Mental Health Services Act
Prevention and Early Intervention Component Expansion Plan

October 2012
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The County of San Bernardino Department of Behavioral Health is pleased to submit the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Component Expansion Plan. Based on a review of the implementation of the current Mental Health Services Act Prevention and Early Intervention Component, the Department of Behavioral Health (DBH) identified the opportunity to expand the existing plan to be able to serve additional County of San Bernardino residents. PEI Programs, per state guidelines, are designed to bring mental health awareness into the lives of all members of the community and to facilitate accessing supports at the earliest possible signs of mental health problems and concerns, thus transforming the mental health system to a “help-first” approach. Additionally, prevention and early intervention services are offered at sites where people go for other routine activities. Per the guidelines, services are targeted toward priority populations such as underserved cultural populations, individuals experiencing onset of serious psychiatric illness, children and youth in stressed families, trauma-exposed individuals, children and youth at risk of school failure, and children/youth at risk of or experiencing juvenile justice involvement.

An essential component of Mental Health Services Act programs is the Community Planning Process that involves cross-sectors of diverse community stakeholders. In preparation for the expansion of the current Prevention and Early Intervention Plan, the Department of Behavioral Health began a robust Community Planning Process that started in February 2012 to inform the use of approximately $5 million annual increase in Mental Health Services Act funds. To ensure opportunities for participation, the Department of Behavioral Health convened a series of twenty-four community meetings across the county to identify needs, receive suggestions for programmatic responses, and identify and prioritize programs for targeted expansion.

As in past years, participation from the County’s diverse stakeholder groups was excellent and included over 520 individuals who participated in the in-person meetings and an additional 470 who responded to two separate online surveys to contribute to the development of the Prevention and Early Intervention Component Expansion Plan.

I hope you find the PEI Expansion Component Plan and the priorities contained within informative and a reflection of the diverse community stakeholder process that was conducted prior to preparation of the Plan. Thank you for taking the time to provide your feedback into our service and programming process, and for partnering with us in serving the beneficiaries of our County.

Sincerely,

CaSonya Thomas, MPA, CHC
Director, Department of Behavioral Health
County of San Bernardino
Through the Mental Health Services Act (MHSA), public mental health agencies have the responsibility to ensure that diverse stakeholders have input and are involved in the development and implementation of programs at every step of the process. The County of San Bernardino Department of Behavioral Health (DBH) and their diverse stakeholders have determined that the Expansion Plan for the MHSA Prevention and Early Intervention (PEI) Component, through enhanced programming, are designed to: 1) meet the priorities identified by local diverse Community stakeholders, 2) meet the key community health needs and priority populations outlined in the MHSA PEI guidelines, and 3) continue to transform public mental health services to a comprehensive, community-responsive, recovery focused system of care.

Engagement of key stakeholders at the community level is critical to the success of implementing supported, sustainable mental health PEI strategies and activities. To ensure that this piece continues to be attended to, and in alignment with the MHSA, DBH conducted an open process for the development of the expansion of the PEI system from February 2012 through June 2012. A series of twenty-four community forums attended by 520 diverse stakeholders throughout the county was conducted. Additional opportunities for stakeholder feedback included two different web-based surveys that were distributed to the existing Community Policy Advisory Committee, all DBH and contracted clinics, the MHSA Executive team, the Cultural Competency Advisory Committee and sub-committees, the PEI Network, community groups, stakeholders that have attended recent and past community planning meetings, and stakeholder groups from rural mountain and desert regions.

