATION & TRAINING (WET)
- CAPITAL FACILITIES & TECHNOLOGY
- PREVENTION & EARLY INTERVENTION (PEI)
- INNOVATION

OLD
- FAIL FIRST
- ACCEPT LONG-TERM DISABILITY
- FOCUS ON SYMPTOMS
- LITTLE HOPE OF LEADING NORMAL LIFE
- SYSTEM DRIVEN

NEW
- SERVE FIRST
- WELLNESS, RECOVERY & RESILIENCE - HOPE
- FOCUS ON WHOLE PERSON
- COMMUNITY PARTICIPATION
- CLIENT/FAMILY DRIVEN

POWERPOINT PROVIDED

MUST LEVERAGE RESOURCES TO SUCCEED

LEVERAGE PARTNERSHIPS


WORKING TOGETHER TO PROMOTE WELLNESS IN SAC COUNTY
POWERPOINT PROVIDED
BONNIE BENARD
STATEWIDE 'INITIATIVES': SUICIDE PREVENTION
POWERPOINT PROVIDED
SANDRA BLACK
STRATEGIC DIRECTION:
• CREATE A SYSTEM OF SUICIDE PREVENTION
• WORKFORCE & TRAINING ENHANCEMENTS
• EDUCATE COMMUNITIES TO TAKE ACTION
• PROGRAM EFFECTIVENESS & SYSTEM ACCOUNTABILITY
PLEASE CONSIDER AS YOU DEVELOP P.E.I.
MOVE FROM RISK FOCUS TO RESILIENCE!
RESILIENCE
FOCUS
RISK
COME TOGETHER AS A COMMUNITY WITH A COMMON VISION!
Q & A
IS RESILIENCY PART OF COLLEGE CURRICULUM?
- KEY PIECE AS A PROFESSIONAL
- THERAPIST MUST INSTILL HOPE
MAJOR MESSAGES FROM RESILIENCE RESEARCH
1. MOST PEOPLE DO MAKE IT DESPITE EXPOSURE TO RISK & ADVERSITY
2. ALL PEOPLE HAVE A RESILIENT NATURE
3. PEOPLE MATTER!
4. IT'S HOW WE DO WHAT WE DO THAT COUNTS
• CARING RELATIONS
• MEANINGFUL PARTICIPATION
• HIGH EXPECTATIONS
5. THE PROCESS OF TAPPING RESILIENCE BEGINS WITH THE BELIEF OF CARE GIVERS IN HUMAN RESILIENCE

Countywide Services Agency

Department of Health and Human Services

Mental Health Services
Leland Tom, Director

Mental Health Services Act
Michelle Callejas, MFT
Program Manager

County of Sacramento

Terry Schutten, County Executive
Penelope Clarke, Agency Administrator
Lynn Frank, Director

November 17, 2008

Dear System Partner:

The Mental Health Services Act (MHSA), also known as Proposition 63, was a voter initiative passed in 2004. This initiative imposes a 1% tax on all incomes over one million dollars. Revenue collected from this tax is dedicated to expanding mental health services throughout the state and transforming the public mental health system. In Sacramento County, new treatment programs were implemented through the Community Services and Supports (CSS) component of the MHSA, the first of five components of the MHSA. The Division of Mental Health planned for the CSS component through an intensive, inclusive and multi-faceted stakeholder process. We are currently engaged in a similar planning process for another component, Workforce Education and Training (WET). It is anticipated that a WET Plan will be developed and sent to the state for approval by fall. On the heels of WET planning, we are now embarking on a third stakeholder planning process for the newest component, Prevention and Early Intervention (PEI).

In September 2007, the California Department of Mental Health (DMH) issued proposed guidelines for the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan. Funding for Sacramento County will be approximately $7.4 million annually to implement new strategies that will address key mental health needs in our community. DMH requires counties to partner with seven specific sectors and recommends that counties partner with several other sectors as well.

PEI is an unprecedented opportunity to plan services and supports that can engage individuals prior to the development of a serious mental illness or serious emotional disturbance. PEI emphasizes prevention and early intervention as key strategies to transforming California's mental health system and is critical to achieving the goal of moving toward a "help first" system.

The Division stakeholder planning process will involve gathering input on how to create a comprehensive PEI Plan that meets one or more Key Community Mental Health Needs and Priority Populations as defined by DMH. In October of 2008, the Division of Mental Health started the process by requesting ideas and opinions from the community through a community survey. Additionally, a series of community educational forums and focus groups will be held throughout the County. A PEI Task Force and workgroups will be formed to review the data and make recommendations on which strategies and programs can best meet the needs of our county.

7001-A East Parkway, Suite 300 • Sacramento, California 95823-2501 • phone (916) 875-6472 • fax (916) 875-1490
Visit our Website at http://www.sacdhhs.com/mhsa

Task Force recommendations will eventually go to the MHSA Steering Committee. These strategies will become the basis of new prevention and early intervention approaches and programs that will be included in our PEI plan.

In addition to the information from the survey, community educational forums and focus groups, we are requesting specific input from our system partners through what we are calling a System Partner Input Paper. Information provided in this report will provide a better understanding of what community mental health needs your organization addresses and what priority populations identified by DMH intersect with the population your organization serves. The Division will compile all the reports that are submitted and each organization that submits a report will receive a copy. We anticipate that this may be a useful tool for future collaborative efforts or grants.

To submit a System Partner Input Paper, please complete the attached forms and return no later than December 12, 2008. If you have any questions please contact Kathryn Skrabo, PEI Program Planner, at 875-4179.

For more detailed explanations of the terms above, please review the Prevention and Early Intervention Program and Expenditure Guidelines available at:
http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_and_Intervention/default.asp

Sincerely,

Leland Tom, Director
Division of Mental Health

Attachments

MHSA Prevention and Early Intervention
System Partner Input Paper

Thank you for taking the time to complete the System Partner Input Paper. This input will be used to assist the Division of Mental Health in better understanding services that are currently available in Sacramento County and to better define unmet community mental health needs. The report should be no more than five (5) pages. Please return this completed page and narrative input to Kathryn Skrabo, MHSA Program Planner at skrabok@saccounty.net by December 12, 2008. Your response makes a difference!

System/Organization _____

Contact Person: _____

Address: _____

Phone No: _____

Email address: _____

The California Department of Mental Health, in conjunction with the Mental Health Services Oversight and Accountability Commission (OAC), has developed a list of Key Community Mental Health Needs and Priority Populations which counties must address in their PEI Plans. Since we do not have funding to address all the needs and populations, we are seeking community and system partner input in helping to identify which needs and populations should be prioritized.

The Key Community Mental Health Needs PEI can focus on are:

- Disparities in Access to Mental Health Needs
- At-Risk Children, Youth and Young Adult Populations
- Suicide Risk
- Psycho-Social Impact of Trauma
- Stigma and Discrimination

The Priority Populations PEI can focus on are:

- Underserved Cultural Populations
- Children/Youth At-Risk of School Failure
- Children/Youth At-Risk of Juvenile Justice Involvement
- Children/Youth in Stressed Families
- Individuals Exposed to Trauma
- Individuals Experiencing Onset of Serious Psychiatric Illness

1. Please indicate which Key Community Mental Health Needs are reflected in the population you serve (check all that apply).

☐ Unequal Access to Mental Health Services
☐ Psycho-Social Impact of Trauma
☐ At-risk Children, Youth and Young Adult Populations
☐ Stigma and Discrimination
☐ Suicide Risk

2. Please indicate which Priority Populations would most benefit from prevention and early intervention supports and strategies (check all that apply).

☐ Underserved Cultural Populations
☐ Children/Youth At-Risk of School Failure
☐ Individuals Experiencing Onset of Serious Psychiatric Illness
☐ Children/Youth in Stressed Families
☐ Individuals Exposed to Trauma
☐ Children/Youth At-Risk of Juvenile Justice Involvement

3. What age group(s) does your organization serve or represent? (check all that apply).

☐ Children & Youth (0-15)
☐ Transition Age Youth (16-25)
☐ Adults
☐ Older Adults (60+)

MHSA Prevention and Early Intervention
System Partner Input Paper

In each of the sections listed below, please provide information that best describes your organization and the population you serve. Data will drive the PEI planning process, therefore, when possible, please reference your data sources. Completed responses and cover sheets can be submitted to Kathryn Skrabo at skrabok@saccounty.net

Thank you for your assistance in this important opportunity to bring prevention and early intervention services to Sacramento County!

Section One: Organization Background

Please provide a brief overview of your organization and include:

a. Mission of your organization
b. Services provided by your organization
c. Population served (eligibility, age, demographics, etc.)
d. Does your organization participate in any partnerships or collaborations with other system partners and/or community-based agencies to meet the needs of the population you serve? If so, please explain.

Section Two: Programs and Practices

Does your organization currently provide or contract out for mental health and/or prevention services? If so,

a. What are the services provided?
b. What population receives the services?
c. Describe any evidence-based or promising practices or programs being used.
d. If evidenced-based or promising practices or programs are being used, what have been the outcomes?

Section Three: Mental Health Need in Sacramento County

Based on your response to questions 1 and 2 regarding PEI Priority Populations and Key Community Mental Health Needs (from page 1, #1 and #2), please explain how these unmet needs impact the population you serve. What data sources let you know this?

Section Four: Suicide Risk

Suicide Risk is a Key Community Mental Health Need and a Statewide Initiative. What kind of infrastructure (i.e. training, technical assistance) do you think would be useful to your system in addressing suicide risk?

Section Five: Stigma and Discrimination

Stigma refers to attitudes and beliefs that motivate individuals to fear, reject and avoid those who are labeled, diagnosed or perceived to have a serious mental illness. The reduction of stigma and discrimination is a Key Priority of the Mental Health Services Act and is a PEI Statewide Initiative. What does stigma and discrimination look like in the population you serve?

Section Six: Optional

Is there anything else you would like us to know about your system or organization that relates to prevention and early intervention?

PEI Cultural Competence Advisory Committee (CCAC)
Meeting Notes for March 2, 2009 10-11:30 am
Bethany Presbyterian Church

If participants wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Mary Drain *one week prior to each meeting* at (916) 875-4639 or DrainM@SacCounty.net.

Attendees: William Romero, Grace Galligher, JoAnn Johnson, Michelle Callejas, Laura Leonelli, Thomas Vang, Ainslee Clark, Linette Knox, PK Vang, Kathryn Skrabo, Laurel Benhamida, Poshi Mikalson, Cibonay Cordova, Lindsey Slama, Mary Nakamura, Rahim Wasi, Derrell Roberts

Agenda Item	Discussion	Action
Welcome & Introductions	Mental Health Division Program Managers Michelle Callejas and Jo Ann Johnson welcomed members to the 4th meeting of the PEI Cultural Competence Advisory Committee. Roundtable introductions MHSA Team extends thanks to the Bethany Presbyterian Church for hosting today's meeting. Previous meeting minutes were reviewed with no questions or changes. Due to DHHS budget impacts, January and February CCAC meetings were put on hold. Some members of the CCAC attended the DHHS Budget Reduction Focus Groups and provided input.	
PEI Update	Michelle Callejas provided brief updates of the PEI Planning Process: At this time, we are continuing to move ahead in spite of the budget situation. Because PEI funds can not be used for our treatment services, the goal is to move forward and try to get money flowing into the community ASAP. Plans were discussed with MHSA Steering Committee to develop CCAC and the role it will provide with MHSA planning and	

	implementing. • We have conducted 7 of 8 PEI Community Educational Forums. Thanks to members who have attended the forums and to PK Vang and Laurel Benhamida who were panelists. • The final forum is For Youth by Youth, providing a youth perspective and youth voice that includes poetry and skits. Approximately 20 youth on the planning committee. Their goal is to have more than 100 attendees. • Other sources of feedback were the Community Survey and System Partner Input Paper. We have received 15 responses to the Input paper so far. • We have held preliminary meetings on the focus groups that we are going to conduct with Unserved and Underserved Cultural and Ethnic Communities. • Suicide Prevention Project – moving forward with this project as it ranked high on community survey. Suicide Prevention was identified as a priority need in the CSS Planning Process and Workforce Education and Training Planning Process. There is a high need for training, not just in Mental Health system, but throughout the whole community. The goal is to train individuals in our communities to identify signs of suicide risk and provide help. Today members of the CCAC will be asked to identify Assets and Gaps in cultural and ethnic communities and what the specific needs are. • Proposition E – Special election to amend the MHSA to transfer funds temporarily. CMHDA and other advocates organizing efforts to challenge proposition. Partners in system programs looking for	

	success stories, how programs impacted individuals with a positive change.	
PEI Suicide Prevention Project	Julie Leung –First meeting of Suicide Prevention Project held on February 19th. Representatives from the State and The Effort presented data and statistics for suicide in Sacramento County. Assets/Gaps Exercise – Members provided strategies and suggestions regarding suicide prevention resources in the community. Collective feedback will be incorporated with the dialogue from the project planning group.	
Role of PEI CCAC	MHSA projects will not be approved by the state without specifically indicating how each project will address racial, cultural, and ethnic populations in order to reduce disparities. The PEI CCAC was developed as an advisory capacity to strengthen projects or proposals. This group will not be developing proposals at this time. Suggestions from members: • Handout with roles of the PEI CCAC – who we are and what we do • Agenda emailed ahead of time • CCAC members to attend larger groups/committees to provide input • If all CCAC members are unable to attend other groups/committees to provide input, members could coordinate their schedules to ensure that there is CCAC representation at each of the workgroups/ committees.	

Key Informant Document	Interviews with specific ethnic and cultural representatives were conducted to further inform the MHSA WET planning. The outcome of the workforce needs assessment indicated a need to increase bilingual/bicultural staff to address the increasing diversity of our community. Please refer to: *Conversations with Community Leaders: Strategies for working with Diverse Racial, Cultural, and Ethnic Communities*	
Next Steps **Future Agenda Items**	Key informant document to be discussed at next meeting. Next meeting - April 7 10:00-11:30 am Location – The Gardens 2251 Florin Rd, Suite 129 Sacramento CA 95822	

Questions? Email us at: MHSA@SacCounty.net or call (916) 875-MHSA
Visit us online at www.sacdhhs.com/MHSA

Sacramento County
Mental Health Services Act

Prevention and Early Intervention Community Survey

The Sacramento County Division of Mental Health is in the process of planning for Prevention and Early Intervention programs in the community.

Prevention and Early Intervention (PEI) is a component of the California Mental Health Services Act. PEI is intended to address and reduce the risk factors and/or stressors that contribute to the onset of serious mental illness, as well as maintain the well being of individuals in the community.

This survey is intended to gather community input around needs for Sacramento County residents that will help to promote mental wellness and reduce factors that contribute to the onset of mental illness.

Your participation in this survey is appreciated and your input is critical for the Prevention and Early Intervention planning process.

Please send surveys to:

7001-A East Parkway, Suite 300
Sacramento, CA 95823
Attn: Dawn Williams

Or fax to:

916-876-5254

If you have any questions please contact Dawn Williams at 916-875-0832 or e-mail williamsd@saccounty.net

The deadline for submitting your survey is November 14, 2008

If you completed the survey before, thank you for your input. Please do not complete the survey again as we are trying to avoid duplication.

SACRAMENTO COUNTY
PREVENTION AND EARLY INTERVENTION
COMMUNITY SURVEY

Addressing Key Community Mental Health Needs

The State defines 5 community mental health needs that must be considered while planning for Prevention and Early Intervention. We understand ALL of these needs are important, but Sacramento County needs your opinion on the order of importance. Please rank these 5 needs in order of importance from most important (1) to least important (5).

Community Mental Health Needs	**Rank 1 through 5** (1=most important)
Unequal Access to Mental Health Services (may be due to cultural factors, perceived stigma, etc.)	
Impact of Trauma (may be from exposure to factors such as domestic violence, abuse/neglect/abandonment, sexual abuse/rape, death of a loved one, homelessness, war, etc.)	
At-Risk Children, Youth and Young Adults (e.g. at risk of school failure, justice involvement, homelessness, out-of-home placement)	
Stigma and Discrimination (e.g. having a mental illness, foster youth, sexual orientation)	
Suicide Risk	

Addressing Priority Populations

The State defines 6 priority populations that must be considered while planning for Prevention and Early Intervention. We understand ALL of these populations are important, but Sacramento County needs your opinion on the order of importance. Please rank these 6 populations in order of importance from most important (1) to least important (6).

Priority Populations	**Rank 1 through 6** (1=most important)
Underserved cultural populations	
Individuals exposed to trauma	
Individuals experiencing onset of a serious psychiatric illness	
Children/youth in stressed families	
Children/youth at risk of school failure	
Children/youth at risk of juvenile justice involvement	

State-Administered Projects

The State is implementing at least 3 statewide Prevention and Early Intervention projects:

- Suicide Prevention
- Stigma and Discrimination Reduction (will address discrimination impacting people's mental health)
- Student Mental Health Initiative (will support college campuses and K-12 public schools to improve recognition and responses to students experiencing mental distress)

If Sacramento County had money to reinforce the statewide initiatives locally, would you support spending money on:

☐ Yes ☐ No Suicide Prevention?

☐ Yes ☐ No Stigma and Discrimination Reduction?

☐ Yes ☐ No Student Mental Health Initiative?

Of the 3 initiatives, what is the order of importance for Sacramento County? Please rank these 3 statewide projects in order of importance from most important (1) to least important (3).

