

PEI Program Description

PROGRAM	EARLY INTERVENTION SERVICES	CHANGE	REASON FOR CHANGE
Early Intervention Services for Stressed Families	Families in need of short-term, culturally competent, community-based mental health interventions include: (1) Families of children who have been reported to Child Protective Services without substantiated abuse or neglect findings, (2) Youth (approx. age 12 to 18) who come into contact with law enforcement agencies, (3) Children living with family members who have developmental or physical illnesses/disabilities, and (4) Children living in families that are impacted by divorce, domestic violence, trauma, unemployment, homelessness, etc. Also included are the families of active duty military/returning veterans.	(1) No change. (2) Incorporate into PEI services for parents and siblings of youth in the Juvenile Justice System (Stop the Cycle); (3) & (4) Incorporate into Children's Support & Parenting Program (CSPP).	Consolidation of resources. STC and CSPP programs are operational, already providing these and/or related services. Expanding these existing programs to ensure access for participants.
First Onset Services and Supports	First Onset of Psychiatric Illness Program (OC CREW): This program serves persons age 14-25 experiencing the first onset of psychotic illness, with a Duration of Untreated Psychosis (DUP) less than one year.	Expand to include Training and Technical Assistance.	Consolidation of resources. OC Center for Resiliency, Education, Wellness (OCCREW) already provides this service.
	Mental Health Consultation to Primary Care (REConnect): This program will provide clinical consultation to primary health care providers to increase their capacity to screen for and address first onset of depression in older adults, thereby improving access to early mental health interventions.	Move to Socialization Program for Isolated Adults and Older Adults.	Consolidation of resources.
	Post Partum Depression Program (OCPW): This program will address the need for short-term treatment for the 10-13% of women who experience post partum depression. The program has as its aim the prevention of serious emotional or behavioral disorders for both mother and child.	Change name to Post Partum Wellness Program.	Focus on wellness.
Socialization Program for Isolated Adults & Older Adults (REConnect)	Program would bring trained friendly visitors, introductory level mental health workers, and faith based volunteers to the homes of isolated adults and older adults with the task of improving socialization, first by conducting individual visits, and then by transitioning the consumer to local socialization resources.	Incorporate Mental Health Consultation to Primary Care into this program.	Consolidation of resources.
Peer Mentors for Youth Program	The Peer Mentors for Youth Program matches older youths as mentors with younger at-risk youth. The mentors provide guidance, advice, and all forms of needed support to be able to meet the challenges of adolescent life.	No longer a stand alone program.	Peer mentoring for youth already exists in the community. Duplication with CSS funded program. Already occurs in many of PEI existing services (CSPP, YAP, Transitions).
Peer Led Support Groups	Peer led support groups are theme or topic-based discussions that are facilitated by a person who is coping with, or has coped with the same issues and concerns. Peer led groups are able to provide empathy and understanding that members of the group may not find in other areas of their life.	New proposed name: College Veterans' Programs.	Broaden service scope. Peer-Led Support Groups are just one activity.

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PROGRAM	SCHOOL-BASED SERVICES	CHANGE	REASON FOR CHANGE
School Based Mental Health Services	School-based collaboratives providing parent education, individual/group counseling, crisis intervention, case management, community linkages, referrals, educational groups, screening and early intervention, substance abuse prevention and intervention.	No change.	No change.
Positive Behavioral Interventions and Supports	PBIS is a broad range of systemic and individualized strategies for achieving important social and learning outcomes while preventing problem behavior and emotional distress. PBIS is implemented using a three-tiered, strategic approach.	The program description may be changed to a broader scope rather than focusing on PBIS as an evidence-based practice.	Remove brand name.
Violence Prevention Education	Examples of Violence Prevention Education include gang prevention education, safe and healthy lifestyles, character education, reducing children's exposure to violence (including domestic, dating and gun violence) media literacy, and skills in conflict resolution.	No change.	No change.
School Readiness Program (Connect the Tots)	On-site comprehensive developmental / behavioral screenings, professional services, early care and education/training, and consultation to identify children with developmental/ behavioral concerns and to refer them for further assessment and intervention.	No change.	No change.