Building on lessons learned from annual community planning processes, efforts to target unserved, underserved, inappropriately served communities were conducted. The DBH and its partners, conducted several targeted forums throughout the county, and continued partnerships with cultural coalitions, to receive 470 responses to the two community surveys in addition to in-person participation. Stakeholders identified priorities/strategies by indicating support to expand these existing PEI programs:

- Family Resource Centers
- Student Assistance Programs
- Child and Youth Connection
- Community Wholeness and Education
- Promotores de Salud/ Community Health Workers

With community needs and priorities in hand, along with PEI data, DBH stakeholders embarked on the process of developing concepts to meet the identified needs and be included in the PEI Expansion Plan. The suggested programmatic responses included the opportunity to identify staffing patterns and estimate the funding resources needed to implement the suggestion. Review of the program concepts determined that a majority of the suggestions/solutions for expansion aligned with existing PEI Programs. However, the suggested amount to implement all of the suggested solutions far exceeded the amount of funding available. As a result, the aligned concepts and suggestions for expansion were then presented to stakeholders to determine which programs and concepts would be prioritized to be included in the PEI Component Expansion Plan. The following page provides a brief overview of the result of the selected priorities.
Family Resource and Native American Resource Centers:
DBH currently contracts with five providers to operate 12 Resource Centers across the county. Current services include community education, after school youth projects, adult skills-based education, community counseling, and parent support. Expansion of this program will allow the opportunity to establish additional resource centers in unserved areas of the County or for specific unserved cultural populations, include provisions for transportation to and from resource centers, expand community counseling services, and require a Promotore de Salud (Community Health Worker) be included as part of the staffing at each center.

Outcomes to date include: Over 57,000 individuals received PEI Family Resource Center/Native American Resource Center services across the County. The greatest reported success of the Family Resource Center Programs is the ability to provide early intervention services to individuals experiencing the onset of mental health problems or concerns, thus preventing trauma and mitigating the need for long term treatment. Further, 65% of individuals receiving counseling services at FRC’s self-identifying as Latino, representing an increase in the penetration rate of this traditionally underserved population.

Community Wholeness & Enrichment:
DBH currently contracts with community based organizations and physical healthcare clinics to provide early intervention services through this program. Expansion of the program will provide services to unserved areas via mobile resources if necessary and will support the development of a component focused on early treatment for individuals experiencing first episodes of psychosis.

Outcomes to date include: The largest penetration of theses early intervention services has been provided to the cultural populations of African American and Native Americans. Preliminary data shows that early intervention participants have an average improvement in their Global Assessment of Functioning scores of 13 points - a tool utilized by professionals to gauge an individual’s overall ability to carry out activities of daily living and measure a participants overall level of psychological, social, and occupational functioning—indicating marked improvement in overall well being.

Child Youth Connection (CYC):
The existing CYC program is implemented via partnerships with the justice system, child welfare, and DBH clinics. These multiple components, targeted toward foster and juvenile justice involved children and youth, include the Children’s Network Mentor Coordination Program, the Juvenile Public Defender’s Making Attendance a Priority (MAP) Program, and the Department of Behavioral Health’s Juvenile Court Behavioral Health and Healthy Homes Services. Expansion includes providing Screening, Assessment, Referral and Treatment program services to additional at-risk populations (usually aged 0-5). In addition, wraparound services could be provided to at-risk children who may not meet medical necessity.

Outcomes to date include: MAP Program participants demonstrated an 87% increase in school attendance (comparing the 09-10 school year to the 10-11 school year), reducing the risk of school failure. Children and youth at risk of school failure is identified as a priority population by the state due to the increased risk for negative outcomes associated with school failure, including increased risk for the development of mental health and alcohol and drug problems. Additionally, there has been a 47% reduction in truancy over one school year.
Student Assistance Program (SAP):
Currently SAP programs are implemented via Community-Based Organizations in partnership with local education partners. Expansion will include services to additional areas of the County, especially remote areas. Additionally, enhanced collaboration and support for local school districts will be provided to implement Positive Behavioral Interventions and Supports Process in support of enhancing a positive school climate which improves learning and well being of all students. This program targets at risk students in over 30 K-12 school sites throughout the county.

Outcomes to date include: Improvements in classroom attitudes, reductions in problematic behavior, increases in positive peer relationships and academic performance by SAP participants. In a survey that measures the 40 Developmental Assets of children/youth, SAP participants shows an average increase of 6 gained assets per participant. In the Rim mountain community, referrals from parents and school staff doubled school year 09-10 to 10-11, demonstrating the satisfaction of the services provided.