Statewide Project	**Rank 1 through 3** (1=most important)
Suicide Prevention	
Stigma and Discrimination	
Student Mental Health Initiative	

Community Education Forums

As part of the community planning process for Prevention and Early Intervention, Sacramento County will be holding a series of community forums addressing key community needs and priority populations. In order to get an idea of community interest, please answer the following questions.

Would you attend community education forums? ☐ Yes ☐ No

If yes, please indicate those you would attend (please mark all that you are interested in).
☐ Suicide Risk
☐ Understanding Cultural Populations
☐ Stigma and Discrimination (statewide project)
☐ Children and Youth in Stressed Families
☐ Individuals Experiencing the Onset of Serious Psychiatric Illness
☐ Psycho-Social Impact of Trauma
☐ Children and Youth at risk of Juvenile Justice Involvement
☐ Student Mental Health Initiative (statewide project)
☐ For Youth by Youth

Demographic Information: Please tell us about yourself

Name (optional): _____

Today's date: _____ Your Age in Years:_____

What is your Gender?

- ☐ Male
- ☐ Female
- ☐ Transgender

What is your Sexual Orientation?

- ☐ Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Questioning
- ☐ Decline to answer

What is your Zip Code? ☐☐☐☐☐

Are you a Veteran? ☐ Yes ☐ No ☐ Decline

What is your Race/Ethnic Background? (check all that apply)

- ☐ African American
- ☐ American Indian/Native American
- ☐ Bosnian
- ☐ Cambodian
- ☐ Chinese
- ☐ Hispanic/Latino
- ☐ Hmong
- ☐ Laotian
- ☐ Mien
- ☐ Russian/Former Soviet Union
- ☐ Ukrainian
- ☐ Vietnamese
- ☐ White/Caucasian
- ☐ Other (specify _____)

What is your Preferred Language? (check only one)

- ☐ American Sign Language
- ☐ Arabic
- ☐ Armenian
- ☐ Cambodian
- ☐ Cantonese
- ☐ English
- ☐ Farsi
- ☐ French
- ☐ Hebrew
- ☐ Hmong
- ☐ Ilocano
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Lao
- ☐ Mandarin
- ☐ Mien
- ☐ Polish
- ☐ Portuguese
- ☐ Other Non-English
- ☐ Other Sign Language
- ☐ Russian
- ☐ Samoan
- ☐ Spanish
- ☐ Thai
- ☐ Turkish
- ☐ Vietnamese
- ☐ Other (specify _____)

Who/What are you representing? (check all that apply)

- ☐ Interested community member
- ☐ Social service provider
- ☐ Physical health provider
- ☐ Law enforcement
- ☐ Drug/alcohol service provider
- ☐ Ethnic services provider
- ☐ Parent
- ☐ Consumer of mental health services
- ☐ Family member of consumer
- ☐ Youth serving organization
- ☐ Elementary school teacher
- ☐ Middle school teacher
- ☐ High school teacher
- ☐ County Mental Health service provider
- ☐ Contract Mental Health service provider
- ☐ LGBTQ community
- ☐ Faith-based community
- ☐ Other (specify _____)

Do you have any additional comments?

沙加缅度县
精神健康法

预防和早期治疗社区问卷调查

沙加缅度县精神健康处正规划在社区进行精神疾病的预防和早期治疗。

预防和早期治疗是加利福尼亚精神健康服务法的一个组成部分。预防和早期治疗的目的是减少导致严重精神疾病的危险因素和精神压力，从而使社区的每一成员能保持健康的生活。

这个问卷调查的目的是收集沙加缅度县居民的意见，看看他们对提高精神健康生活和减少导致精神疾病的危险因素有哪一些方面的要求。

我们十分感谢你们的参与。你们的意见对预防和早期治疗的规划过程有重要的作用。

请将问卷调查寄到：
7001-A East Parkway, Suite 300
Sacramento, Ca 95823
Attn: Dawn Williams

或传真到：
916-876-5254
如有任何问题请联络 Dawn Williams 916-875-0832 或传电邮到
williamsd@saccounty.net

提交问卷调查的期限是 2008 年 11 月 14 日

如果你以前完成过这个问卷调查，我们感谢你的参与和意见。请不要再一次回答这个问卷，以免出现重复的问卷。

沙加缅度县
预防和早期治疗社区问卷调查

社区精神健康服务需要解决的主要问题

州政府规定，在精神疾病的预防和早期治疗的规划过程中，要考虑改善社区对精神健康服务五个方面的问题。我们认为这五个方面的问题都很重要，但沙加缅度县政府希望知道你对这五个问题重要性的排序。请对这五个问题的重要性进行排序，从 1 到 5，1 是最重要的，而 5 是最不重要的。

社区精神健康服务需要解决的问题	1 到 5 重要性排序，（1 最重要）
病人接受精神健康服务的机会不均等（可能的原因包括文化因素，被认为不正常而被歧视等）	
精神创伤的影响（可能缘由于家庭暴力，社区暴力活动的目击者或受害人，经受过暴力/被忽视/被遗弃，经受过性侵犯/强奸，亲人亡故，无家可归，战争，等等）	
有问题的儿童，青少年和年轻的成年人（包括学业失败的危险，涉及违法活动，无家可归，被离家安置）	
与精神健康有关的歧视和耻辱（家庭成员，护理人以及与精神病人同住的人被歧视）	
自杀的危险因素	

优先服务人群

州政府规定，在精神疾病的预防和早期治疗的规划过程中，要优先考虑社区中的六个人群。我们认为这六个人群都很重要，但沙加缅度县政府希望知道你对这六个人群重要性的排序。请对这六个人群的重要性进行排序，从 1 到 6，1 是最重要的，而 6 是最不重要的。

优先服务人群	1 到 6 重要性排序，（1 最重要）
服务不足的少数族裔	
受过精神创伤的人群	
正发生严重精神疾病的人	
家庭承受压力的儿童/青年	
有学业失败危险的儿童/青年	
涉及青少年犯法的儿童/青年	

州政府管理的项目

州政府正在实施的精神疾病预防和早期治疗项目至少有三个：

- **预防自杀**
- **减少歧视**（将关注与精神健康有关的歧视 – 对家庭成员，护理人以及与精神病人同住的人被歧视）
- **学生精神健康活动**（将支持大学校园和从育儿园到高中的公立学校，帮助它们改进对有精神压力的学生的认知和反应）。

如果沙加缅度县有资金在本县加强州政府管理的项目，你支持在下列项目上的支出吗？

☐ 支持 ☐ 不支持 预防自杀？
☐ 支持 ☐ 不支持 减少歧视？
☐ 支持 ☐ 不支持 学生精神健康活动？

在以上三个项目中，你认为它们对沙加缅度县的重要性如何？请对这三个州项目的重要性进行排序。从 1 到 3，1 是最重要的，而 3 是最不重要的。

州政府管理的项目	**1 到 3 重要性排序，** (1 最重要)
预防自杀	
减少歧视	
学生精神健康活动	

社区教育论坛

作为社区精神疾病的预防和早期治疗规划的一部分，沙加缅度县将进行一系列的社区论坛活动，来讨论社区在精神健康服务上需要改进的方面和优先服务人群。为了获得社区的意见，请回答下述问题。

你会参加社区的教育论坛吗？ ☐ 会 ☐ 不会

如果你会，请指明你将参加哪一个（请标明所有你感兴趣的项目）.

☐ 自杀的危险因素
☐ 理解少数族裔
☐ 与精神健康有关的歧视(州政府管理的项目)
☐ 有压力家庭的儿童/青年
☐ 正发生严重精神疾病的人
☐ 精神创伤的社会心理影响
☐ 涉及青少年犯法的儿童/青年
☐ 学生精神健康活动(州政府管理的项目)
☐ 行动青年，服务青年

人口资讯：请告诉我们你的情况

姓名（可不填）：_____

今天的日期：_____ 你的年龄：_____

你的性别？

- ☐ 男性
- ☐ 女性
- ☐ 双性

你的性取向？

- ☐ 异性
- ☐ 男性同性恋
- ☐ 女性同性恋
- ☐ 双性恋
- ☐ 有疑问
- ☐ 不想回答

你的邮政编码？ ☐

你是退伍军人吗？

☐ 是 ☐ 不是 ☐ 不回答

你的族裔文化背景？ （标明所有适合你情况的）

- ☐ 非裔美国人
- ☐ 美洲印第安人/土著人
- ☐ 波黑人
- ☐ 柬埔寨人
- ☐ 华人
- ☐ 西班牙裔/拉丁美裔人
- ☐ 棉蒙人
- ☐ 老挝人
- ☐ 苗裔人
- ☐ 俄罗斯/前苏联人
- ☐ 乌克兰人
- ☐ 越南人
- ☐ 白人
- ☐ 其他（說明_____）

你喜欢的语言？ （只选一种）

- ☐ 美国手语
- ☐ 阿拉伯语
- ☐ 阿美尼亚语
- ☐ 柬埔寨语
- ☐ 广东话
- ☐ 英语
- ☐ 法斯语
- ☐ 法语
- ☐ 希伯来语
- ☐ 棉蒙语
- ☐ 依洛卡诺语
- ☐ 意大利语
- ☐ 日语
- ☐ 朝鲜语
- ☐ 老挝语
- ☐ 普通话/国语
- ☐ 苗语
- ☐ 波兰语
- ☐ 葡萄牙语
- ☐ 其他非英语
- ☐ 其他手语
- ☐ 俄语
- ☐ 萨摩亚语
- ☐ 西班牙语
- ☐ 泰国话
- ☐ 土尔其语
- ☐ 越南话
- ☐ 其他（說明_____）

你所代表的组织/团体？ （标明所有适合你情况的）

- ☐ 感兴趣的社区成员
- ☐ 社会服务人员
- ☐ 身体健康服务人员
- ☐ 执法部门
- ☐ 戒药/戒酒服务人员
- ☐ 族裔文化服务人员
- ☐ 家长
- ☐ 精神病人
- ☐ 精神病人的家人
- ☐ 青年服务组织
- ☐ 小学老师
- ☐ 初中老师
- ☐ 高中老师
- ☐ 县精神健康医务人员
- ☐ 精神健康合同医务人员
- ☐ 同性恋社区
- ☐ 信仰社区组织
- ☐ 其他（說明_____）

你还有其他意见吗？

Cheeb Nroog Sacramento
Txoj Cai Txhawb Kev Puas Hlwb

Tsab Ntawv Tshawb Fawb Txog Kev Tiv Thaiv thiab Kev Cuam Tshuam Thaum Tseem Ntxov

Cheeb Nroog Sacramento Fab Txhawb Kev Puas Hlwb tab tom npaj cov Kev Pab Tiv Thaiv thiab Kev Cuam Tshuam Thaum Tseem Ntxov rau hauv lub zej zog.

Kev Pab Tiv Thaiv thiab Kev Cuam Tshuam Thaum Tseem Ntxov (Prevention and Early Intervention) (PEI) yog ib feem ntawm California Txoj Cai Txhawb Kev Puas Hlwb (Mental Health Services Act). PEI yog tsim los pab thiab txo cov teeb meem thiab/los yog cov kev nyuab siab uas tsuam ntxiv rau txoj kev puas hlwb loj, nrog rau txoj kev noj qab haus huv ntawm cov tib neeg hauv lub zej zog.

Tsab ntawv tshawb fawb no yog sau lub zej zog cov ncauj lus qhia txog cov kev tu ncua ntawm cov neeg pej xeem nyob rau hauv Cheeb Nroog Sacramento kom pab txhawb tau txoj kev noj qab haus huv ntawm lub siab lub ntsws thiab txo cov kev tsuam ntxiv rau txoj kev puas hlwb.

Peb txaus siab rau koj txoj kev koom tes nrog txoj kev tshawb fawb no thiab koj cov ncauj lus tseem ceeb heev rau cov txheej txheem npaj cov Kev Pab Tiv Thaiv thiab Kev Cuam Tshuam Thaum Tseem Ntxov.

Thov xa tsab ntawv tshawb fawb rau:
7001 –A East Parkway. Chav 300
Sacramento, CA 95823
Los yog Fax rau:
916-876-5254
Yog koj muaj lus nug thov hu rau Dawn Williams ntawm 916-875-0832 los yog xa email rau willians@saccounty.net

Hnub kawg ua yuav xa tsab ntawv tsawb fawb yog Lub kaum ib hli 14, 2008

Yog koj twb teb cov lus tshawb fawb no dhau los lawm, ua koj tsaug rau koj cov ncauj lus. Thov tsis txhob teb cov lus tshawb fawb dua vim peb tsis xav tau tib cov lus teb qub.

CHEEB NROOG SACRAMENTO
TSAB NTAWV TSHAWB FAWB TXOG
KEV TIV THAIV THIAB KEV CUAM TSHUAM THAUM TSEEM NTXOV

Hais Txog Cov Kev Tu Ncua Tseem Ceeb Ntawm Txoj Kev Puas Hlwb Hauv Lub Zej Zog

Lub Xeev pom muaj 5 yam kev tu ncua tseem ceeb ntawm txoj kev puas hlwb uas yuav tsum muab los xam txog thaum npaj cov Kev Tiv Thaiv thiab Kev Cuam Tshuam Thaum Tseem Ntxov. Peb to taub hais tias TAG NRHO cov kev tu ncua no yeej tseem ceeb heev, tiam sis Cheeb Nroog Sacramento xav paub hais tias yam twg tseem ceeb tshaj rau koj yog muab lawv los cim sib law liag. Thov cim raws li qib tseem ceeb rau koj uas qhov tseem ceeb tshaj (cim 1) mus rau qhov tsis tseem ceeb tshaj (cim 5).

Cov Kev Puas Hlwb Hauv Lub Zej Zog	**Cim 1 txog 5** (1=tseem ceeb tshaj)
Kev Cuag Cov Kev Pab Rau Txoj Kev Puas Hlwb Tsis Sib Luag (tej zaum yog tim kab lis kev cai ntawm cov haiv neeg, kev xav phem, thiab tej yam li ntawd)	
Puas Nrog Kev Raug Mob Raug Ntshai Loj (tej zaum los ntawm kev sib ceg sib ntaus hauv lub tsev neeg, pom los yog raug neeg hauv zej zog ua phem rau, tsim txom/tsis saib xyuas/tsis yuav, raug kev yuam ua dev ua npua/mos deev, ib tug hlub tuag, txoj kev tsis muaj tsev nyob, tsov rog, thiab tej yam li ntawd)	
Cov Me Nyuam, Cov Hluas thiab Cov Neeg Loj Muaj Feem Ntsib Teeb Meem (xws li muaj feem yuav kawm ntawv poob, koom kev ua phem txhaum cai, txoj kev tsis muaj tsev nyob, raug tshem tawm tsev)	
Kev Xav Phem thiab Kev Ntxub Ntxaug (txuam nrog txoj kev puas hlwb – rau cov neeg hauv tsev, cov neeg zov thiab cov neeg muaj kev puas hlwb)	
Muaj Feem Xav Txov Tus Kheej Txoj Sia	

Hais Txog Cov Hom Neeg

Lub Xeev pom muaj 6 hom neeg uas yuav tsum muab los xam txog thaum npaj cov Kev Tiv Thaiv thiab Kev Cuam Tshuam Thaum Tseem Ntxov. Peb to taub hais tias TAG NRHO cov hom neeg no yeej tseem ceeb heev, tiam sis Cheeb Nroog Sacramento xav paub hais tias yam twg tseem ceeb tshaj rau koj yog muab lawv los cim sib law liag. Thov cim raws li qib tseem ceeb rau koj uas qhov tseem ceeb tshaj (cim 1) mus rau qhov tsis tseem ceeb tshaj (cim 6).

Cov Hom Neeg Tseem Ceeb	**Cim 1 txog 6** (1=tseem ceeb tshaj)
Cov neeg pab tsis cuag	
Cov neeg raug kev mob kev ntshai loj	
Cov neeg muaj kev puas siab ntsws loj heev	
Cov me nyuam/cov hluas nyuab siab hauv cov tsev neeg	
Cov me nyuam/cov hluas muaj feem yuav kawm ntawv poob	
Cov me nyuam/cov hluas muaj feem yuav koom kev ua phem txhaum cai	

Cov Kev Pab Uas Lub Xeev Muab

Lub Xeev yuav muaj 3 txoj Kev Tiv Thaiv thiab Kev Cuam Tshuam Thaum Tseem Ntxov thoob plaws hauv lub xeev :

- Kev Tiv Thaiv Kev Txov Tus Kheej Txoj Sia
- Kev Txo Cov Kev Xav Phem thiab Kev Ntxub Ntxaug (yuav pab txog cov kev xav phem thiab kev ntxub ntxaug uas txuam nrog txoj kev puas hlwb – rau cov neeg hauv tsev, cov neeg zov thiab cov neeg muaj kev puas hlwb)
- Kev Pab Neeg Kawm Ntawv Txoj Kev Puas Hlwb (yuav txhawb cov tsev kawm ntawv qib siab thiab cov tsev kawm ntawv qib K-12 kom ras paub txog thiab muab kev pab rau cov neeg kawm ntawv uas muaj kev nyuab siab nyuab ntsws)

Yog hais tias Cheeb Nroog Sacramento muaj nyiaj los muab cov kev pab no rau cov pej xeem hauv lub zos, koj pom zoo kom muab cov nyiaj siv rau:

☐ Yog ☐ Tsis yog Kev Tiv Thaiv Kev Txov Tus Kheej Txoj Sia?

☐ Yog ☐ Tsis yog Kev Txo Cov Kev Xav Phem thiab Kev Ntxub Ntxaug?