PROGRAM	OUTREACH AND ENGAGEMENT SERVICES	CHANGE	REASON FOR CHANGE
Information and Referral Services	Specialized assistance to callers who may be at risk of emotional, behavioral, or mental health conditions and provide easy and immediate access, information and referral assistance to culturally competent prevention and early intervention services as needed.	No change except moving to System Enhancements.	No change.
PEI Outreach and Engagement Services	Outreach and engagement provided to all PEI target populations by community organizations (e.g., non-profits, schools, community agencies, health care providers, shelters, first responders, judicial system, correctional system, etc.) who have developed trust with the community and have contact with individuals/families who require assistance in accessing prevention and/or early intervention services.	Incorporate Promotora Model as a tool.	Reduce overlap.

PEI Program Description

PROGRAM	PARENT EDUCATION AND SUPPORT SERVICES	CHANGE	REASON FOR CHANGE
Family to Family Support	Advocacy, technical assistance and ongoing support for families who may be in need of Mental Health Services through a network of parent support groups throughout the county for families of children with special needs. These families provide support and share the knowledge they have gained through their experience navigating the system.	All three programs are folded into Parent Education and Support Services.	Remove brand names.
Parent Empowerment Program	Parent Empowerment Program (PEP) trains parents/guardians, educators, law enforcement and others to meet the behavioral and academic needs of youth who are self referred or referred by the Court, Probation or police.		
Training Programs For Parents	The Parent Training Program targets families with children ages 0-12. The parenting groups would target, at minimum, four age groups and address each group's needs (e.g. based on developmental stages, family needs, etc.) and deliver prevention and intervention skills via the evidence-based Community Parent Education (COPE) model, which teaches parenting skills through interactive, small parent-led group discussions.		
Triple P- Continuum of Care Parenting Services	A best practice parent education curriculum and parenting model that offers varying interventions that include increasing community awareness of parenting resources, primary health care intervention providing anticipatory developmental guidance, and interventions for parents of children with mild, moderate or severe behavior difficulties.	Remove brand name.	Currently funds Youth As Parents program.
Promotora Model-Community Health Educators	The Promotora (or Health Promoter in English) Model uses a community educator approach to educate and provide resources for communities, using trusted community members who are already entrenched in specific communities (Latino, API, OA, etc) and who go into their communities to provide parents/caregivers (including other family members such as grandparents) with parenting education and resources to assist at-risk children and adolescents.	Fold into Outreach and Engagement program.	Reduce overlap.

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PROGRAM	PREVENTION SERVICES	CHANGE	REASON FOR CHANGE
PEI Mental Health Consultants	Professional consultants providing technical assistance, program planning and training to preschools, schools, health clinics child care and other organizations that are looking to expand their behavioral health expertise through clinical and non-clinical interventions.	Incorporate into Behavioral Health Response Services.	Improve program efficiency and coordination of services.
Children of Substance Abusers and/or Mentally Ill Parents (CSPP)	One-on-one counseling and counselor-facilitated youth resiliency groups will help these at-risk children reduce their risk factors and enhance their protective factors and well being.	Change name to Children's Support and Parenting Program. Expand services to add target populations from #3 & #4 in Early Intervention Services for Stressed Families.	Broaden the scope. Expand services based on request of participants. Existing Stop the Cycle Program already serves this target population.
PEI Services for Parents and Siblings of Youth in the Juvenile Justice System (STC)	Prevention and early intervention services for siblings will address such issues as academic performance, substance abuse, gang involvement, mental health and behavioral problems in an effort to reinforce resiliency, positive social behaviors, parenting skills and protective factors.	Expand services to add target population from #2 in Early Intervention Services for Stressed Families.	Broaden the scope. Expand services based on request of participants. Existing Stop the Cycle Program already serves this target population.
Youth Development and Resiliency Resources/Training	Trained staff at community agencies and/or schools who promote youth strengths and build youth connectedness to their school and community by providing opportunities for at-risk youth to demonstrate and practice life skills (i.e. public speaking, letter writing, facilitation, decision-making), development and delivery of activities that are meaningful to them.	Incorporate Youth Development and Resiliency into Transition Services. Move to School-Focused Services.	Reduce overlap. Skill building services already being offered by Transition Services.
Transition Services	An array of support services designed to assist at-risk adolescents and young adults experiencing some type of transition in their lives by providing them with linkages to educational opportunities, extended case management, mentors, skill building workshops, tutoring, emancipation, employment assistance, etc.		