Promotores de Salud:
Currently the Promotores de Salud Program is being implemented via a community-based organization as a pilot project in designated cities in the county. Expanded services would include a countywide implementation, inclusion of youth Promotores in the model, allow for an expansion of the curricula to include a violence prevention topic (with emphasis on family violence), and allow for an expansion of the training of future Promotores de Salud for Family Resource Center Employees. This program only currently operates in 7 cities throughout the County.

Outcomes to date include: There has been a 30% increase in participation in this program as compared to the previous fiscal year. This cost effective program, that utilizes community health workers to educate and outreach to targeted communities, saw an increase in the number of appropriate referrals to treatment services for individuals experiencing first symptoms of serious mental illness as a result of this important educational service.

Lastly, one additional priority was developed. 85% of community stakeholders were supportive of the use of PEI funding to implement elements that could include but are not limited to the following: 1) enhanced implementation of Statewide PEI Programs through local support; 2) conducting media campaigns and improve messaging about existing community-based services; and 3) improve the DBH website to include information about additional community resources.

Conclusion
The development and preparation of the County of San Bernardino Prevention and Early Intervention Component Expansion Plan resulted from concentrated efforts from the diverse community, including consumers, family members, service providers, county agencies, and representatives of interested organizations throughout the county. The PEI Component Expansion Plan and Community Planning Process will be presented to the Behavioral Health Commission for affirmation that the process complied with the requirements of the MHSA. Subsequently, upon completion of the Community Planning Process, the post review PEI Component Expansion Plan will be proposed to the Board of Supervisors for approval and expenditure authority.
A través de la Ley de Servicios de Salud Mental (MHSA), las agencias públicas de esta índole tienen la responsabilidad de asegurarse que las diferentes partes interesadas en la materia participen con sus opiniones y se involucren en la instrumentación de los programas durante cada etapa de su proceso. El Departamento de Salud Mental del Condado de San Bernardino (DBH) y las diversas partes interesadas que participan con el mismo, han determinado que mediante un aumento en la programación de servicios, el Plan de Expansión del Componente de Prevención e Intervención Temprana (PEI) de MHSA, debe estar diseñado para cumplir con: 1) Las prioridades identificadas por las partes interesadas locales, 2) La satisfacción de las necesidades claves de la comunidad, así como con el cumplimiento de las pautas de PEI que MHSA establece para los grupos poblaciones con carácter prioritario; y, 3) La continuación de la transformación de los servicios de salud mental para que se conviertan en un sistema con un enfoque integral, de recuperación y de sensibilidad comunitaria.

El involucramiento de las “partes interesadas claves” al nivel comunitario es crucial para el éxito en la puesta en marcha de las estrategias y actividades de Prevención e Intervención Temprana, a efecto de que puedan ser sustentables y de apoyo. Para asegurarse que este componente siga siendo atendido conforme a los preceptos de MHSA, DBH llevó a cabo un proceso abierto para desarrollar la expansión del sistema PEI, mismo que inició en marzo y concluyó en junio del 2012. Una serie de 24 foros fueron realizados, en donde un total de 520 personas interesadas en este ámbito participaron. Además, como una oportunidad adicional, los participantes tuvieron la posibilidad de emitir su opinión a través de dos encuestas diferentes disponibles la red, mismas que fueron distribuidas entre el actual Comité Consultivo de Políticas Comunitarias, todas las clínicas contratadas por DBH, Equipo Ejecutivo de MHSA, Comité Consultivo de Conocimiento Cultural y sus subcomités; Red de PEI, grupos comunitarios, gente interesada que recientemente asistió a las reuniones de planeación previas, así como también entre los residentes interesados en las áreas rurales de las montañas y regiones del desierto.

Edificando a partir de las lecciones aprendidas de procesos de planeación comunitarios anuales, se realizaron esfuerzos para enfocarse a las comunidades que no son atendidas o que no son lo suficientemente atendidas. Por lo tanto, DBH y sus colaboradores llevaron a cabo varios foros con un enfoque específico en todo el Condado y con una colaboración continuada con las coaliciones culturales, se pudieron generar 470 respuestas a las dos encuestas comunitarias; además de la asistencia directa de las personas que participaron en las reuniones.