☐ Yog ☐ Tsis yog Kev Pab Neeg Kawm Ntawv Txoj Kev Puas Hlwb?

Ntawm 3 txoj kev pab no, koj xav hais tias qhov twg tseem ceeb tshaj rau Cheeb Nroog Sacramento, yog muab tso sib law liag? Thov cim qhia raws li qib tseem ceeb rau koj uas qhov tseem ceeb tshaj (cim 1) mus rau qhov tsis tseem ceeb tshaj (3).

Txoj Kev Pab Thoob Hauv Lub Xeev	**Cim 1 txog 3** (1=tseem ceeb tshaj)
Kev Tiv Thaiv Kev Txov Tus Kheej Txoj Sia	
Kev Txo Cov Kev Xav Phem thiab Kev Ntxub Ntxaug	
Kev Pab Neeg Kawm Ntawv Txoj Kev Puas Hlwb	

Zej Zog Neeg Sib Tham Txog Kev Kawm Ntawv

Tam li ib feem ntawm cov txheej txheem npaj Kev Tiv Thaiv thiab Kev Cuam Tshuam Thaum Tseem Ntxov, Cheeb Nroog Sacramento yuav muaj ntau lub rooj rau cov zej zog neeg sib tham txog cov kev tu ncua tseem ceeb thiab cov hom neeg tseem ceeb. Kom paub tswv yim txog cov neeg zej zog lub siab nyiam, thov teb cov nqe lus nug nram no.

Koj puas kam koom nrog cov neeg zej zog sib tham txog kev kawm ntawv? ☐ Kam ☐ Tsis kam

Yog kam, thov qhia seb cov twg yog cov koj xav koom nrog (thov kos tag nrho cov koj txaus siab rau).
☐ Muaj Feem Xav Txov Tus Kheej Txoj Sia
☐ To Taub Txog Cov Kab Lis Kev Cai Ntawm Cov Haiv Neeg
☐ Kev Xav Phem thiab Kev Ntxub Ntxaug (thoob hauv lub xeev)
☐ Cov me nyuam thiab cov hluas nyuab siab hauv cov tsev neeg
☐ Cov neeg muaj kev puas siab ntsws loj heev
☐ Puas Nrog Kev Raug Mob Raug Ntshai Los Rau Lub Siab Ntsws thiab Kev Sib Raug Zoo
☐ Cov me nyuam thiab cov hluas muaj feem yuav koom kev ua phem txhaum cai
☐ Kev Pab Neeg Kawm Ntawv Txoj Kev Puas Hlwb (thoob hauv lub xeev)
☐ Rau Cov Hluas los ntawm Cov Neeg Hluas

Ncauj Lus Qhia Txog Cov Neeg: Thov qhia peb txog koj tus kheej

Npe (nyob ntawm siab yeem): _____

Hnub tim rau hnub no: _____ Koj Lub Hnub Nyoog:_____

Koj yog hom neeg dab tsi?

- ☐ Txiv neej
- ☐ Poj niam
- ☐ Poj niam txiv neej ua ke

Koj Yeem Kev Sib Deev Li Cas?

- ☐ Poj niam deev txiv neej/txiv neej deev poj niam
- ☐ Poj niam deev txiv neej thiab poj niam tib si/txiv neej deev poj niam txiv neeg tib si
- ☐ Txiv neej deev txiv neej
- ☐ Xav paub
- ☐ Poj niam deev poj niam
- ☐ Tsis teb

Koj tus Zip Code yog dab tsi? ☐

Koj Puas Yog Qub Tub Rog?

☐ Yog ☐ Tsis yog ☐ Tsis teb

Koj Yog Hom Neeg/Haiv Neeg Twg? (kos txhua hom uas yog)

- ☐ Neeg Asmeskas Dub
- ☐ Neeg Asmeskas Khab/Neeg Asmeskas Txawm Teb Chaws
- ☐ Bosnian
- ☐ Cambodian
- ☐ Neeg Suav
- ☐ Neeg Mev Hispanic/Latino
- ☐ Neeg Hmoob
- ☐ Neeg Nplog
- ☐ Neeg Co
- ☐ Russian/Soviet Union Thaum Ub
- ☐ Ukrainian
- ☐ Neeg Nyab Laj
- ☐ Neeg Dawb/Neeg Asmeskas
- ☐ Lwm hom (qhia tseeb_____)

Hom Lus Koj Yeem Siv Hais Yog Dab Tsi? (tsuas kos ib yam xwb)

- ☐ Piav Tes Lus Asmeskas
- ☐ Arabic
- ☐ Armenian
- ☐ Cambodian
- ☐ Cantonese
- ☐ Lus Askiv
- ☐ Farsi
- ☐ Lus Fab Kis
- ☐ Hebrew
- ☐ Lus Hmoob
- ☐ Ilocano
- ☐ Italian
- ☐ Lus Nyij Pooj
- ☐ Lus Kaus Lim
- ☐ Lus Nplog
- ☐ Mandarin
- ☐ Lus Co
- ☐ Polish
- ☐ Portuguese
- ☐ Lwm yam Lus Tsis Yog Lus Askiv
- ☐ Lwm Yam Lus Piav Tes
- ☐ Russian
- ☐ Samoan
- ☐ Lus Mev
- ☐ Lus Thaib
- ☐ Turkish
- ☐ Lus Nyab Laj
- ☐ Lwm yam (qhia tseeb_____)

Koj sawv cev rau leej twg/hom dab tsi? (kos txhua hom uas yog)

- ☐ Neeg zej zog uas txaus siab
- ☐ Chaw pab kev noj kev haus rau pej xeem
- ☐ Chaw pab kev kho lub cev
- ☐ Tub ceev xwm
- ☐ Chaw pab txiav tshuaj yeeb/dej caw
- ☐ Chaw pab lwm haiv neeg
- ☐ Niam txiv
- ☐ Neeg tau cov kev pab txhawb kev puas hlwb
- ☐ Ib tug hauv lub tsev neeg uas muaj tus tau cov kev pab
- ☐ Lub koom haum pab neeg hluas
- ☐ Xib fwb qhia ntawv qib elementary
- ☐ Xib fwb qhia ntawv qib nruab nrab
- ☐ Xib fwb qhia ntawv qib High school
- ☐ Cheeb Nroog Chaw Txhawb Kev Puas Hlwb
- ☐ Chaw Cog Lus Muab Kev Txhawb Rau Kev Puas Hlwb
- ☐ Zej zog neeg LGBTQ
- ☐ Zej zog neeg ntseeg ntuj
- ☐ Lwm hom (qhia tseeb_____)

Koj puas muaj lwm cov ncauj lus dab tsi ntxiv?

Округ Сакраменто
Закон о психиатрическом обслуживании

Опрос общественности по вопросам профилактики и раннего вмешательства

Отдел психического здоровья округа Сакраменто в настоящее время разрабатывает программы профилактики и раннего вмешательства.

Профилактика и раннее вмешательство является частью Закона штата Калифорния о психическом обслуживании. Данные программы призваны снизить факторы риска и стресса, влияющие на возникновение серьезных психических заболеваний, а также поддерживать здоровье населения.

Целью данного опроса является сбор информации и мнений жителей округа Сакраменто относительно мероприятий, которые способствуют психическому здоровью и снижают факторы, ведущие к психическим заболеваниям.

Мы благодарим вас участие в данном опросе. Ваше мнение является очень важным для планирования программ профилактики и раннего вмешательства.

Пожалуйста высылайте заполненные формы опроса не позже 14-го ноября, 2008 по адресу:

7001-A East Parkway, Suite 300
Sacramento, CA 95823
Att: Dawn Williams

Или по факсу:
916-876-5254
С вопросами обращайтесь к Dawn Williams по тел.(916)875-0832 или e-mail
williamsd@saccony.net

Если вы уже приняли участие в опросе, мы благодарим вас за это. Пожалуйста, не заполняйте анкету опроса во второй раз. Мы хотим избежать дублирования мнений.

ОКРУГ САКРАМЕНТО
ПРОФИЛАКТИКА И РАННЕЕ ВМЕШАТЕЛЬСТВО
ОПРОС ОБЩЕСТВЕННОГО МНЕНИЯ

Решение основных потребностей психического здоровья населения

Правительство штата определяет 5 потребностей психического здоровья, которые необходимо учитывать при планировании профилактики и раннего вмешательства. Мы понимаем, что ВСЕ эти потребности являются важными. В то же время, округу Сакраменто нужно ваше мнение по поводу степени их важности. Пожалуйста, оцените важность этих 5 потребностей, от самой важной (1) до наименее важной (5).

Потребности психического здоровья населения	**Степень важности (1 – 5)** (1= самая важная)
Нравный доступ к услугам психического здоровья (возможно, по причине культурных факторов, предрассудков и т.п.)	
Последствия травмы (возможно, как следствие домашнего насилия, акта насилия в общине, отказа от ухода, сексуального насилия, смерти близкого человека, бездомности, войны и т.п.)	
Дети, подростки и молодые люди, находящиеся в группе риска (например, угроза исключения из школы, конфликта с законом, бездомности, изъятия из семьи)	
Предрассудки и дискриминация (связанные с психическими расстройствами – по отношению к членам семьи, обслуживающему персоналу и лицам с психическими расстройствами)	
Риск самоубийства	

Приоритетные группы населения

Правительство штата определяет 6 приоритетных групп населения, интересы которых необходимо учитывать при планировании профилактики и раннего вмешательства. Мы понимаем, что ВСЕ эти группы являются важными. В то же время, округу Сакраменто нужно ваше мнение по поводу степени их важности. Пожалуйста, оцените важность этих 6 групп населения, от самой важной (1) до наименее важной (6).

Приоритетные группы населения	**Степень важности (1 – 6)** (1= самая важная)
Недостаточно обслуживаемые этнические группы	
Лица, подверженные травмам	
Лица с начальными стадиями психических заболеваний	
Дети/подростки в проблемных семьях	
Дети/подростки, находящиеся под угрозой исключения из школ	
Дети/подростки под угрозой конфликта с правосудием для несовершеннолетних	

Проекты, реализуемые правительством штата

Правительство штата реализует как минимум 3 проекта профилактики и раннего вмешательства по всему штату:

- Предотвращение самоубийств
- Ликвидация предрассудков и дискриминации (направленная на предрассудки и дискриминацию, связанные с психическими расстройствами – по отношению к членам семьи, обслуживающему персоналу и лицам с психическими расстройствами)
- Психическое здоровье учащихся (помощь колледжам и государственным школам в улучшении понимания и помощи учащимся с психическими расстройствами)

Если бы у правительства округа Сакраменто появились средства на местную поддержку вышеуказанных проектов штата, вы бы поддержали выделение денег на:

☐ Да ☐ Нет Проект предотвращения самоубийств?

☐ Да ☐ Нет Проект ликвидации предрассудков и дискриминации?

☐ Да ☐ Нет Проект психического здоровья учащихся?

Какова, по вашему мнению, степень важности трех вышеуказанных проектов для округа Сакраменто? Пожалуйста, оцените важность этих 3 проектов, от самого важного (1) до наименее важного (3).

Проект правительства штата	**Степень важности (1 – 6)** (1= самый важный)
Предотвращение самоубийств	
Ликвидация предрассудков и дискриминации	
Психическое здоровье учащихся	

Общественные образовательные форумы

Составной частью общественного процесса планирования профилактики и раннего вмешательства округ Сакраменто видит проведение серии общественных форумов для приоритетных групп населения по рассмотрению основных потребностей населения. Ваши ответы на следующие вопросы дадут нам представление об интересах населения.

Посетили бы вы общественные образовательные форумы? ☐ Да ☐ Нет

Если да, укажите те, которые бы вы посетили (отметьте интересующую вас тему).

☐ Риск самоубийства
☐ Понимание этнических групп
☐ Предрассудки и дискриминация (проект штатного уровня)
☐ Дети и подростки в проблемных семьях
☐ Лица с начальными стадиями серьезных психических заболеваний
☐ Психо-социальные последствия травм
☐ Дети/подростки под угрозой конфликта с правосудием для несовершеннолетних
☐ Психическое здоровье учащихся (проект штатного уровня)
☐ Для молодежи от молодежи

Демографическая информация: пожалуйста, расскажите о себе

Имя и фамилия (не обязательно): _____
Сегодняшняя дата: _____ Ваш возраст: _____

Ваш пол

- ☐ Мужчина
- ☐ Женщина
- ☐ Трансгендер

Ваша сексуальная ориентация

- ☐ Гетеросексуалист
- ☐ Гомосексуалист
- ☐ Лесбиянка
- ☐ Бисексуалист
- ☐ Под вопросом
- ☐ Отказываюсь отвечать

Ваш почтовый индекс ☐☐☐☐☐

Являетесь ли вы военным ветераном?

☐ Да ☐ Нет ☐ отказываюсь отвечать

Каково ваше расовое/этническое происхождение? (отметьте то, что относится к вам)

- ☐ Афроамериканец
- ☐ Американский индеец
- ☐ Босниец
- ☐ Камбоджиец
- ☐ Китаец
- ☐ Латиноамериканец
- ☐ Монг
- ☐ Лаосец
- ☐ Мьен
- ☐ Русский / бывший Советский Союз
- ☐ Украинец
- ☐ Вьетнамец
- ☐ Белый
- ☐ Смешанная раса (укажите _____)
- ☐ Другое (укажите _____)

Какой ваш основной язык? (отметьте только один)

- ☐ Американский язык глухонемых
- ☐ Арабский
- ☐ Армянский
- ☐ Камбоджийский
- ☐ Кантонский
- ☐ Английский
- ☐ Фарси
- ☐ Французский
- ☐ Иврит
- ☐ Монг
- ☐ Илоканский
- ☐ Итальянский
- ☐ Японский
- ☐ Корейский
- ☐ Лаосский
- ☐ Мандаринский
- ☐ Мьен
- ☐ Польский
- ☐ Португальский
- ☐ Другой неанглийский
- ☐ Другой язык глухонемых
- ☐ Русский
- ☐ Самоанский
- ☐ Испанский
- ☐ Тайский
- ☐ Турецкий
- ☐ Вьетнамский
- ☐ Другой (укажите _____)

Кто вы? Кого вы представляете? (отметьте все, что к вам относится)

- ☐ Заинтересованный представитель общественности
- ☐ Социальный работник
- ☐ Медицинский работник
- ☐ Работник правоохранительных органов
- ☐ Работник служб по борьбе с алкоголем и наркотиками
- ☐ Работник этнических служб
- ☐ Родитель
- ☐ Клиент психиатрических услуг
- ☐ Член семьи клиента психиатрических услуг
- ☐ Представитель организации, обслуживающей молодежь
- ☐ Учитель младших классов (Elementary School)
- ☐ Учитель средних классов (Middle School)
- ☐ Учитель старших классов (High School)
- ☐ Работник психиатрической службы округа
- ☐ Работник независимой психиатрической службы
- ☐ Представитель сексуальных меньшинств
- ☐ Представитель религиозной общины
- ☐ Другое (укажите _____)

Ваши дополнительные замечания

Condado de Sacramento
Acta de Servicios de Salud Mental

Encuesta Comunitaria de Prevención e Intervención A Tiempo

La División de Salud Mental del Condado de Sacramento está realizando el proceso de planeación comunitaria para los Programas de Intervención y Prevención A Tiempo

La Intervención y Prevención A Tiempo (PEI siglas en inglés) es un componente del Acta de Servicios de Salud Mental de California. PEI tiene la intención de tratar y reducir los factores de riesgo y/o problemas que contribuyen al desarrollo de enfermedades mentales serias, así como también de mantener el bienestar de los individuos en la comunidad.

El propósito de esta encuesta es la de colectar información por parte de la comunidad acerca de las necesidades de los residentes del Condado de Sacramento lo cual ayudarán a promover el bienestar mental y reducir los factores que contribuyen al incremento de las enfermedades mentales.

Su participación en esta encuesta es crítica y su opinión es apreciada para el planeamiento del proceso de Intervención y Prevención A Tiempo.

Favor de enviar la encuesta a:
7001-A East Parkway, A Suite 300
Sacramento, CA 995823
Atención a: Dawn Williams

O haga un Fax a:
(916) 876-5254
Si tiene preguntas favor de comunicarse con Dawn Williams al número (916) 875-0832
O escriba a su correo electrónico a: williamsd@saccounty.net

La fecha límite para entregar esta encuesta es Noviembre 14, 2008
Si usted completó la encuesta anteriormente, gracias por su participación. Por favor no complete esta encuesta de nuevo ya que estamos tratando de evitar duplicaciones.