PROGRAM	SCREENING AND ASSESSMENT SERVICES	CHANGE	REASON FOR CHANGE
Screening Tools and Training	Simple assessment and screening tools and training provided to established community based organizations to identify individuals who might warrant a referral for further evaluation and/or mental health services.	Fold into Training Administrative Services Organization (ASO)	To reassess training needs.
Professional Assessors	Integration of professional assessors into established community based program and agency staffs to provide screening and assessment, consultation and linkage and referral services.	Currently funds Veterans' Court program. Move to Community-Focused Services.	No change.
Mobile Assessment Team	Mobile assessment services available to community based organizations, health care clinics and practitioners, and other locations throughout the County.	Regroup/incorporate into Behavioral Health Response Services.	Regroup to improve program efficiency and coordination.

PEI Program Description

PROGRAM	CRISIS AND REFERRAL SERVICES	CHANGE	REASON FOR CHANGE
Crisis Prevention Hotline/Warm Line Network	The Hotline will provide immediate, confidential, and culturally competent, accredited over-the-phone assistance to anyone seeking crisis and/or suicide prevention services for themselves or someone they know. The Warm Line Network will consist of non-crisis, peer support telephone services for individuals and family members, and provide confidential, culturally competent emotional support to teens, seniors, parents and other populations with special needs.	Separate Crisis Prevention Hotline and Warm Line into two separate programs.	Currently operate as two distinctly different programs.
Emergency/Crisis Response Teams	Teams responding to critical incidents including but not limited to: suicide, disaster, either natural or man-made, multiple casualty incidents, victims or witnesses to violence or crime, and significant events involving children, families or known victims. Services include pre-incident risk assessment, strategic planning, large and small group crisis intervention, one-on-one crisis intervention, and follow up and referrals for continuance of care as needed.	Regroup/incorporate into Behavioral Health Response Services.	Improve program efficiency and coordination.
Law Enforcement Partnership	Expansion of the PERT partnerships to include prevention and early intervention options to enhance the ability of County mental health and partnering law enforcement agencies to identify individuals at risk of developing severe mental health problem before a psychiatric crisis occurs. Services would be community-based and of short duration, and would allow the teams to intervene and assist at-risk individuals and/or families by providing needed resources, mental health counseling, referrals and follow-up contacts.		
Survivor Support Services	A peer support mode of services and supports delivered by persons with direct experience with mental illness, especially those impacted by suicide, providing follow up care and support targeting the high-risk population of those who have attempted suicide and the family members/loved ones of those who have committed suicide, with the specific strategy of reducing suicidal behavior and its impact on family, friends and communities.	No change except moving to Community Focused Services.	Regroup.

PEI Program Description

PROGRAM	TRAINING SERVICES	CHANGE	REASON FOR CHANGE
Training and Technical Assistance	This program would provide both training and a source where persons most likely to encounter individuals with warning signs of mental illness or undergoing a first psychotic break could learn about recognition, referral, community resources, and, if appropriate, provide simple interventions for early developing mental illness.	Incorporate into First Onset Psychosis Program (OCCREW).	Consolidate resources. OCCREW already provides this service.
Training in Physical Fitness and Nutrition	Early intervention into the lives of persons with newly developing serious mental illness to provide training on lifestyle modifications and risks factors may lessen the morbidity associated with these disorders.	No change.	No change.
Child Development Training	Child development, including attachment theory, resiliency, developmental milestones, and information about family risk and protective factors will be taught to 1) persons who make decisions with regard to family unity and child placement and 2) those who intervene with children and families to insure their health and safety. These two groups would include judges, attorneys, SSA social workers, public health nurses and visiting nurses.	Regroup under Training Administrative Services Organization (ASO). Reassess the needs in the community during implementation.	Assessment of current community needs is necessary.
Stress Management Training for Caregivers and Service Providers	Training for persons who provide care for others who have disabilities will include support groups or finding peer partners, internet sites that address caregiver issues, stress reduction techniques, methods for protecting caregiver's health, and resources for spiritual support.		
Community-Based Stigma Reduction Training	Educate the general public using different method such as drama to reduce stigma associated with mental illness in order to increase the likelihood of persons and their families seeking help with mental illness, asking for help prior to illnesses becoming severe, and increasing the likelihood of supportive behavior toward persons with mental illness.	No change.	No change.

**For further inquiry of PEI proposed program structure,
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