La partes interesadas identificaron prioridades/estrategias, expresando su apoyo a la expansión de los siguientes programas PEI que ya existen, tales como:

- Family Resource Centres—Centros de Recursos Familiares
- Student Assistance Programs—Programas de Asistencia Estudiantil
- Child and Youth Connection—Conexión de Niños y Jóvenes
- Community Wholeness and Education—Educación Comunitaria e Integrada
- Promotores de Salud/Community Health Workers-
Con las necesidades comunitarias y las prioridades a la mano, conjuntamente con los datos informativos de PEI, las partes interesadas de BDH se embarcaron en un proceso encaminado a desarrollar conceptos para satisfacer las necesidades que fueron identificadas, y de esta manera, incluirlas en el Plan de Expansión de PEI. Las respuestas a los programas ofrecieron la oportunidad de sugerir ideas en cuanto al tipo personal y estimación de los montos que se necesitarían en caso de que tales sugerencias fueran implementadas. Una revisión a los conceptos de los programas determinó que la mayoría de las sugerencias/soluciones para la expansión se alineaban con los programas de PEI que ya existían. Sin embargo, los montos de las sugerencias sobrepasaron por mucho la cantidad de los fondos que están disponibles. Como consecuencia, los conceptos alineados y las sugerencias para la expansión fueron presentadas a las partes interesadas para determinar que programas y conceptos podrían tener prioridad, ello, con el fin de que fueran incluidos en el Plan de Expansión de PEI. La siguiente página ofrece una breve visión general del resultado de esta selección de prioridades.

**Family Resource and Native American Resource Centers:**
Actualmente, DBH tiene contratos con cinco proveedores que operan 12 centros de recursos a largo y ancho del Condado. Los servicios actuales incluyen educación comunitaria para los jóvenes después del horario escolar, educación basada en las destrezas, consejería comunitaria y apoyo para padres. La expansión de este programa ofrecerá la oportunidad de establecer más centros de recursos en áreas desatendidas del Condado y brindará medios de transporte para llegar o retirarse de los centros de recursos. También incluirá la expansión de los servicios de consejería y requerirá que un Promotor de Salud (Community Health Worker) sea integrado al personal de cada centro.

**Los resultados hasta la fecha incluyen:** Más de 57 mil personas recibieron los servicios del Centro de Recursos Familiares /Indígenas estadounidenses de PEI en el condado. El mayor de los éxitos reportado de los Programas del Centro de Recursos Familiares se encuentra en los servicios de intervención temprana que se proporcionan a los individuos que experimentan la aparición de problemas o preocupaciones de salud mental. Además, el 65% de las personas que reciben servicios de consejería en los Centros de Recursos Familiares se identifican a sí mismo como latinos, lo que representa un aumento en la proporción de penetración.

**Community Wholeness & Enrichment:**
Actualmente, DBH tiene contratos con organizaciones comunitarias y clínicas de cuidados de salud física, a efecto de proveer servicios de prevención e intervención temprana a través de este programa. La expansión para este programa proporcionará servicios en áreas desatendidas, vía recursos móviles si así fuera necesario; también apoyará el desarrollo de un componente enfocado en tratamiento temprano en beneficio de aquellos individuos que están experimentando los primeros síntomas de psicosis.