EL CONDADO DE SACRAMENTO
Encuesta Comunitaria de
Prevención e Intervención A Tiempo

Considerando las Necesidades Claves de Salud Mental de la Comunidad

El Estado define 5 necesidades comunitarias de salud mental que deben ser consideradas mientras se planea la Intervención y Prevención a Tiempo. Sabemos que TODAS las necesidades son importantes, pero el Condado de Sacramento necesita su opinión en orden de importancia. Favor de categorizar estas 5 necesidades en orden de importancia de la más importante (1) a la menos importante (5)

Necesidades Comunitarias de Salud Mental	**Categoría 1 a 5** (1=más importante)
Acceso Desigual a Servicios de Salud Mental (Puede ser a causa de factores culturales, estigma percibido, etc.)	
Impacto de Trauma (puede ser por haber experimentado factores como violencia doméstica, testigo o víctima de un acto comunitario de violencia, abuso/negligencia/abandono, abuso sexual/violación, muerte de una persona querida, desamparo, guerra, etc.)	
Niños, Jóvenes y Adultos Jóvenes en Riesgo (ejemplo: a riesgo de fracaso en la escuela, problemas con la justicia, jóvenes sin lugar donde vivir, viviendo fuera del hogar familiar)	
Estigma y Discriminación (padeciendo de enfermedades mentales, jóvenes viviendo en hogares del cuidado por parte de la corte, orientación sexual)	
Riesgo de Suicidio	

Considerando las Poblaciones Prioritarias

El Estado define 6 poblaciones como prioritarias que deben ser consideradas mientras se planea la Intervención y Planeación A Tiempo. Sabemos que TODAS estas poblaciones son importantes, pero el Condado de Sacramento necesita su opinión en orden de importancia. Favor de darle categoría a estas 6 poblaciones en orden de importancia de la más importante (1) a la menos importante (6).

Poblaciones Prioritarias	**Categoría 1 a 6** (1=más importante)
Poblaciones culturales que reciben pocos servicios	
Individuos expuestos a trauma	
Individuos experimentando enfermedades siquiátricas por primera vez	
Niños/jóvenes en familias problemáticas	
Niños/jóvenes con riesgo de fracasar en la escuela	
Niños/jóvenes a riesgo de implicarse con la justicia juvenil	

Proyectos Administrados por el Estado

El Estado está implementando por lo menos 3 proyectos en todo el Estado para Intervención y Prevención A Tiempo

- Prevención de Suicidio
- Reducción de Estigma y Discriminación (se considerará la discriminación que impacta la salud mental de las personas)
- Iniciativa de Salud Mental de los Estudiantes (apoyaremos recintos universitarios y escuelas públicas K-12 para improvisar reconocimiento y la respuesta a estudiantes que están experimentando problemas mentales)

Si el Condado de Sacramento tuviera dinero para reforzar iniciativas a nivel Estatal localmente, usted apoyaría el gasto del dinero en:

☐ Sí ☐ No ¿Prevención de Suicidio?

☐ Sí ☐ No ¿Reducción de Estigma y Discriminación?

☐ Sí ☐ No ¿Iniciativa de Salud Mental Estudiantil?

De estas 3 iniciativas, ¿cual piensa usted que es el orden de importancia para el Condado de Sacramento? Favor de categorizar estos 3 proyectos Estatales en orden de importancia del más importante (1) al menos importante (3).

Proyecto Estatal	**Categoría 1 a 3** (1=mas importante)
Prevención de Suicidio	
Discriminación y Estigma	
Iniciativa de Salud Mental Estudiantil	

Foros de Educación Comunitarios

Como parte del proceso de planeación comunitaria para Prevención e Intervención A Tiempo, el Condado de Sacramento va a tener una serie de foros comunitarios considerando las necesidades claves de la comunidad y la prioridad de las poblaciones. Para tener una idea sobre el interés comunitario, favor de contestar las siguientes preguntas.

¿Usted atendería foros de educación comunitaria? ☐ Sí ☐ No

Si respondió sí, favor de indicar los que usted atendería (favor de marcar los que usted esté interesado(a)).

☐ Riesgo de Suicidio
☐ Entendiendo las diferentes Poblaciones Culturales
☐ Estigma y Discriminación (proyecto estatal)
☐ Niños/jóvenes en familias en familias problemáticas
☐ Individuos experimentando el inicio de una serie de enfermedades siquiátricas
☐ Impacto de Trauma o problemas Psicosociales
☐ Niños y Jóvenes con riesgo de implicarse con la Justicia Juvenil
☐ Iniciativa de Salud Mental Estudiantil (proyecto estatal)
☐ Para la Juventud por la Juventud

Información Demográfica: Por favor díganos sobre usted

Nombre (opcional): _____

Fecha de hoy: _____ Su Edad en Años: _____

¿Cuál es su Género?

- ☐ Masculino
- ☐ Femenino
- ☐ Transexual

¿Cuál es su Orientación Sexual?

- ☐ Heterosexual
- ☐ Gay
- ☐ Lesbiana
- ☐ Bisexual
- ☐ Indeciso
- ☐ Prefiero no contestar

¿Cuál es su Código Postal? ☐☐☐☐☐

¿Usted es Veterano(a)?

☐ Sí ☐ No ☐ Declino

¿Cuál es su Raza/ Etnicidad? (marque todos los que apliquen)

- ☐ Afro Americano
- ☐ Indio Americano/Americano Nativo
- ☐ Bosnio
- ☐ Camboyano
- ☐ Chino
- ☐ Hispano/Latino
- ☐ Hmong
- ☐ Laosiano
- ☐ Mien
- ☐ Ruso(a)/Anteriormente llamado Unión Soviética
- ☐ Ucraniano
- ☐ Vietnamita
- ☐ Blanco/Anglosajón
- ☐ Otro (especifique _____)

¿Cual es su lengua preferida? (solamente marque una)

- ☐ Lengua de signos Americana
- ☐ Árabe
- ☐ Armenio
- ☐ Camboyano
- ☐ Cantonés
- ☐ Inglés
- ☐ Farsi
- ☐ Francés
- ☐ Hebreo
- ☐ Hmong
- ☐ Ilocano
- ☐ Italiano
- ☐ Japonés
- ☐ Coreano
- ☐ Lao
- ☐ Mandarín
- ☐ Mien
- ☐ Polaco
- ☐ Portugués
- ☐ Otro No-Inglés
- ☐ Otra Lengua de Signos
- ☐ Ruso
- ☐ Samoano
- ☐ Español
- ☐ Tailandés
- ☐ Turco
- ☐ Vietnamita
- ☐ Otro (especifique _____)

¿A Quién/Qué está representando? (marque todos los que apliquen)

- ☐ Miembro interesado de la comunidad
- ☐ Proveedor de servicios sociales
- ☐ Proveedor de salud física
- ☐ Aplicación de Ley
- ☐ Proveedor de servicios de drogas/alcohol
- ☐ Proveedor de servicios étnicos
- ☐ Padre/Madre de familia
- ☐ Cliente de servicios de salud mental
- ☐ Miembro de familia del cliente
- ☐ Organización sirviendo a la juventud
- ☐ Maestro (a) de escuela primaria
- ☐ Maestro (a) de escuela secundaria
- ☐ Maestro (a) de escuela preparatoria
- ☐ Proveedor de Salud Mental del Condado
- ☐ Proveedor Contratista de Salud Mental
- ☐ Comunidad LGBTQ
- ☐ Comunidad basada en la Fe
- ☐ Otro (especifique _____)

¿Tiene comentarios adicionales?

Luật Thuộc Về Dịch Vụ Sức Khỏe Tâm Thần của Quận Hạt Sacramento

Cuộc Khảo Sát Cộng Đồng Về Vấn Đề Ngăn Chặn và Can Thiệp Sớm

Cơ Quan Phục Vụ Sức Khỏe Tâm Thần của Quận Sacramento đang dự tính cho những chương trình Phòng Bệnh và Ngăn Bệnh Sớm trong cộng đồng.

Chương trình Ngăn Chặn và Can Thiệp Sớm (PEI) là một phần của những dự tính nằm trong Chương Trình Phục Vụ Sức Khỏe Tâm Thần của California. PEI có định ý để quan tâm và giảm bớt những vấn đề rủi ro và/ hay những sự căng thẳng về tinh thần- điều góp phần tạo ra sự khởi đầu mạnh mẽ của những căn bệnh tâm thần nghiêm trọng, và duy trì sự khỏe mạnh của mỗi cá nhân trong cộng đồng.

Cuộc khảo sát này có định ý để tập hợp ý kiến của cộng đồng nhằm cung cấp thông tin xung quanh các nhu cầu cho người cư trú ở quận hạt Sacramento, điều này sẽ thúc đẩy sự tốt đẹp về tinh thần và giảm bớt những vấn đề mà góp phần trở thành những căn bệnh tâm thần.

Sự tham gia của bạn trong cuộc khảo sát này được hoan nghênh và ý kiến của bạn rất là quan trọng cho quá trình dự kiến của chương trình Ngăn Chặn và Can Thiệp Sớm.

Xin bạn gởi bản khảo sát này tới :

7001-A East Parkway, Suite 300
Sacramento, CA. 95823
Attn : Dawn Williams
Hoặc fax tơí : (916) 876-5254

Nếu bạn cần thêm chi tiết xin liên lạc Dawn Williams (916)875-0832 hay e-mail cho williamssd@saccounty.net

Ngày chót để gởi bản khaỏ sát này là Ngày 14 Tháng 11 Năm 2008

Cám ơn bạn về việc cung cấp tàl liệu. Nếu bạn đã hoàn tất cuộc khảo sát trước đó, để tránh những vấn đề trùng hợp, xin bạn vui lòng đừng làm lại cuộc khảo sát này.

Cuộc Khảo Sát Cộng Đồng Về Vấn
Đề Ngăn Chặn và Can Thiệp Sớm
của Quận Hạt Sacramento

Sự Lưu Ý Những Nhu Cấu Sức Khỏe Tâm Thần Cần Thiết Trong Cộng Đồng

Tiểu Bang xác định 5 vấn đề cần thiết cho sức khỏe tâm thần trong cộng đồng phải được xem xét trong kế hoạch của Ngăn Chặn và Can Thiệp Sớm. Chúng tôi hiểu TẤT CẢ sự cần thiết này là quan trọng, những Quận Hạt Sacramento cần ý kiến của bạn theo trình tự sắp xếp quan trọng. Xin vui lòng sắp xếp 5 nhu cầu này theo một thứ tự quan trọng từ cái quan trọng nhất (1) đến ít quan trọng nhất (5).

Điều Cần Thiết Về Sức Khỏe Tâm Thần Trong Cộng Đồng	**Sắp Xếp Từ 1 đến 5** (quan trọng nhất=1)
Dịch Vụ Sức Khỏe Tâm Thần Không Đồng Đều (có thể vì các nhân tố văn hóa, nhận thấy sự lăng mạ về vấn đề này, và vân vân.)	
Kết Quả cuả Sự Khích Động (có thể từ đụng đoạt những yếu tố như bạo lực trong gia đình, chứng kiến hoặc là nạn nhân của bạo lực, sự ngược đãi/thờ ơ/ruồng bỏ, sự lạm dụng/cưỡng đoạt tình dục, cái chết của người yêu, vô gia cư, chiến tranh và vân vân.)	
Trẻ Em, Thiếu Niên và Thanh Niên Đang Có Nguy Cơ (Học hành thất bại , khó khăn liên quan đến pháp lý, vô gia cư, bị bắt buộc lìa gia đình)	
Sự Lăng Mạ và Sự Đối Xử Phân Biệt (liên quan với bệnh tâm thần – đối với các thành viên trong gia đình mắc bệnh tâm thần, trẻ mồ côi, hoặc vì khác giơí)	
Rủi Ro Tự Sát	

Sự Lưu Ý Các Dân Cư Ưu Tiên

Tiểu Bang xác định 6 dân số ưu tiên phải được xem xét trong kế hoạch của vấn đề Phòng Bệnh và Ngăn Bệnh Sớm. Chúng tôi hiểu TẤT CẢ dân số là quan trọng, nhưng Quận Hạt Sacramento cần ý kiến của bạn theo trình tự sắp xếp quan trọng. Vui lòng sắp xếp 6 dân số này theo một thứ tự quan trọng từ cái quan trọng nhất (1) đến ít quan trọng nhất (6).

Những Dân Số Ưu Tiên	**Sắp Xếp Từ 1 đến 6** (quan trọng nhất=1)
Các nền văn hóa thiếu sự phục vụ	
Những người bị khích động	
Những người đang trải bị bệnh tâm lí nghiêm trọng	
Trẻ em/thanh niên sống trong những gia đình có sự căng thẳng	
Trẻ em/thanh niên gặp khó khăn trong việc học bị thất bại	
Trẻ em/thanh niên gặp khó khăn liên quan đến pháp lý vị thành niên	

Những Dự Án Quản Lý của Tiểu Bang

Tiểu Bang đang thi hành ít nhất 3 dự án Ngăn Chặn và Can Thiệp Sớm toàn bang:

- Ngăn Chặn Tự Sát
- Việc Thu Hẹp Sự Lăng Mạ và Phân Biệt Đối Xử (liên quan với bệnh tâm thần – đối với các thành viên trong gia đình, người chăn sóc và những cá nhân mắc bệnh tâm thần)
- Giải Quyết Sức Khỏe Tâm Thần cho Sinh Viên (sẽ hổ trợ cho những trường đại học và trường công K-12 để cải thiện sự nhận thức và hưởng ứng của những sinh viên đang trải qua những đau đớn tinh thần)

Nếu chính quyền Quận Hạt Sacramento có kinh phí để củng cố hành động giải quyết khắp bang , bạn sẽ ủng hộ tiền cho:

☐ Có ☐ Không Ngăn Chặn Tự Sát?

☐ Có ☐ Không Thu Hẹp Sự Lăng Mạ và Phân Biệt Đối Xử?

☐ Có ☐ Không Giải Quyết Sức Khỏe Tâm Thần Cho Sinh Viên

Trong 3 cách giải quyết này, bạn nghĩ như thế nào về trình tự quan trọng của chúng cho Quận Hạt Sacramento? Vui lòng sắp xếp 3 dự án mang tính phổ biến toàn ban này theo một trình tự quan trọng từ cái quan trọng nhất (1) đến ít quan trong nhất (3).

Kế Hoạch Toàn Bang	**Sắp Xếp Từ 1 đến 3** (quan trọng nhất=1)
Ngăn Chặn Tự Sát	
Sự Lăng Mạ và Phân Biệt Đối Xử	
Giải Quyết Sức Khỏe Tâm Thần cho Sinh Viên	

Diễn Đàn Giáo Dục Cộng Đồng

Như một phần nằm trong tiến trình kế hoạch cộng đồng của vấn đề Ngăn Chặn và Can Thiệp Sớm, Quận Hạt Sacramento đang tổ chức một loạt diễn đàn cộng đồng gửi nhận xét về những nhu cầu cần thiết trong cộng đồng và dân cư ưu tiên. Để biết ý kiến cho lợi ích cộng đồng, vui lòng trả lời những câu hỏi sau.

Bạn sẽ tham dự những diễn đàn giáo dục cộng đồng không? ☐ Có ☐ Không

Nếu có, làm ơn chỉ những việc bạn sẽ tham gia (xin đánh dấu vào những vấn đề bạn thích).
☐ Rủi Ro Tự Sát
☐ Cư Dân Văn Hóa
☐ Sự Lăng Mạ và Phân Biệt Đối Xử (dự án toàn bang)
☐ Trẻ Em và Thanh Niên Sống Trong Những Gia Đình Có Tính Căng Thẳng
☐ Những Người Đang Bị Bệnh Tâm Lí Nghiêm Trọng
☐ Chấn Thương Từ tác Động Tâm Lý Xã Hội
☐ Trẻ Em hay Thanh Niên Gặp Khó Khăn Liên Quan Đến Pháp Lý Vị Thành Niên
☐ Sức Khỏe Tinh Thần cho Sinh Viên (dự án toàn bang)
☐ Cho Thanh Niên Bởi Thanh Niên

Thông Tin Lý Lịch: Vui lòng nói cho chúng tôi biết về bạn

Tên (không bắt buộc): _____

Ngày Hiện Tại: _____ Bạn Bao Nhiêu Tuổi:_____

Giới tính của bạn?

- ☐ Nam
- ☐ Nữ
- ☐ Chuyển đổi giới tính

Thiên hướng tình dục của bạn?

- ☐ Người tình dục khác giới
- ☐ Đồng tính nam
- ☐ Đồng tính nữ
- ☐ Người lưỡng tính
- ☐ Mang tính dò hỏi
- ☐ Từ chối trả lời

Mã vùng của bạn? ☐☐☐☐☐

Bạn có phải là cựu chiến binh?

☐ Có ☐ Không ☐ Từ chối

Bạn thuộc chủng tộc/dân tộc nào? (Ghi nhận tất cả những cái thích hợp)

- ☐ Mỹ gốc Phi
- ☐ Mỹ gốc Ấn/ Mỹ bản xứ
- ☐ Bosnian
- ☐ Campuchia
- ☐ Trung quốc
- ☐ Mễ/Nam Mỹ
- ☐ Hmong
- ☐ Lào
- ☐ Miến điện
- ☐ Nga/ Liên bang Xô Viết cũ
- ☐ Ucraina
- ☐ Việt Nam
- ☐ Người da trắng/ Cap ca
- ☐ Chủng tộc khác (ghi rõ _____)

Ngôn ngữ ưa thích của bạn? (chỉ ghi nhận một ngôn ngữ)

- ☐ Ngôn ngữ kí hiệu của Mỹ
- ☐ Arap
- ☐ Ac-me-ni
- ☐ Tiếng Campuchia
- ☐ Tiếng Quảng đông
- ☐ Anh
- ☐ Farsi
- ☐ Pháp
- ☐ Hebrew
- ☐ Hmong
- ☐ Ilocano
- ☐ Ý
- ☐ Nhật Bản
- ☐ Hàn quốc
- ☐ Lao
- ☐ Tiếng Quan thoại
- ☐ Miến Điện
- ☐ Ba Lan
- ☐ Bồ Đào Nha
- ☐ Khác tiếng Anh
- ☐ Ngôn ngữ kí hiệu khác
- ☐ Nga
- ☐ Samoan
- ☐ Tây Ban Nha
- ☐ Thái lan
- ☐ Thổ Nhĩ Kì
- ☐ Việt Nam
- ☐ Ngôn ngữ khác (ghi rõ_____)

Bạn đại diện cho ai/tổ chức nào? (ghi nhận tất cả những cái thích hợp)

- ☐ Thành viên cộng đồng có liên quan
- ☐ Nhà cung cấp dịch vụ xã hội
- ☐ Nhà cung cấp về dịch vụ sức khỏe thể chất
- ☐ Hội tuân thủ pháp luật
- ☐ Người phân phối dịch vụ rượu/ma túy
- ☐ Nhà cung cấp dịch vụ liên quan đến dân tộc
- ☐ Cha mẹ
- ☐ Khách hàng của dịch vụ sức khỏe tinh thần
- ☐ Thành viên gia đình của khách hàng
- ☐ Các tổ chức phục vụ thanh niên
- ☐ Giáo viên trường sơ cấp
- ☐ Giáo viên trường trung cấp
- ☐ Giáo viên trường trung học
- ☐ Nhà cung cấp dịch vụ sức khỏe tinh thần của Quận
- ☐ Nhà thầu cung cấp dịch vụ sức khỏe tinh thần
- ☐ Cộng đồng LGBTQ
- ☐ Cộng đồng thuộc về cơ sở niềm tin
- ☐ Thành phần khác (ghi rõ_____)

Bạn có muốn đóng góp những nhận xét bổ sung hay không?