**Los resultados hasta la fecha incluyen:** La mayor penetración de estos servicios de intervención temprana se ha proporcionado a las poblaciones destinatarias como los afroamericanos y indígenas estadounidenses. Los datos preliminares muestran que los beneficiarios de los servicios de intervención temprana tienen un promedio de mejoría en sus Global Assessment of Functioning (GAF por sus siglas en inglés), con puntuaciones de 13 puntos. Esta es una herramienta utilizada por los profesionales para medir la capacidad general de una persona en el sentido de llevar a cabo las actividades de la vida diaria y medir el nivel general de funcionamiento psi-
Child Youth Connection (CYC):
El programa CYC existente, ha sido puesto en marcha por medio de una colaboración con el sistema de justicia, bienestar infantil (child welfare) y clínicas de DBH. Estos programas diversos están dirigidos a menores de crianza y niños y jóvenes involucrados en la justicia juvenil incluyen el Programa de Coordinación de Mentores del Red de Niños (Children’s Network Mentor Coordinator Program), Programa Hacer la Asistencia como Prioridad (MAP por sus siglas en Inglés) del Defensor Público de Juvenil (Public Defender’s Making Attendance a Priority Program), y en el Departamento de Salud Mental el Tribunal Juvenil de Salud Mental y Servicios de Hogares Saludables (Department of Behavioral Health’s Juvenile Court Behavioral Health and Healthy Homes Services). La expansión incluye proporcionar servicios de pruebas y evaluaciones, referencias y programas de servicios de tratamiento a más grupos poblacionales en riesgo (generalmente entre las edades de 0 a 5 años). Más aún, los servicios wraparound podrán asistir a aquellos niños en riesgo que no cuenten con Medi-cal y que no puedan cumplir con los requerimientos de “necesidad medica”.

Los resultados hasta la fecha incluyen: los participantes del Programa MAP demostraron un aumento del 87% en la asistencia a la escuela (si se compara el año escolar 09-10 al el año escolar 10-11), lo que reduce el riesgo de fracaso escolar. Los niños y jóvenes en riesgo de fracaso escolar se identifica como una población prioritaria por el Estado debido al riesgo aumentado de resultados negativos asociados con el fracaso escolar, incluyendo un mayor riesgo para el desarrollo de la salud mental y problemas con el alcohol y las drogas. Además, ha habido una reducción de 47% el ausentismo escolar durante un año escolar.

Student Assistance Program (SAP):
Los programas SAP han sido implementados a través de organizaciones comunitarias en colaboración con entidades educativas de nivel local. La expansión incluirá servicios a más áreas del Condado, especialmente áreas remotas. Además, incrementará la colaboración y apoyo con los distritos escolares locales para implementar un proceso de intervención temprana y así apoyar el aumento comportamientos positivos dentro de una atmósfera escolar. Este programa está dirigido a estudiantes en riesgo en más de 30 sitios de la escuela K-12 por todo el condado.

Los resultados hasta la fecha incluyen: Mejoras en las actitudes en las clases, las reducciones en el comportamiento problemático, aumento en las relaciones positivas entre compañeros y el rendimiento académico de los participantes de SAP. En una encuesta que mide los 40 Elementos Fundamentales del Desarrollo (40 Developmental Assets) de los niños, los participantes de SAP muestran un aumento promedio de 6 activos por participante. En la comunidad de RIM, las referencias de los padres y el personal escolar se duplicaron el año escolar 10-11 del año escolar 09-10.
Promotores de Salud:
Hoy en día, el programa Promotores de Salud está siendo implementado a través de una organización comunitaria como un proyecto piloto en ciudades designadas del Condado. Los servicios a expandir incluirán una implementación al nivel Condado, así como la inclusión de los jóvenes dentro del modelo Promotores, permitiendo de esta manera, la expansión de los currículos con el fin de incorporar el tema de la prevención de la violencia (con énfasis en la violencia familiar) y también para permitir la expansión de la capacitación de los futuros Promotores de Salud que se sean empleados por los centros de recursos familiares. Este programa sólo opera actualmente en 7 ciudades en todo el Condado.

Los resultados hasta la fecha incluyen: Se ha producido un aumento del 30% en la participación en este programa, en comparación con el año fiscal anterior. Este programa económico, que utiliza los promotores de salud para educar e informar a las comunidades seleccionadas, registró un aumento en el número de referencias apropiadas a los servicios de tratamiento para los individuos que experimentan los primeros síntomas de enfermedad grave de salud mental.

Finalmente, una prioridad más surgió en este proceso: el 85% de las partes interesadas de la comunidad apoyaron el uso de los fondos de PEI para poner en marcha elementos que podrían incluir, pero no se limitarían a los siguientes: 1) Aumentar la implementación de los programas PEI al nivel estatal, por medio de apoyo local, 2) Conducir campañas en los medios de comunicación y mejorar los mensajes respecto los servicio comunitarios que ya existen; y 3) Mejorar el sitio de Internet de DBH para incluir información acerca de recursos comunitarios adicionales.

Conclusión
El desarrollo y preparación del Plan de Expansión de Prevención e Intervención Temprana del Condado de San Bernardino fue el resultado de una concentración de esfuerzos por parte de una comunidad diversa, de consumidores, de miembros de familias, de proveedores de servicios, de agencias del Condado y de representantes de organizaciones interesadas en todo el Condado. El Proceso de Planeación Comunitaria será presentado a la Comisión de Salud Mental para que confirme que dicho proceso cumplió los requerimientos que establece MHSA. Posteriormente y una vez finalizado el Proceso de Planeación y realizada su posterior revisión, el Plan de Expansión será propuesto a la Junta de Supervisores para su aprobación, así como a la autoridad encargada de la erogación de los fondos.
Community Planning Process Overview

Since 2005, the County of San Bernardino Mental Health Services Act (MHSA) Community Program Planning (CPP) process has included a variety of strategies Including, MHSA orientation/training, community public forums, targeted interagency forums, consumer/family, cultural and staff focus groups, survey tools and strategic outreach throughout the large and diverse county. Thus, the development of the Prevention and Early Intervention (PEI) Component Expansion of MHSA reflects a streamlined, yet, comprehensive planning process which involved consumers and their families as full partners, along with diverse stakeholders from partner agencies, community organizations, faith-based organizations, community members, cultural coalitions, and behavioral health system staff. The DBH Office of Prevention and Early Intervention, under the direction of Executive Management and in conjunction with community stakeholders, assumed central responsibility for the overall PEI Expansion-CPP process. The MHSA Executive Committee provided oversight, guidance and support to the PEI-CPP process. New to the CPP process was the inclusion of a consultant agency to facilitate the initial task of identifying community needs, assets, and to solicit program concepts that could be included as part of the expansion of the PEI Component. During February and March of 2012 the DBH and contracted facilitator, LF Leadership, conducted this important first step of the CPP Process. The following briefly outlines the steps and outcomes of the first part of the process.

- A series of fifteen community meetings and an online survey, provided in both English and Spanish, were conducted to guide the early discussions regarding the expansion of the PEI component. The DBH Office of Prevention and Early Intervention, under the direction of Executive Management and in conjunction with community stakeholders, assumed central responsibility for the overall PEI Expansion-CPP process. The MHSA Executive Committee provided oversight, guidance and support to the PEI-CPP process. New to the CPP process was the inclusion of a consultant agency to facilitate the initial task of identifying community needs, assets, and to solicit program concepts that could be included as part of the expansion of the PEI Component.

- An additional 192 responded to an online survey, contributing 347 priority needs.
- Diverse participants also contributed a total of 127 potential programmatic responses, which included funding estimates, to these needs, of which 50 were developed by workgroups in community meetings and 77 were submitted in the online survey.
- Finally, concepts were categorized into themes and a final report was submitted.

Findings and the final report were presented 03/01/12 to the County of San Bernardino Behavioral Health Commission for review and comment.
Community Planning Process (Continued)

The second step of the process was to analyze the submitted concepts. Once thoroughly reviewed, the concepts were then compared with existing PEI Programs to assess the possibility of program expansion, implementation of new programs, assess the suggested cost of expanded programs, and to ensure alignment with PEI Guidelines. Once the analysis was completed, DBH staff hosted an additional series of nine community meetings with diverse stakeholders throughout the county during April and May 2012. Meeting materials were offered in both English and Spanish and interpreters were available at each session. Additionally, two of the meetings in the series were conducted completely in Spanish. The meetings allowed a detailed explanation of the report findings, an overview of how submitted concepts aligned with or could build on existing programs through expansion, and included suggestions for strengthening the overall system.