Prevention and Early Intervention (PEI) Community Educational Forums

The PEI Community Educational Forums are informational dialogs intended to highlight the Key Community Mental Health Needs and Priority Populations established by the California Department of Mental Health for the PEI component of the Mental Health Services Act. Each county, through a community stakeholder process, is required to narrow its focus and select the Key Community Needs and Priority Populations that are considered the most important by that community.

Each Community Educational Forum will provide information about the selected needs and populations related to each forum. These forums are one of several ways the Division of Mental Health is collecting community input and data to assist in determining what Key Community Mental Health Needs and Priority Populations are most important to the Sacramento community.

Forum # 1 –Suicide Risk
November 18, 2008, 2:30 – 5:00 pm
Coloma Community Center
4623 T Street
Sacramento, CA 95819

Forum # 2 – Underserved Cultural Populations
December 18, 2008, 2:30 – 5:00 pm
Voter Registration and Elections
7000 65th Street, Suite A
Sacramento, CA 95823

Forum # 3 – Children and Youth in Stressed Families
January 20, 2009, 2:30 – 5:30 pm
Elks Lodge #6
6446 Riverside Boulevard
Sacramento, CA 95831

Forum # 4 – Individuals Experiencing Onset of Serious Psychiatric Illness
January 28, 2009, 5:30 – 8:00 pm
Department of Health and Human Services
Conference Room 1
7001-A East Parkway, Sacramento, CA 95823

Forum # 5 – Psycho-Social Impact of Trauma
February 2, 2009, 5:30 – 8:00 pm
Department of Human Assistance
2700 Fulton Avenue
Sacramento, CA 95825

Forum # 6 – Children and Youth At-Risk of Juvenile Justice Involvement
February 17, 2009, 2:30 – 5:00 pm
Oak Park Community Center
3425 Martin Luther King Jr. Boulevard
Sacramento, CA 95817

Forum # 7 – Stigma and Discrimination
February 25, 2009, 5:30 – 8:00 pm
Department of Human Assistance
2450 Florin Road
Sacramento, CA 95822

Forum # 8 – For Youth, By Youth
March 6, 2009, 5:30 – 8:00 pm
Oak Park Community Center
3415 Martin Luther King, Jr. Boulevard
Sacramento, CA 95817

Important Note: Due to budget cuts, the Division will be unable to provide food or beverages at these Forums.

If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Mary Drain *one week prior to each meeting* at (916) 875-4639 or DrainM@SacCounty.net.

Questions? Email us at MHSA@SacCounty.net or call (916) 875-MHSA

Visit our Website at www.sacdhhs.com/MHSA

Sacramento County
Department of Health and Human Services
Mental Health Division
Mental Health Association - Sacramento Chapter

Consumer Speaks Conference

WELCOME AND INTRODUCTIONS:

Andrea Hillerman-Crook, Consumer Advocate Liaison
Mental Health Association, Sacramento Chapter

OPENING REMARKS:

Susan Gallagher, Executive Director
Mental Health Association, Sacramento Chapter

Pat Mangan, Human Services Division Manager
Sacramento County, DHHS, Mental Health

CONFERENCE HIGHLIGHTS:

Mental Health Services Act (MHSA)-Next Chapter
Mental Health Services Prevention and Early Intervention (PEI)
Learn the elements and how you can get involved

FEATURED SPEAKER:

Stephen Pocklington, Executive Director
Copeland Center for Wellness and Recovery
"Create Recovery in Our Community"

Oak Park Community Center
3415 Martin Luther King Boulevard, Sacramento, CA 95817

October 28, 2008 @ 9:30 a.m. - 5:00 p.m.
Registration @ 9:30 - 10:00 a.m.

5.0 Continuing Education Hours will be offered for
MFT's and/or LCSW's
Board of Behavioral Sciences (BBS) Continuing Education Provider Number (PCE 3653)
Course meets the qualifications for 5.0 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences.

Lunch, Conference and CE Hours Free of Charge
Community Information Booths, Awards Ceremony, Raffle, Prizes

No Pre-Registration - Please Come Join Us!

Questions? Call Andrea Hillerman-Crook at (916) 875-4710
If you need to arrange for an interpreter or a reasonable accommodation, please call Mary Drain at (916) 875-4639 - One Week Prior to the Event!

PEI Suicide Prevention Project
Rachael Beutler, Training Coordinator: (916) 875–0847
Mental Health Division, Quality Management Services

California's Mental Health Services Act, Prevention and Early Intervention Component: Collaborative Partnerships in Sacramento County

Friday, February 13, 2009 • 9:00 a.m. – 4:00 p.m.
Sacramento County Office of Education • Mather Room

Meeting Summary

Desired Outcomes

1) To provide recommendations for the role of schools in planning and implementing Prevention and Early Intervention Mental Health Services in Sacramento County for children and youth ages 0-18.
2) Establish a foundation for countywide collaboration to better serve children and youth ages 0-18.

Welcome and Introductions

David Gordon, Sacramento County Superintendent of Schools, welcomed all participants and thanked them for attending. Mr. Gordon explained that the purpose of the meeting is to bring together education stakeholders, mental health professionals, and other system partners to discuss the Mental Health Services Act (MHSA) and the opportunities the Prevention and Early Intervention (PEI) component holds for students.

The Sacramento County Department of Health and Human Services (DHHS), Mental Health Division and the Sacramento County Office of Education co-sponsored the day's meeting as part of community planning efforts to explore how schools can play a role in implementing PEI services for students aged 0-18. Mr. Gordon emphasized the importance of working together towards a common goal and using different approaches that can prevent more serious problems.

Mr. Gordon introduced Lisa Bertaccini, Chief, Child and Family Mental Health, Sacramento County Department of Health & Human Services. Ms. Bertaccini expressed DHHS's excitement to be part of the day's meeting. She explained that DHHS wants to work collaboratively toward positive outcomes, opportunities and the idea of doing something different

Lead facilitator Deb Marois, CSUS Center for Collaborative Policy, reviewed the agenda and ground rules for participation. She explained that the group will work together to:

- Exchange relevant information, ideas, and terminology to establish a common understanding of prevention and early intervention across professional disciplines.
- Identify current conditions, practices and opportunities related to school-based mental health efforts in Sacramento County.

California's Mental Health Services Act, Prevention and Early Intervention Component: Collaborative Partnerships in Sacramento County

- Develop a common vision and desired results for the role of schools in creating a comprehensive countywide system of prevention and early intervention for the mental health of children from birth through age 18.
- Recommend priorities for key community mental health needs and priority populations most in need of prevention and early intervention services.
- Identify key supports schools need to promote student mental health.
- Explore establishing a process for ongoing collaboration among meeting participants, linking how to respond to additional opportunities such as the state administered prevention and early intervention projects.

Ms. Marois led the group through a warm-up activity where each participant introduced themselves and described one thing that contributes to the healthy deployment of young people. Participants mentioned various components including:

Relationships: the importance of positive adult relationships; a supportive community connection; parents that advocate a healthy lifestyle and model positive behavior; and formal and informal mentors that reflect the diversity of the community.

Emotional: a sense of belonging, emotional and physical safety; feeling valued; feeling of connection rather than isolation; and knowledge that they are heard and supported.

Education: success in academics to boost self-esteem; opportunities to pursue a passionate activity; access to extracurricular activities; educators that take an interest in students' social and emotional needs; and knowledge of life skills and healthy coping skills.

California's Mental Health Services Act Prevention & Early Intervention Component: State & Local Implementation

Michelle Callejas, MHSA Program Manager, Division of Mental Health, Sacramento County DHHS, presented a PowerPoint overview of the MHSA and the PEI approach. The presentation explained the need for mental health system reform. She outlined components of the new approach, such as focusing on wellness, recovery, resilience and the whole person; assuring client/family-driven approaches, and community participation. Ms. Callejas contrasted this with previous approaches characterized by fragmentation and a "fail first" model that focused on symptoms and accepting long-term disability.

California's Mental Health Services Act, Prevention and Early Intervention Component: Collaborative Partnerships in Sacramento County

The new approach strives to eliminate the negative outcomes that result from untreated mental illness, reduce disparities and improve access to care. Based on the Institute of Medicine's Spectrum adopted by the California Department of Mental Health (DMH), she defined prevention as both universal and selective services and programs that occur prior to a mental health diagnosis which are designed to prevent mental illness from occurring or from becoming more severe and disabling. She also described early intervention services, which are intended to address a condition early and are comprised of services and programs that are relatively low in intensity and short in duration (one year or less). One of the primary goals is to support well-being in major life domains and avoid the need for more extensive mental health services in the future. This may include individual screenings for confirmation of potential mental health needs. Ms. Callejas mentioned that the PEI funds cannot be used for filling the gaps in treatment and recovery services for those who have been diagnosed with serious mental illness or serious emotional disturbances.

Ms. Callejas explained that DMH has directed each county to develop a work plan in order to receive the MHSA funding for PEI. DMH has identified five different community mental health needs and six priority populations but gives counties the flexibility to decide what to address. However, 51% of the funding must address the needs of individuals 0-25 years of age.

Ms. Callejas explained that the allocation of funding to all the counties is sustainable. The State is looking to the counties to give back some of their funding to help implement three statewide projects: Suicide Prevention; Stigma and Discrimination, and the Student Mental Health Initiative. For the Student Mental Health Initiative, twenty grants will be awarded to counties throughout the State, approximately $350,000 per year for four fiscal years. DHHS Mental Health Division is currently undertaking a community planning effort to decide priority needs and populations. This process includes outreach and engagement; data gathering and analysis including focus groups with underserved groups; strategy and project development; public review and hearings; and lastly the submission to DMH.

Question and Answer

Following the presentation, participants asked clarifying questions about statewide mental health initiatives, the local planning process in Sacramento County and funding for the PEI component.

California's Mental Health Services Act, Prevention and Early Intervention Component: Collaborative Partnerships in Sacramento County

What will the student mental health initiate look like?

Ms. Callejas responded that the RFP has not been released. This initiative came about after the Virginia Tech tragedy to get mental health assistance into schools and to build the infrastructure to support it. Though this is one-time finding, much can be done and there are programs and services that can be implemented but do not cost a lot of money.

When will the synthesis from the forums be available to view?

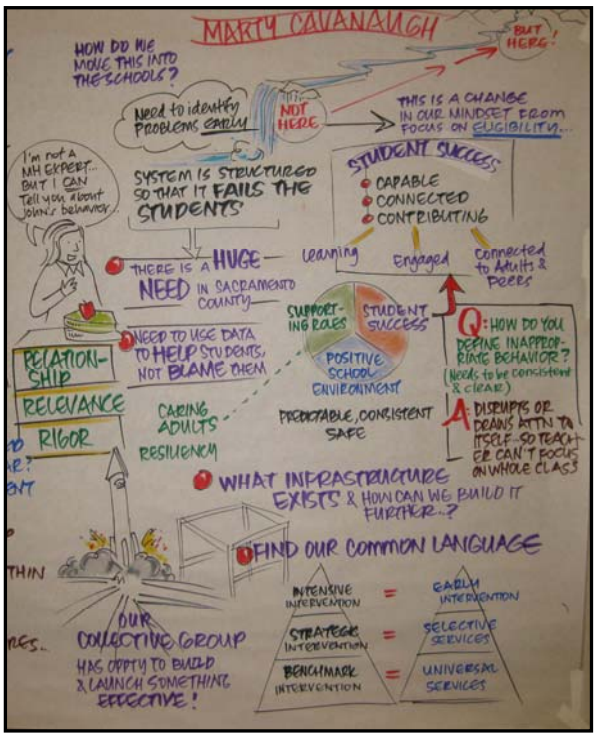
DHHS is working on an ambitious timeline and anticipates that all the data and information will be gathered and synthesized by April. After that, the department will work on preparing the report and managing expectations.

Will PEI funding increase every year? Will money from previous years be folded back in?

The funding has gone up from the last year because the 1% tax on incomes over 1 million dollars yielded more revenue than was initially projected. Prior year funding will be folded back in if it is not used. However, if the funding is not used within three fiscal years the State will take it back.

Universal Perspective on School-Based Mental Health in Sacramento County

Martin Cavanaugh, Deputy Superintendent Sacramento County Office of Education, reviewed the supportive evidence that mental health problems in school-aged children are real and escalating. He cited Sacramento County data that shows a high number of students scoring below basic levels, dropping out of high school and experiencing juvenile arrest. Relative to these statistics, he emphasized the connection between student success and school-based mental health efforts. To succeed academically and in life, students need to be capable, connected, and contributing. Mr. Cavanaugh reminded participants that positive behavior supports and effective instructional strategies are necessary for all students. He gave an overview of the factors that contribute to a positive school environment and school culture including social climate, quick response to prevention, effective intervention, progress monitoring and active use of data for decision making. The presentation also outlined a series of evidence-based practices and interventions that work to support students' mental health. He mentioned the importance of school based intervention as evidence has shown teachers at the second grade level can predict with great



accuracy those students that will drop out of high school.

Next, Mr. Cavanaugh explained that prevention is the infrastructure to support intervention. Data, instructional support, family support, youth development, resiliency factors, informed teachers, services and neighborhoods are components of prevention. Schools currently have varying degrees of these components in place. The Response To Intervention (RTI) model is a common approach used in schools to provide support services to students that begins with benchmark intervention, moving next to strategic intervention, and lastly to intense intervention. He explained that the education perspective sees RTI as more than academics; traditionally the model was organized in terms of rigor, relevance and lastly relationship. The new RTI model would begin with relationship, then relevance and finally rigor. Mr. Cavanaugh emphasized the similarities between the education and mental health approaches, despite differences in language.

At the conclusion of this presentation, participants discussed how "indicators of disengagement" and "inappropriate conduct" are defined. There was some concern that inconsistent definitions could result in some students being inappropriately labeled. Mr. Cavanaugh explained that school districts try to establish consistency in behavioral models as well as in the definitions. "Inappropriate conduct" is defined as behavior that disrupts or draws attention to itself in the classroom; it is behavior that is taking away from the teacher's ability to keep the attention of the classroom.

What is Prevention and Early Intervention? Establishing a Common Understanding of Definitions

Ms. Marois explained that the two presentations set the context for the day, enabling the group to begin establishing some shared meaning. Participants shared their impressions of key themes and insights that had developed so far, such as:

- People have worked in silos for so long that it is positive to see a collaborative approach to leveraging resources rather than a territoriality approach.
- Partnering offers more opportunities to collectively think of and identify good programs.
- It is good to see adults take some responsibility for the poor tests scores because children are reliant on adult guidance.
- Universal compliance will be crucial, not just in terms of early intervention but ensuring that everyone is involved and that whole community change will be possible.
- There is a need to start working with the family far earlier than kindergarten.

Next, the group identified some initial concerns including:

- The current State budget crisis and how Proposition 63 (MHSA) funding may be impacted. For example, some wondered whether the programs and approaches being discussed will be implemented or if the funding be reallocated.
- The need to focus on high school aged students with programs to prevent suicide and incarceration.

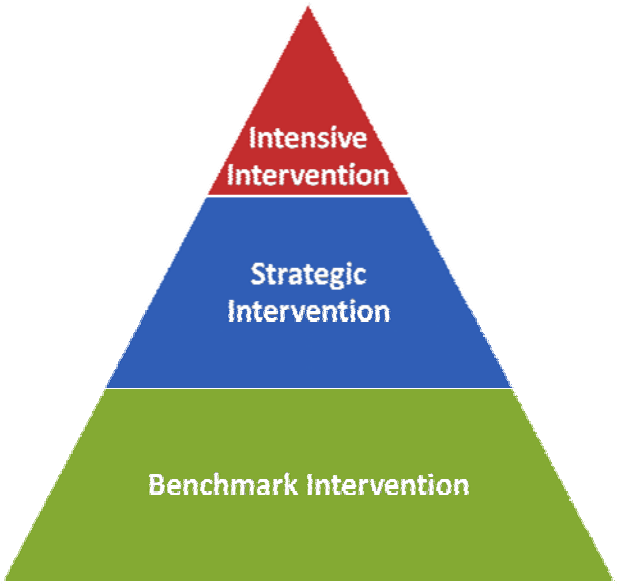
California's Mental Health Services Act, Prevention and Early Intervention Component: Collaborative Partnerships in Sacramento County

- Prioritizing homeless families because evidence has shown that once a person has been homeless, post-traumatic stress disorder (PTSD) can develop and this affects students in the schools.
- High school students who do not receive support from parents could become parents who do not provide support; it is a cyclical situation and should be addressed.
- Workgroups need to be efficient in how they use the initial Proposition 63 funding.
- Make sure that the approach is culturally competent in terms of outreach and considers the cultural perceptions of mental health.