Additionally, the amount of funding available for expansion was reaffirmed at $5 million available, as the total value of concept solution papers DBH received during the initial planning meetings totaled $66,303,956. To more effectively utilize available technology, at the end of each planning session, participants were provided an opportunity to “text their vote” to select their top three different programs for expansion and determine if unspent PEI funds could be used on an ongoing basis to support the capacity of the overall PEI system. A paper version of the survey was provided for participants who did not have access to a cell phone or text messaging. To ensure inclusion of additional diverse stakeholders, an online survey (offered in English and Spanish) allowed persons unable to attend the meetings to review the information and select their priorities.

Data Collection

Access to services comprised 20%, the top ranking priority need identified by individuals across all community planning meetings.

Women comprised 72% of total participant turnout throughout the community planning process.
The cumulative results of the planning meetings and online surveys clearly identified five programs for expansion and indicated support for utilization of unspent funding for various activities such as local media campaigns, training, and additional capacity building and wellness activities. The five programs identified, programmatic suggestions for expansion, and associated cost estimates are outlined in the table below.

In addition, 85% of total Community Planning participants supported the utilization of unspent PEI funding and Technical Assistance and Capacity funding to support and build the infrastructure and capacity of PEI and public mental health system as a whole through strategies such as, but not limited to, media campaigns, community trainings, improving advertisement of services and wellness concepts, improving the Department of Behavioral Health's website, etc.

### Program Name

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| Family Resource Centers             | - Expand to additional areas of the county  
- Employ parent partners be employed at each FRC  
- Require transportation to and from FRC’s for services  
- Increase the amount of community counseling (early intervention services) being provided for individuals and families experiencing early mental illness | $1.25 million      |
| Community Wholeness & Enrichment    | - Expand to unserved areas, via mobile resources if necessary  
- Develop component focused on individuals experiencing first episodes of psychosis | $1.5 million       |
| Child Youth Connection              | - Expand Screening, Assessment, Referral and Treatment program to at-risk populations that do not meet medical necessity  
- Expand wraparound services to children at the sub-clinical level | $775K               |
| Student Assistance Program          | - Expand to additional areas of the County, especially remote areas  
- Collaborate and support local school districts to implement Positive Behavioral Interventions and Support Process | $975K               |
| Promotores de Salud/Community Health Worker | - Expand services countywide  
- Include youth Promotores in the model  
- Incorporate violence prevention (with emphasis on family violence) in the curriculum  
- Include Promotores in the Family Resource Center Programs | $500K               |

**TOTAL $5 million**
In accordance with Welfare and Institution Codes WIC 5848 MHSA items are to undergo a 30 Day Public Posting and Comment period. In addition, a public hearing is to be conducted by the local Behavioral Health Board. The 30 day posting and public comment period was conducted August 28, 2012 through September 28, 2012. The Posting and Public Comment period was advertised via the following methods. A flyer in English and Spanish advertising the link to the online posting was mailed, e-mailed, posted on the County of San Bernardino DBH Intranet and the Internet, and distributed by DBH Staff, as follows:

- Community Policy Advisory Council (CPAC);
- Behavioral Health Commission members;
- Cultural Competency Advisory Committee and Sub-Committee members;
- DBH Prevention and Early Intervention Network
- Superintendent of Schools Administrative Office for posting and public distribution;
- Department of Behavioral Health (DBH) Clinics and contract agencies and departments for posting and public distribution;
- DBH staff via e-mail;
- Community members who attended the planning meetings;
- Various medical facilities, colleges and senior centers.

A press release was created to inform all county residents of the posting and was distributed to twelve community newspapers and one hundred twenty four media contacts. In addition, hard copies of the English/Spanish PEI Component Draft Expansion Plan were made available for public viewing through the following methodologies:

**September 20, 2012**
- The Community Policy Advisory Committee (CPAC) met and reviewed the draft PEI Component Expansion Plan.