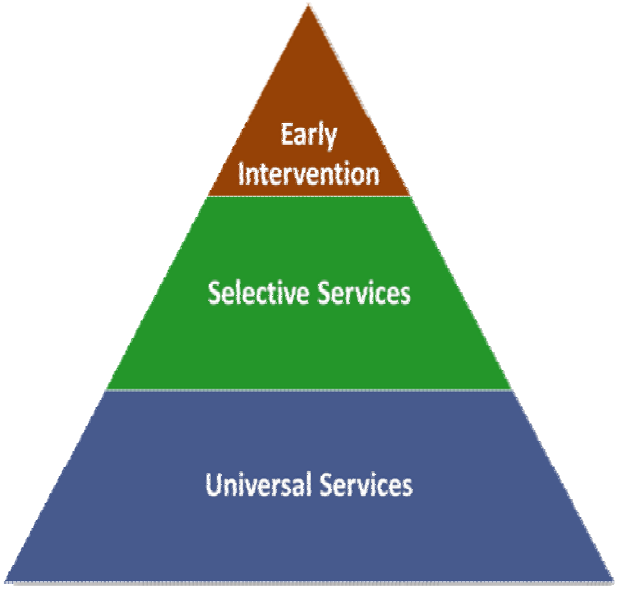
Participants also discussed the side-by-side education and mental health models of prevention and intervention language and stages.

How We Define the Language of "Prevention" and "Intervention"

Response to Intervention (RtI)
Education



Prevention and Early Intervention
Mental Health



- The pyramids seem identical except for the words which can be changed. If the group can all work at the same table with the same student using the same plan, then that student will be successful.
- Sacramento City Unified School District (SCUSD) has instituted the RTI framework and is excited that everyone is now speaking the same language. Having a common meaning and language will deliver a powerful message.
- Child Protective Services has recently put more of an emphasis on ensuring that kids who are put into the foster care system will be able to remain at their same school in familiar surroundings.

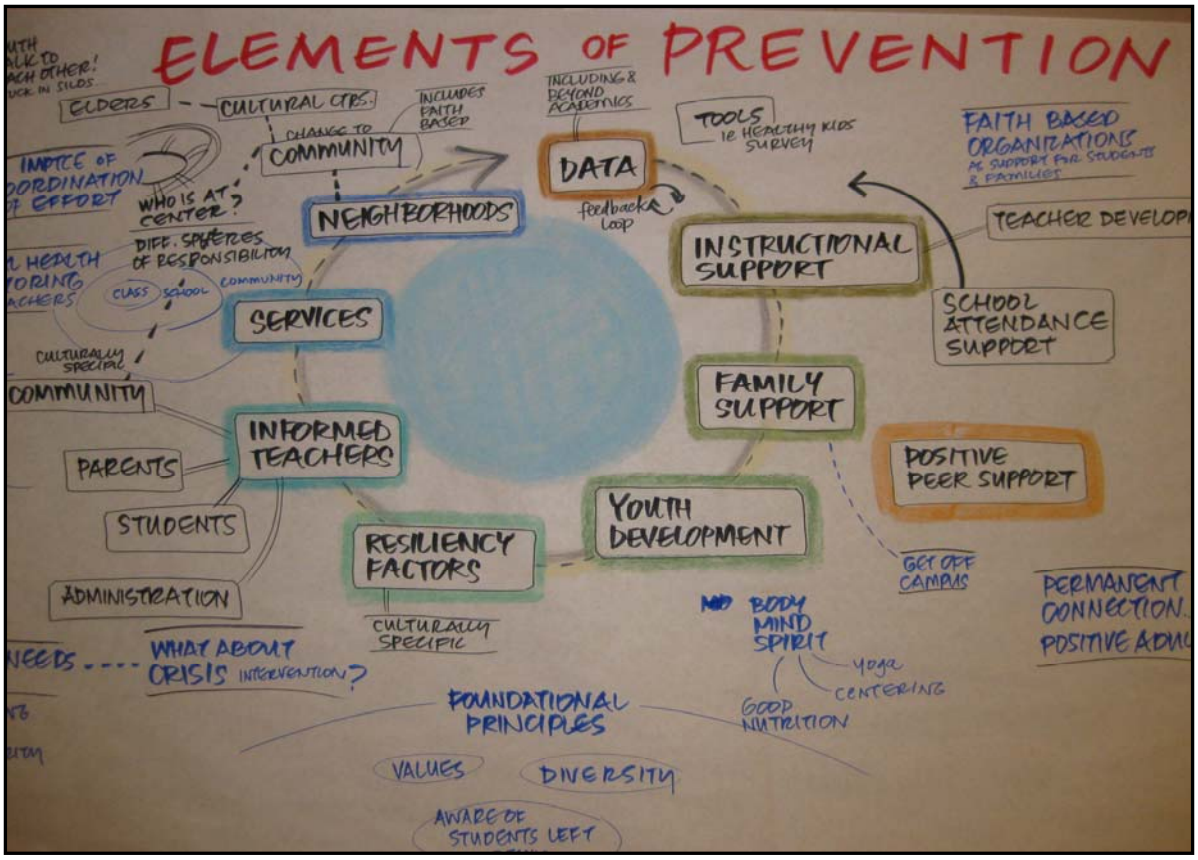
- The Folsom-Cordova Unified School District (FCUSD) has instituted an "every child by name" program, which is an approach where school personnel come together as a group to review every child on a quarterly basis. The group looks at academic performance, home life stability, and participation in other programs.
- Wendy Greene, Child and Family Mental Health, asked for clarification on the different stages of the RTI model. Mr. Cavanaugh explained that the "benchmark intervention" stage includes all students who get in behavioral trouble or need any extra academic help. This action addresses behavior both socially and emotional. At the benchmark stage, the student is not in danger of failing or anything serious and the entire classroom is benefitting from the action. The second stage is "strategic intervention" where if action is not taken the student will advance to the higher level on the pyramid. Students at this stage may need more resources than are available in the classroom. By the "intensive intervention" stage, the student is behind relative to grade level and most likely requires an intervention that occurs outside of the classroom.
- Ms. Greene explained that even with the clarification, the alignment of the pyramids does not match. She sees the benchmark stage as comparable to early intervention and not prevention; when a child has signs of a problem that is a point of intervention.
- It is important to note that students do not stay at one stagnant point.

The group then reviewed the elements of prevention infrastructure which Mr. Cavanaugh presented and offered suggestions to enhance the framework. These suggestions included the following additions as core elements of prevention:

- "Positive Peer Support"
- "Inform" aspect to ensure that all parties are informed, e.g., "Informed Parents and Informed Students"
- "School Attendance Support" after data because poor attendance is an indicator before poor test scores.
- "Staff Development" because staff are not taught about risk factors and if they were trained, they could help intervene. This should include mental health mentoring in schools.
- "Administration" including principals, and staff on board for mental health support.
- "Foundational Principles" to guide the work including values and diversity awareness, particularly for students being left behind.
- "Coordination of the Elements" – otherwise it is just back to the old system. There has to be a point that coordinates all the elements and makes sure that everyone is on the same page. It should not be assumed that one person would take this on but rather view it as a sphere of responsibility.

California's Mental Health Services Act, Prevention and Early Intervention Component: Collaborative Partnerships in Sacramento County

- "Outreach to Faith-Based Organizations" as a support for students and families.
- Health elements such as mind, body, spirit and nutritional focuses.



- "Cultural Centers" as part of the neighborhood element; this includes interaction with elders of the community.
- "Having Basic Needs Met," which is especially important during the recession and economic crisis.
- "Student Buy-In"

Participants suggested a few changes, including:

- "Youth Development" to "Individual Development"
- "Neighborhood" to "Community"

The group offered several other suggestions to strengthen a preventive approach such as:

- Be sure to include parents in the programs.
- Mandate that questions about suicide be included on the CA Youth Risk Behavior Survey, a common data collection tool.
- Data collection should not just occur at one point; instead it should feed back into the process to help drive success.
- Be sure to include the rural communities that do not have access to services. Keep in mind that the infrastructure may not be in place.

- Specifically emphasize the adult/student relationship and need for connection with adults.
- Look at this from the youth perspective; they look at things more holistically.

Identifying Current Prevention and Early Intervention Activities, Partnerships and Unmet Needs

Ms. Marois reminded the group that planning takes patience and encouraged them to resist the urge to jump immediately into developing actions. Instead, the day's discussion is intended to identify a long-term vision and current PEI activities, partnerships and unmet needs that already occur in schools. This information will provide the group with a common understanding of current reality and a foundation to build effective strategies. Following lunchtime table discussions, each small group reported one current partnership and one unmet need (see Appendix A for entire group reports). Highlights included the following:

Partnerships

- MH and the school boards
- Early mental health program
- Varies from district to district; collaboration would be more effective if it included all the stakeholders such as the Student Attendance Review Boards (SARBs).
- Healthy Start program
- White House Counseling within the San Juan Unified School District (SJUSD) and similar services in the Elk Grove Unified School District
- Universal study team process that could provide a foundation or model for universal programs
- Sacramento City Unified School District (SCUSD) Home Visiting Program where teachers visit families with hard-to-reach parents
- SCUSD collaborates with Bayside Church to offer mentoring and tutoring without a religious component
- SB 65 programs and drop-out prevention programs
- BEST Behavior Training
- 36/32 program on IEPs to help those students who have been suggested as having mental health problems.

Unmet Needs

- Common roles and responsibilities
- On-site anger management skills
- Outstation mental health sites that collaborate with the Healthy Start program
- Healthy Start Program is only in 19 of the schools in the SCUSD.
- Clinicians in the school to provide support and providing more consultation for staff and families on mental health.
- Student Study Teams, which are multi disciplinary teams that come together when a student seems to be at-risk but before they are at early intervention level. The team

includes parents, specialists and sometimes a social worker and they work together to develop an early intervention plan.
- Peer programs and peer advisors.
- Getting all the programs to work together
- Mental health professionals in schools to do training.

Vision 2019: Schools as Prevention and Early Intervention Partners to Support Student Success

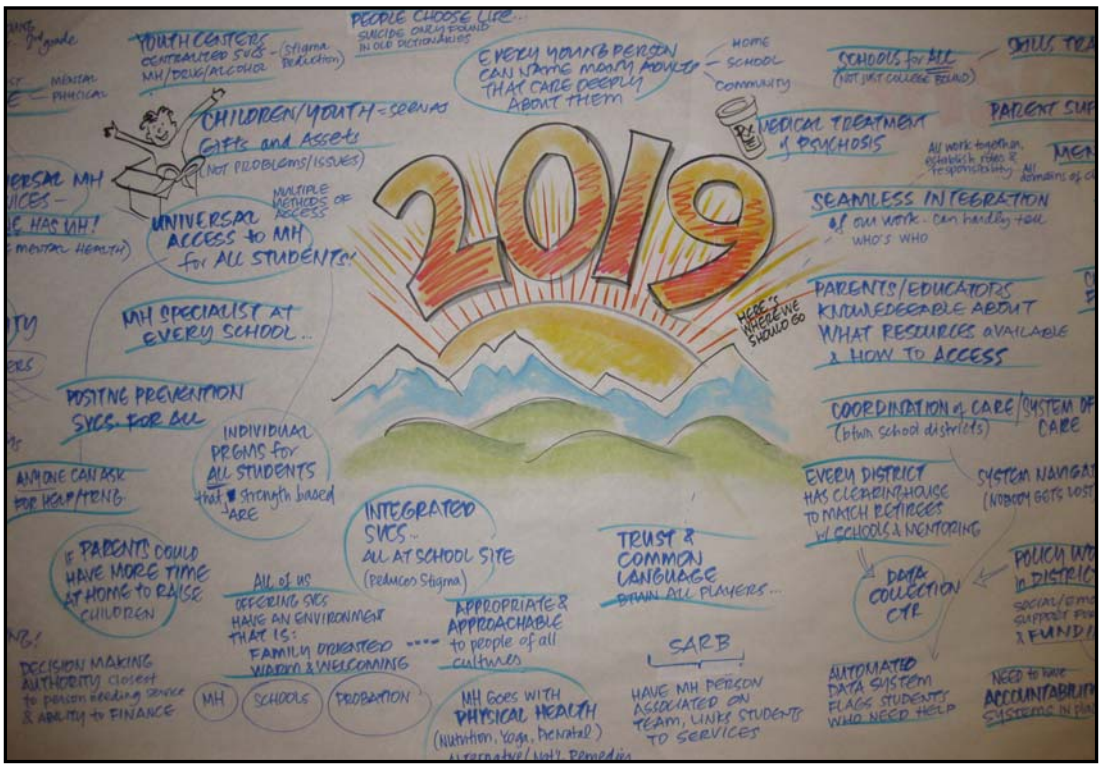
Ms. Marois introduced the next item on the agenda and explained that it is helpful to decide what direction to go in before beginning the journey. Ideally, implementation activities begin with the end in mind so the group was asked to consider desired results to achieve over the next ten years. Ms. Marois led the group in imagining a future celebration where Sacramento County has made tremendous progress in transforming systems to support student success with schools as key partners in the effort. Participants were asked to brainstorm descriptions of this preferred future and its greatest accomplishments, based upon the following:

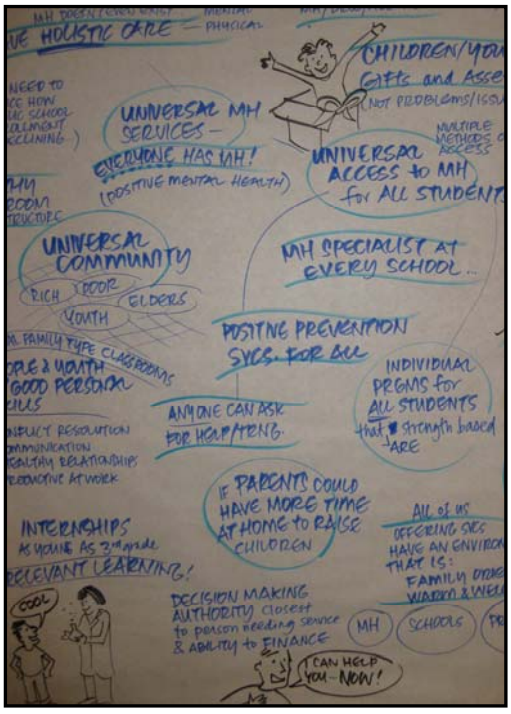
> Ten years have passed and all the things you imagined have come true. Sacramento County has achieved success in transforming the mental health system. Schools are now integrated as key partners in prevention and early intervention efforts.
>
> - Ideally what does this world look like?
> - What accomplishments are you most proud of?
> - What outcomes have been achieved for students, for the school system, for the mental health system?
> - What is different now - for students, families, teachers, schools, mental health, health providers, administrations, etc.?

Group members each shared components of what student success could look like with regard to the role of schools as prevention and early intervention partners. Graphic facilitator Emily Shepard captured these elements in a visual recording. Common elements of this vision focused on a holistic approach to health; the changing role of teachers and mental health service providers; coordination of services; increased access to services; culturally competent and stigma-free access to mental health support; preparation for students planning to enter college or the workforce; open campuses that include multi-generational participation and mentors; enhanced data collection and student tracking methods that allow for earlier intervention; and policy change to prioritize prevention. Specifically, individuals offered the following ideas:

<u>Holistic Health/Relationships</u>
- MH is something that everyone has and positive MH is universal. Services are delivered regardless of funding and culture.
- MH is nonexistent; instead there is a holistic care model where the whole person is cared for at one time.

California's Mental Health Services Act, Prevention and Early Intervention Component: Collaborative Partnerships in Sacramento County





- Youth and children are prepared, not only to go to college, but to go directly into the workforce, or to become artists or musicians.
- People and youth with good personal skills, such as communication, healthy relationships, conflict resolution, feeling productive for work. If this happened, teachers could create functional family classrooms.
- Positive prevention services for all! Parenting support, mentoring, community service learning and skills training where students are learning trades.
- Universal community that encompasses all of this. There will be no boundaries and all are seen as equal and share ideas and expertise. No one is discriminated against.
- Through the development of relationships, parents and teachers would be knowledgeable about accessing mental health care.
- Children and youth are always seen as gifts – not problems or issues.
- Children can name many adults within their community who care deeply about them.
- Multi-generational groups on campus to mentor others, high school students mentoring elementary, or those about to retire mentoring younger teachers.

- The next generation is not here talking about the same things that we are talking about
- A clearinghouse of volunteers in every district to match mentors with the schools that need the support.
- Parents could have more time at home to raise their children and then work less.
- People would choose life.
- Changing role for MH professional; less time on therapy and more time education and facilitating an emotionally health environment.
- At the celebration of implementation, all of the child services will stand together.
- MH starts with physical health and a lot of people are not aware of this nor do they have access. In this vision doctors would recommend exercise such as yoga, address nutrition and provide holistic health access.

Collaboration & Service Delivery

- System navigators so that no one gets lost.
- Mechanism to help share responsibility and anyone can ask for help.
- Individual plans for every student – not just the troubled children – that are asset-based and encompasses their strengths.
- School sites are open 24 hours a day, 7 days a week to be used as meeting space and infrastructure to build communities.
- Multiple methods/mediums of access.
- Develop a computer system to track early warning signs, such as attendance records, to help identify at-risk students.
- Students with behavior problems that exhaust the schools are referred to Student Attendance Review Board (SARB). The SARB should include a MH representative to link the student to the resources of the community.
- Student start internship type training as young as 3rd grade to build relevant learning.
- Services should all be available at the school and there would be no stigma associated with accessing those services.
- There needs to be an accountability system in place.
- Universal access to MH services for all kids and reps at each site.
- Coordination of care. Example: if a student from one district moves to another district, staff at the new district would know the child's history immediately so that there is no need to reinvent the wheel.
- Alcohol, drug and other substance abuse services are centralized; stakeholders can access these in one place such as a youth center.
- Seamless integration of work so that one cannot tell a teacher from a MH provider or a probation officer.
- Schools will serve as the hub for services.
- As a system, make sure that it is a relevant and responsive approach rather than a cookie cutter.
- Partnerships will make this dream happen.
- Not to forget First Five and the programs for children 0-5 years old.

Policy Change

- Decision making authority will be given to those closest to the person needing the services.
- CA will be ranked #1 in funding for education.
- Prevention would no longer be seen as discretionary and instead mandatory because in a budget crisis, prevention is the first thing to be cut.
- Policy work done in the districts with SCOE as the spearhead. SCOE should create a task force including the school board and superintendents to create policy around social and emotional student functions, including funding to implement programs with data collection mechanism to track progress.
- Program needs to begin immediately if this will be achieved.

After hearing everyone's input to the 2019 Vision, some group members offered the following reflections:

- It is too bad that the group has known about this need for a long time and only now are they coming together to address it as a collaborative effort. There is nothing stopping this group from being a model for the nation.
- Schools will play significant roles in the future as service-oriented centers.
- There is movement toward looking at this as a holistic system where everything works together. Currently, there are impediments for students seeking services.
- A lot of the expertise will be out of the workforce by 2019 and that should be noted.

Others described breakthroughs that will be necessary for this vision to be achieved such as:

- Every person that works with youth recognizes that mental well-being is part of their job.
- Support from private industry will be needed. Regardless of who you are, there is a place for you in the workforce – even those who are disabled.
- Immediate need: all those involved take structured time to meet to overcome barriers and make time for communication.
- Staffs need to see this as more than just a job and see themselves as civil and public servants.
- Acceptance of the concept that prevention is important and a good use of funding.
- SCOE needs to help the group to stay together for this charge.
- Reform stressed system so that staffs are not compelled to refer students to others but instead have the time to take responsibility themselves.
- Tap into the existing infrastructure and involve pre-school and pre-K teachers in the communication lines.
- Public health campaign to create a more general awareness of MH.

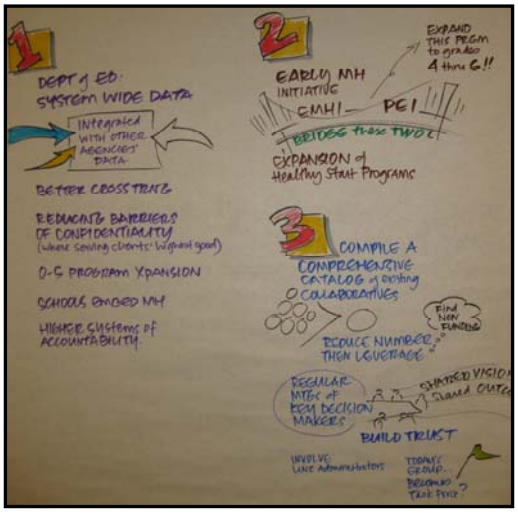
Identifying Current Trends, Assets, Opportunities and Challenges

Participants divided into small discussion groups that explored a series of questions about current conditions related to prevention and early intervention services and programs in

schools. After the initial discussion, participants had the opportunity to rotate to a new small group.

3-5 Year Trends, Changes & Innovations Predicted to Impact School-Based Mental Health

- CA School Information Services (CSIS), CA Longitudinal Pupil Achievement Data System (CALPADS), California Longitudinal Teacher Integrated Data Education System (CALTIDE)
- New data systems and integrated data efforts
- Expanding youth and family mentors
- More evidence-based practice
- Basic cross-training (MH and education)
- Reduce barriers of confidentiality between agencies
- Mitigate financial and economic needs of families
- Crisis counseling
- Exercising categorical flexibility
- Negative and positive impacts
- Universal (New National Health Care Systems) with unintended consequences i.e. staffing, limited resources, etc.
- Birth – 5 program expansion – increase relationships
- 0-16 highest impact
- School based mental health could shift to more prevention
- Preschool expansion in Early Start/statewide initiative
- Schools embed MH social workers and set aside dollars to conduct long-term social emotional work
- Higher accountability (RTI)
- Transition specialists
- Every student has an individual learning plan



Existing Resources and Upcoming Opportunities to Leverage to Transform School-Based Mental Health

<u>Existing Resources</u>

- Early Mental Health Initiative via PEI – expansion of services in grades 4-6 (currently k-3)
- Community-based mental health agencies serving selected schools
- SARB exists – but need more models – maintain and existing support improvement
- Support services that once existed need to return
- Healthy Start programs still in operation and should be expanded
- Comprehensive Student Support (CSS) which is part of SB 65
- Nell Soto Home Visit program
- McKinney-Vento homeless assistance services

- Foster youth services
- Family agencies, i.e. La Familia, Birth and Beyond, St. Johns (Rancho Cordova)
- Using existing structures to partner for providing support services, i.e. back to school night (make mental health specific to talk about services)
- Youth coalitions – as advocates for sharing information
- Expanding mental health coalition partners with EMHI and inquiring of natural partners and avoiding duplication

Upcoming Opportunities

- Collaboration with university/college internships (school social work degree program)
- Early Mental Health Initiative – sponsored trainings and conferences extending invitations to services providers for attending

Strategies to Enable Schools, Mental Health and Other Partners to Collaborate Effectively

** In priority order*

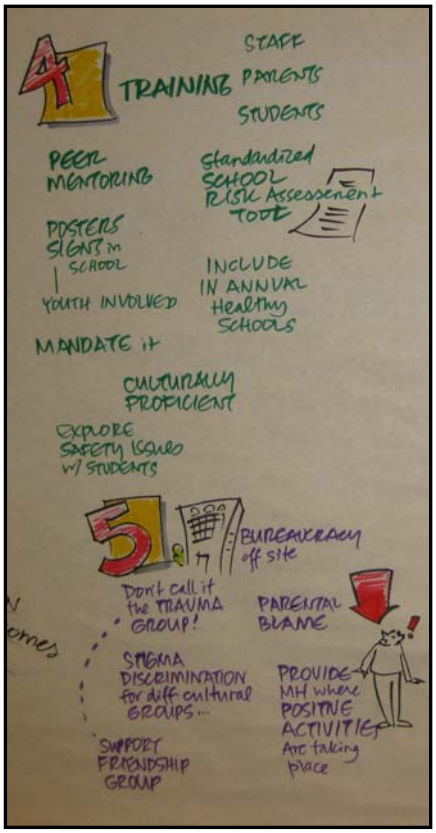
- Matrix of existing collaborative; both county and neighborhood
- Simplify/collapse existing collaboratives
- Build upon existing collaboratives to seek funding, coordination to provide needed services
- Regular meetings of key decision makers for shared vision, resources, data, and outcomes
- Strengthen relationships to build trust
- Involve district/school administrators
- Today's group serve as a PEI Task Force
- Use SARBS (all existing groups and mental health)

Support School Systems Need to Reduce the Risk of Suicide for Students

- Training on three levels:
    - Staff – warning signs
    - Parents – where to go, what are resources
    - Students – problem solving, coping skills
- Develop a safety net so parents and teachers become part of the safety net
- Peer mentor training/ peer mentor program trained in warning signs and making referrals
- All schools need a risk assessment tool to be able to assess risk
- Need a policy/procedure that is standardized and used by everyone
- All staff in suicide awareness would be trained in the risk assessment tool
- Research existing tools
- Jason Foundation is a resource connecting school systems with mental health and CBOs doing work and survivor groups
- Include in training sensitivity awareness or how behavior can impact others, ex: bullying
- Investigate existing programs that change school culture such as, Challenge Day or Safe School Ambassadors

California's Mental Health Services Act, Prevention and Early Intervention Component: Collaborative Partnerships in Sacramento County

- Resource: Living Works
- Distribute prevention posters and signs around the campus in bathrooms and hallways
- Use email to access resource information
- Confidentiality kiosk on computer
- Use teens to design a specific campaign
- Kathleen Snyder is a CDE trainer on suicide
- Make sure school district is included in the comprehensive safe school plan done annually
- Encourage or mandate schools to use CA Healthy Kids survey section on suicide risk
- Explore issues of safety with kids. What and how would they feel safer?
- Consider cultural, ethnic differences and things to know



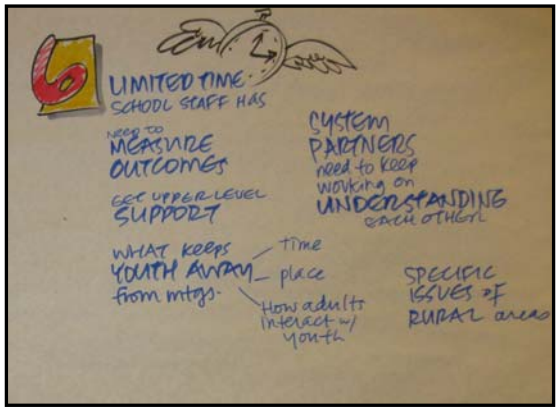
How Stigma and Discrimination Looks in School Populations

- Reluctance to assess services
- Misinformation
- Fear
- Denial
- Lack of trust and respect
- Prejudgment
- Primary language barriers
- Bullying
- Misconceptions
- Stereotypes
- Previous stigma and discrimination
- Cultural barriers
- Shame and embarrassment
- Age and gender
- Avoidance
- Isolation
- Poverty
- Learned helplessness
- Off-site services lead to stigma and other problems
- "Zero tolerance" feeds into this disparity in suspensions
- Fear of association
- Parental blame
- Stigma toward those in 26.5 County Mental Health placement or special education
- Stigma and discrimination by our language
- Traditional, bureaucratic way of delivering services (embed in settings where there are positive activities taking place)
- Labeling of kids receiving services – avoidance by others
- 50 minute session – groups less stigmatizing and more effective

- Being left out – isolated – avoidance by others
- Solution: include mental health staff "wellness staff" at open houses, etc.
- Normalize
- Cultural explanations of mental illness
- Breaking cultural taboos in seeking help

Challenges to Implementing School-Based PEI in Sacramento Communities/County

- The limited time school staff have to devote to training and staff development
- Us/Them mentality such as "not my job" or "I don't have kids with problems"
- Seeing school personnel as problem and not a partner
- The need to teach to the standards and accountability measures
- How to measure outcomes?
- No teeth in CA Healthy Kids Survey (in terms of mandated components)
- Upper level leadership (Board's Cabinet) needed to support this across the partner systems
- Form follows policy
- Losing institutional memory over next few years
- Beware of negative views such as "we tried that before" – maybe the time just was not right



Barriers that keep youth away from the table

- Transportation
- Need to build youth and adult partnerships
- Lack of patience in adults
- Adults knowing how to work with youth as leaders
- Do we believe, really, that youth should be involved?

General challenges

- The institutional setting itself is a barrier
- Openness and acceptance related to data, the validity of data, and trusting the data
- Continued struggle for systems to understand each other which often results in expectations not being met
- How do we decide which processes and programs to build upon? Prioritizing, how do existing and new strategies fit?
- How many collaboratives already in place? How do we bridge them? Get "right" people at table and the "right" timing?
- Issues of rural areas – bridging to urban and suburban

Recommended Priorities

Now that the group has considered their vision for the future along with current resources and needs, Ms. Marois asked participants to begin focusing on priorities. As discussed in the

morning presentation, the State requires each county to identify priority mental health needs and populations in their plan. She explained that the Sacramento County Mental Health Division is collecting information from many different stakeholder groups and that this is an opportunity to provide recommendations to inform the local PEI planning process. Based on the feedback of this group, SCOE will assemble a detailed report for the Sacramento County Mental Health Division. Each participant received colored dots to vote on each of the three categories. Results are summarized below:

PEI Key Community Mental Health Needs

- Disparities in access to mental health services (2 Votes)
- Psycho-social impact of trauma (3 Votes)
- **At-risk children, youth and young adults (30 Votes)**
- Stigma and discrimination (2 Votes)
- Suicide risk (1 Vote)

PEI Priority Populations

- Underserved cultural populations (4 Votes)
- Individuals experiencing early onset of serious psychiatric illness (0 Votes)
- **Children/youth in stressed families (17 Votes)**
- Trauma-exposed (3 Votes)
- Children/youth at risk of school failure (10 Votes)
- Children/youth at risk of juvenile justice involvement (3 Votes)

PEI Priority Age Groups

- Ages 0-5 (3 Votes)
- **Elementary School Age (27 Votes)**
- Middle School Age (2 Votes)
- High School Age (4 Votes)

After reviewing the highest priorities according to the dot vote count, Ms. Marois opened the discussion for comment. One participant noted that efforts need to start where the problem begins and that youth need to be involved in planning. Another group member pointed out that underserved populations should not be considered as a separate group. Rather, underserved populations should be considered within each priority population.

Wrap Up and Next Steps

Joyce Wright, Assistant Superintendent, SCOE thanked the group for coming to the table and participating. She explained that SCOE's next step is to develop a detailed report based on the group's work for Sacramento County's Mental Health Division. The input and ideas heard today will be part of the data collection for the local PEI planning process. Ms. Wright mentioned that she would like to have participants of this meeting become a workgroup to stay part of the

process. Lastly, Ms. Wright thanked Ms. Callejas and County MH for the opportunity to have this meeting and to enlist this input.

Ms. Callejas explained that Sacramento County's Mental Health Division will take the report from today's meeting and merge it with the input they receive from other stakeholders. These reports and data collection mechanisms will aide in the decision for allocation of funding. She also hoped that further participation by the group will be possible.

For More Information

California Department of Mental Health, Mental Health Services Act
http://www.dmh.ca.gov/Prop_63/MHSA/default.asp

Sacramento County Office of Education
www.scoe.net

Sacramento County Mental Health Division
http://www.sacdhhs.com/default.asp?woid=men

CSUS Center for Collaborative Policy
http://www.csus.edu/ccp/

California's Mental Health Services Act, Prevention and Early Intervention Component: Collaborative Partnerships in Sacramento County

PARTICIPANTS

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Amreek Singh, Homeless Liaison, Natomas USD
Barbara Kronick, Director, Integrated Support Services, Sacramento City USD
Lawrence Shweky, Coordinator, Integrated Support Services, Sacramento City USD
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Lisa Bertaccini, Chief, Child and Family Mental Health, Sacramento County DMH
Michelle Callejas, Program Manager, Sacramento County DMH
Wendy Greene, Program Manager, Division of CFSU, Sacramento County DMH
Pam Gressot, Program Coordinator, C&FSU , Sacramento County DMH
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Myel Jenkins, Program Planner, Sacramento County DMH
Jane Ann Blanc, Program Planner, Division of MHSA, Sacramento County DMH
Anthony Madariaga, Program Manager, Division of CFSU, Sacramento County DMH
Patrick Mangan, Division Manager, System Development, Sacramento County DMH
Verronda Moore, Program Planner, Sacramento First 5, Sacramento County DMH
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Kathryn Skrabo, Program Planner, MHSA, DHHS, C&FMH, Sacramento County DMH
Gay Teurman, Program Coordinator, Division of CFSU, Sacramento County DMH
Lori Vallone, Juvenile Drug Court Coordinator, Sacramento County DMH
Dawn Williams, Program Planner, Sacramento County DMH
Uma Zykofsky, Program Manager, Sacramento County DMH

California's Mental Health Services Act, Prevention and Early Intervention Component: Collaborative Partnerships in Sacramento County

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Dave Gordon, Superintendent, Sacramento County Office of Education
Karen George, Teacher, Project TEACH, Sacramento County Office of Education
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Trish Kennedy, Foster Youth Director, Sacramento County Office of Education
Cheryl Raney, Director, Prevention & Student Services, Sacramento County Office of Education
Pamela Robinson, Director, Prevention & Student Services, Sacramento County Office of Ed.
Joe Taylor, Administrator, Child Welfare & Attendance, Sacramento County Office of Education
Joyce Wright, Assistant Superintendent, ISS, Sacramento County Office of Education
Linda Bessire, Director, Pupil Personnel Services, San Juan Unified School District
Patricia George, Program Manager, White House Counseling Center, San Juan USD
Margaret Jones, Program Specialist, Foster Youth Services, San Juan Unified School District
Janet Balcom, Assistant Superintendent, Twin Rivers Unified School District
Jane Claar, Coordinator, CWA, Twin Rivers Unified School District
Rudy Puente, Director of Student Services, Twin Rivers Unified School District

Lead Facilitator – Deb Marois, CSUS Center for Collaborative Policy
Graphic Facilitator – Emily Shepard
Note Taker – Charlotte Chorneau, CSUS Center for Collaborative Policy

California's Mental Health Services Act, Prevention and Early Intervention Component: Collaborative Partnerships in Sacramento County

APPENDIX A

What is Prevention and Early Intervention?
Identifying Current PEI Activities, Partnerships and Unmet Needs

Group A: Janet Balcom, Patricia George, Rudy Puente, Linda Bessire, Jane Claar

What specific PEI activities are schools already doing?