**August 28, 2012**
- Copies of the English/Spanish PEI Component Draft Expansion Plan were distributed to all County Library branches and to DBH Clinics and Contract Agencies for public display.
- Copies were also distributed to the Board of Supervisors, County Administrator’s Office, Mental Health Commission, Work Group Chairpersons, and to key DBH personnel.

**August 28, 2012**
- The English/Spanish PEI Component Draft Expansion Plan was posted to the County of San Bernardino DBH Internet site Home Page, as well as the DBH Intranet sites linking directly to the draft plan and English and Spanish comment forms.
- The link to the PEI Component Draft Expansion Plan was distributed via email to all DBH employees, subcommittee members, contract provider agencies, Community Action Network members, and County employees.

The highest volume of participation from a single zip code was 38 participants. They originated from 92314 (Big Bear)
October 4, 2012
- The County of San Bernardino Behavioral Health Commission reviewed and affirmed the community planning process had been conducted.
- Flyers in both English and Spanish advertising the Behavioral Health Commission Public Hearings were distributed to all DBH Contract Provider Agencies, all DBH personnel via email, to all members of Community Action Network, and communities.
- Press releases in English and Spanish were distributed to over 100 media outlets to ensure adequate advertisement of the public hearing
- A Spanish language interpreter was present to assist with translation.

August 28, 2012 through September 28, 2012
- All specific requests for copies of the plan were answered on an ongoing basis.
- The Prevention and Early Intervention Coordinator and Office of Prevention and Early Intervention staff kept copies of the Draft Plan on hand and made them available to stakeholders and representatives while conducting ongoing outreach.
- To ensure that knowledge of the plan was countywide, a media advisory was directed to all county residents.
- Public Comment forms were made available in English and Spanish via DBH inter/intranet.

Summary and Analysis of Substantive Recommendations for Revisions

Public Comment
During the 30-day Public Review Process, DBH received two written comments via English Comment form and one written comment via email. All comments were generally supportive of the proposed Expansion Plan of the PEI Component including comments such as, “I am delighted the County has chosen to invest in Student Assistance Programs” and “I’m excited with the PEI Funding expansion especially because promotores concepts were included”. Concerns noted included an observation about the state of the economy, a desire for PEI resources to be directed to “consumers who have been receiving services for months or years”, and a reminder that programs should be implemented with fidelity. Clarification concerning the PEI Guidelines were provided, advising that individuals recently diagnosed (within the last year) are included in the target population for PEI Services.

Public Hearing
During the Public Hearing, all public comments were supportive of the expansion of services and capacity building efforts as indicated in the Plan. The importance of provider compliance with American with Disabilities Act accessibility standards was expressed, along with an additional concern about maintaining the fidelity of the Promotores model during implementation. Finally, a request for the speedy implementation of the expansion was received.

Department Response
- The Department requires compliance with the Americans with Disabilities Act as part of every contract and appreciates the feedback and focus on this important issue.
- Careful consideration will be taken to ensure continued adherence to fidelity, while honoring the recommendations of our diverse stakeholders.
- Internal action for implementation has started. DBH intends to implement as quickly as possible while still complying with the policies and procedures established by the County.

No substantive recommendations for revisions were received.
Adoption and Implementation

Approval
The final steps in the planning process is twofold and includes 1) receiving certification from the County of San Bernardino Auditor Controller Recorders Office and 2) receiving PEI Expansion Plan approval and expenditure authority from the County of San Bernardino Board of Supervisors in November 2012.

Implementation
As DBH continues the Community Planning and implementation of the expansion process, diverse stakeholders will be included in the development of implementation plans while being aware of limitations due to potential conflicts of interest. Over the FY 12-13 and FY 13-14 period, implementation of the expanded services will occur through various means including procurement processes such as Requests for Proposals, expanding and/or enhancing existing contracts and Memorandums of Understanding, via partnership with other systems, and/or expanding the continuum available at clinics or primary care facilities.

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