- Early Mental Health Initiative (EMHI)
- Student Attendance Review Board (SARB)
- AB 1802 – Student Assistance Program
- SB 65 CSS Outreach Consultant
- Parenting Project
- Mentoring/Solutions
- Home Visit Program (Nell Soto)
- Positive Behavior Support (PBS) – BEST and RTI

What partnerships/collaborations are currently in place?

- CPS
- Stanford Settlement
- The Effort
- Mentoring Solutions

What unmet PEI needs currently exist for students, families and the education system?

- EMHI at all sites
- Outreach support (SB65)
- Collaboration with probation needed
- Not all activities at all schools within districts (PBS, Home Visit, EMHI, Parenting, SB 65)
- Community service learning needed
- Mentoring

Group B: Nancy Marshall, Cheryl Raney, Barbara Kronick, Patrick Mangan, Gay Teurman, Karen George

What specific PEI activities are schools already doing?

- School psychologist
- Mentoring
- Classes and individual (FCUSD)
- Making room for individual counselors for outside agencies
- 19 schools in SCUSD have collaboratives with Healthy Start with MH counselors, social workers, parent coordinators.
- Student study teams in all schools (sometimes under another name i.e. Student Success Team)

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What partnerships/collaborations are currently in place?

- Family support collaborative
- Birth and Beyond

What unmet PEI needs currently exist for students, families and the education system?

- Lack of services reaching down to birth – 5 years.
- Not all programs are in all schools
- Unequal access and capacity

Group C: Margaret Jones, Pam Gressot, Anthony Madariaga, Kathryn Skrabo, Lawrence Shweky, Trish Kennedy

What specific PEI activities are schools already doing?

- Collaboration with Healthy Start
- White House Counseling Center

What partnerships/collaborations are currently in place?

- County mental health clinicians at schools
- Mental health education for staff at some schools

What unmet PEI needs currently exist for students, families and the education system?

- Consultations to support understanding of identified issue and resources available
- Crisis intervention for families in need of emergency support

Group D: Shelton Yip, Verronda Moore, Stephanie Ramos, Joyce Wright

What specific PEI activities are schools already doing?

- Home Visitation Program – teachers visit families
- Healthy Start – resource center for families and schools
- Early Detection and Intervention for Prevention of Psychosis Program (EDIPPP) – partnership with UC Davis

What partnerships/collaborations are currently in place?

- Early Detection and Intervention for Prevention of Psychosis Program (EDIPPP)
- Faith based – Bayside Church
- School based mental health
- MH and SCUSD collaboration for the Mental Health Advisory Committee
- SARB
- AB3632 – MH and schools – 26.5 County Mental Health Placement

What unmet PEI needs currently exist for students, families and the education system?

- More peer programs
- On-site peer may help with conflict resolution ("peer advisors")
- Collaboration training

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Group E: Dawn Williams, Anne-Marie Rucker, Wendy Greene, Myel Jenkins, Jane Ann LeBlanc, Diane Lampe

What specific PEI activities are schools already doing?

- Out-stationed MH staff at two schools through Healthy Start
- The Effort counseling services at one high school
- Counselors in training (getting their hours; not paid) at some school sites
- Integrated services department
- Violence prevention
- Character and asset development
- Conflict meditation
- Safe Schools Ambassadors
- Breaking down walls

What partnerships/collaborations are currently in place?

- Healthy Start – school-based or regional
- Mental health and schools
- The Effort counseling
- Federal and state grants for prevention

What unmet PEI needs currently exist for students, families and the education system?

- Gaps
- Training for staff, teachers and families on how to access resources.

Group F: Wendy Greene, Uma Zykofsky, Dave Schroeder, Michelle Callejas

* There is a need to clarify definition of primary prevention and early intervention

What specific PEI activities are schools already doing?

- Early Mental Health Initiative (EMHI)
- Student Study Team
- Parent teacher conferences and back to school nights.
- Socialization skills group
- PTAs and PTSOs

What partnerships/collaborations are currently in place?

- Student Attendance Review Board (SARB) which MH does not see as early intervention.
- SCUSD Mental Health Advisory Board
- MHSA taskforces and stakeholder groups
- EDIP

What unmet PEI needs currently exist for students, families and the education system?

- Common definitions and understanding of the problem, roles and responsibilities.
- Training for teachers on identification of early signs of distress.
- Proactive strategies for supporting children and families before challenges occur.
- Building connections between elements of prevention.

California's Mental Health Services Act, Prevention and Early Intervention Component: Collaborative Partnerships in Sacramento County

Group G: Lori Vallone, Tim Shironaka, Paul Teuber, Gayle Martin, Amreek Singh

What specific PEI activities are schools already doing?

- Youth alcohol and drug treatment services
- DMH –PEI Early Mental Health Initiative – primary intervention program
- Children's Art Bereavement – Sutter Hospital
- PBS

What partnerships/collaborations are currently in place?

- Children's Art Bereavement group –Sutter Hospital
- Terkensha – access team
- Terkensha, primary intervention program (EMHI)
- Sac State internship program
- Stanford Settlement
- Visions Unlimited
- Smile Keepers

What unmet PEI needs currently exist for students, families and the education system?

- Mental health for undocumented citizens, the homeless
- Parenting support
- Mentoring
- On site anger management/social skills programs throughout schools

Group H: Alyson Collier, Gaye Lauritzen, JoAnn Johnson, John Reilly

What specific PEI activities are schools already doing?

- Early Detection Intervention for Prevention of Psychosis (EDIP)
- Sacramento City - specific tools to indentify
- Student Study Teams
- "Every 15 Minutes" teams

What partnerships/collaborations are currently in place?

- SARB Teams
- Truancy sweeps
- School-based county mental health

What unmet PEI needs currently exist for students, families and the education system?

- Youth development
- Suicide prevention
- Literacy education model (to educate families on health/wellness needs of families)
- Staff development

Group I: Kathleen Snyder, David Kopperud, Linda Burkholder, Joe Taylor, Pamela Robinson

What specific PEI activities are schools already doing?

- SARB process starts with a comprehensive school attendance improvement plan.
- Most districts are doing the parental truancy notifications.

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- Student Study Teams

What partnerships/collaborations are currently in place?

- SARB is currently in place- varies from district to district how deep the collaboration is – many SARBs lack key representatives.

What unmet PEI needs currently exist for students, families and the education system?

- SARBs would be more effective with county mental health representatives. Few SARBs currently include a county mental health representative – even though that is a recommended practice.

Group J: Colleen Hurley, Janet Munoz, Annette Lazzarotto, Kuljeet Nijjar, Robert Nacario, Mary Conklin

What specific PEI activities are schools already doing?

- Positive behavior strategies
- Jump start kindergarten
- Outreach consultants – run groups at elementary
- Parent project – strengthening families

What partnerships/collaborations are currently in place?

- After School Education and Safety (ASES) program 21st Century Grant
- After school tutoring
- Partnership with Boys and Girls Club
- Strategies for change

What unmet PEI needs currently exist for students, families and the education system?

- Parent resource counseling services
- Trained social worker in the home
- Having a mental personnel person train teachers and work with top at-risk students.
- Gang intervention
- Access to rural community
- Suicide prevention
- Family treatment

Mental Health Services Act
Prevention and Early Intervention
Proposed Suicide Prevention Project

MHSA

	Phase I Implementation	Phase 2 Implementation	Phase 3 Implementation *Elements of this project may change as funding permits or as the scope of authority allows*
Strategic Direction 1 System Creation	Appoint a liaison to the State Office of Suicide Prevention	Develop interagency communication and coordination. Assess how effectively community agencies work together to deliver services. Create "safety net" by enhancing service delivery systems.	Expand existing services to include assessment and provision of suicide prevention/intervention/postvention services, including cultural and ethnic specific services, among multiple settings and multiple providers. Expand service eligibility (i.e. children without Medi-Cal, Veterans, those experiencing PTSD).
	Convene or build upon an existing entity to establish a local Suicide Prevention Taskforce to develop a suicide prevention system.		Create Mobile Crisis Team(s) to provide crisis and triage services.
	Expand crisis line capacity to include warm lines and cultural/ethnic/multi-cultural crisis lines that promote centralized number so that people in need can call, to include on-line communication.		Promote use of standardized protocols for death scene investigations throughout county.
	Design and implement a comprehensive assessment of the existing county suicide prevention services and supports and the major gaps.		
	Through an inclusive community process and based on the comprehensive assessment, develop a local suicide prevention action plan that promotes multiple points of entry, to include on-line communication, and "no wrong doors".		
Strategic Direction 2 Training	Increase capacity to train, evaluate and supervise crisis line volunteers and staff.	Develop and implement two levels of training: 1) gatekeeper training for system partners and 2) specialized training for direct service providers.	Continue training.
	Identify evidence-based, promising practice and community-defined evidence guidelines and practices for gatekeeper and clinical training.		
	Establish standards for best practices related to suicide prevention.		
	Evaluate and implement procedures and protocols that relate to assessing suicide risk and intervention.		
	Based on best practice and accepted agency/systems procedures and protocols, define and train to core competencies for assessment, intervention, and pre-postvention.		
	Set local training targets for selected occupations and develop a plan to meet those targets and measure progress.		
Strategic Direction 3 Education	Develop and coordinate a culturally appropriate public outreach and education campaign on suicide prevention in multiple languages for the purpose of enhancing awareness and reducing stigma. A public outreach campaign could include developing Public Service Announcements, a speakers' bureau, creation of suicide awareness training teams, development and distribution of written materials, a community calendar of activities promoting local and national suicide prevention activities, and a directory of local suicide prevention services.	Promote suicide prevention as a public health issue by designing and implementing strategies to better engage and educate the local media on the importance of appropriate and responsive reporting about suicide. Work to educate media, including ethnic and electronic media, on their critical role in suicide prevention, inluding substance abuse prevention/intervention and mental health awareness.	Develop, evaluate, and implement consistent standardized school-based suicide awareness curriculum for youth and children.
			Education for parents, families, caregivers, including foster parents, on communication and relationship-building skills, recognizing risk factors for suicide, and accessing help/ services.
		Coordinate outreach efforts to increase the number of key community gatekeepers who can effectively recognize life threatening distress. Develop and implement community gatekeeper training to expand awareness and participation in suicide prevention efforts.	Foster the development of peer support programs, including support groups and networks (i.e. LGBTQ, OA, Suicide Attempt Survivors, Consumer Providers.
Strategic Direction 4 System Accountability	Coordinate with the State Office of Suicide Prevention to build local capacity for program evaluation.	Assess local data sources and reporting processes pertinent for suicide prevention. Develop and implement a strategy to enhance data collection. Create a system to track relevant information related to suicide attempts and completions.	Establish a suicide death review process and provide regular reports to the Suicide Prevention Taskforce.
	Encourage effective use of evidence-based, promising practice, and community-defined evidence to develop prevention and awareness programs in multiple settings. Collect data for program effectiveness.		

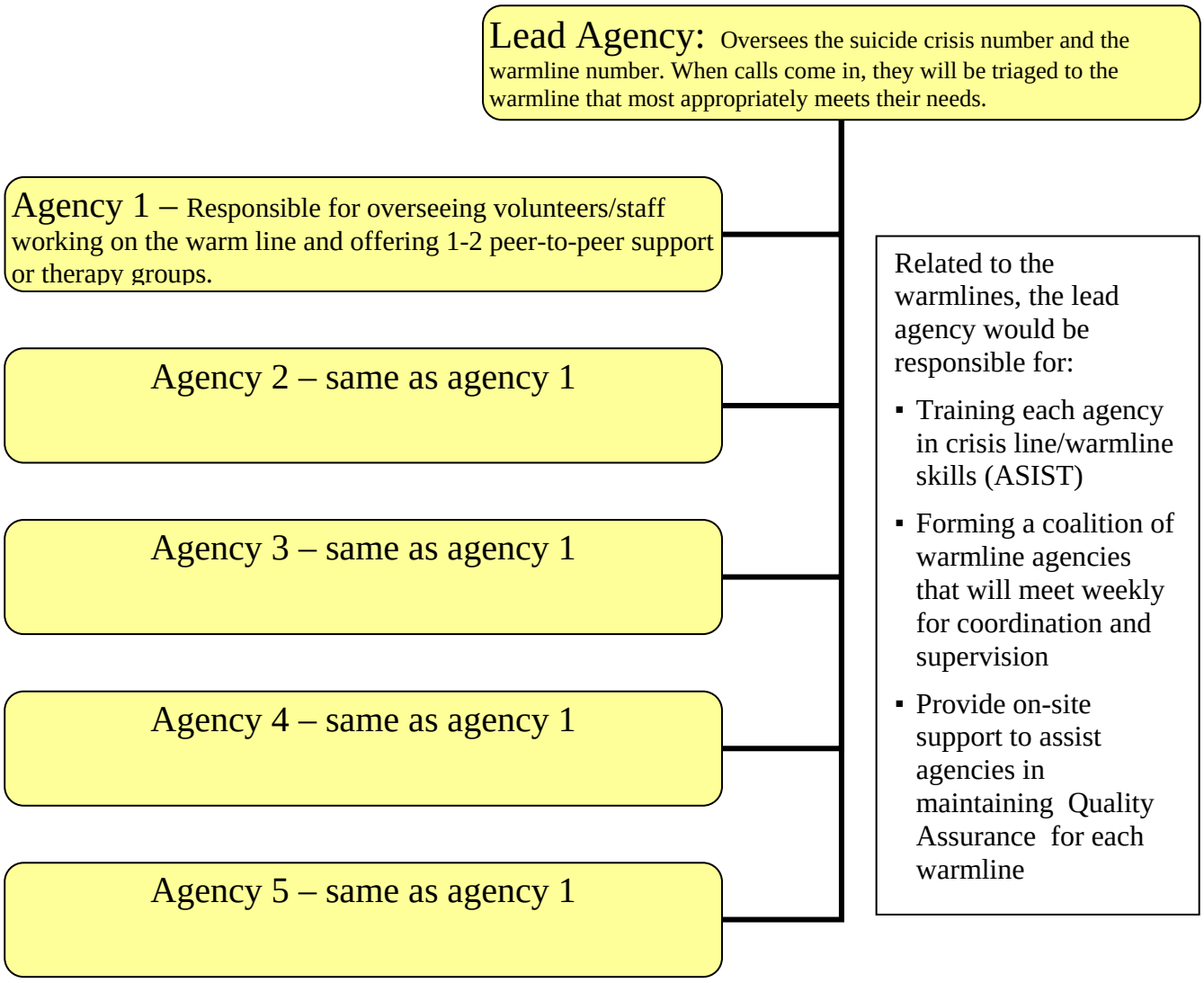
Timeline - 3 - 5 year implementation plan
Funding - Per MHSA requirements, 51% of PEI funding must be dedicated to ages 0 - 25.

This proposed project was a result of an inclusive community planning process. Elements of this project may change as funding permits or as the scope of authority allows. Existing infrastructure may be used to accomplish goals, if relevant. This project is intended to incorporate both universal strategies and selective approaches.

This project, as well as all subsequent PEI projects, will incorporate the MHSA 5 Essential Elements: Wellness, Recovery and Resilience; Cultural Competence; Client/Family Driven Mental Health System; Integrated Service Experience; and Community Collaboration.

Definitions -
Culture: The integrated pattern of human behavior that includes thought communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. Culture defines the preferred ways for meeting needs (Cross et al, 1989). A particular individual's cultural identity may involve the following parameters among others: ethnicity, race, language, age, country of origin, acculturation, gender, socioeconomic class, disabilities, religious/spiritual beliefs, sexual orientation, and gender identity.
Gatekeeper: For purposes of this project, gatekeeper refers to system partners trained to identify persons at risk of suicide and refer them to treatment or supporting services, as appropriate.
Postvention: A strategy or approach that is implemented after a crisis or traumatic event has occurred.
Prevention: A strategy or approach that reduces the likelihood of risk of onset, or delays the onset of adverse health problems or reduces the harm resulting from conditions or behaviors.
Selective strategies: Targets individuals or a subgroup whose risk of developing mental illness is significantly higher than average.
Universal strategies: Targets the general public or a whole population group that has not been identified on the basis of individual risk.

Strategic Direction 1: Expand crisis line capacity to include warmlines that are cultural/ethnic/multi-lingual specific and/or that target those at higher risk. Promote a centralized number so people in need can call.



Note: There will be up to five Requests for Application's (RFA) released by Sacramento County to provide warmline services. The RFA will outline the minimum expectations for the project, indicate the amount of funds available, the estimated number of awards to be made, and the possible communities that could be served (for example, Hmong, LGBTQ, Russian, Older Adult, etc). The applicant will be asked to explain how they would accomplish the specific program objectives delineated by the county. Minimum expectations would be that each agency provides outreach in their identified community, provide the technology and staff to support a warmline and offer peer-to-peer and/or clinical groups at any given time that will meet the identified need within the community they serve. In lieu of groups, other culturally appropriate suggestions will be considered.