

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: Lake - 17

Date: 05/05/09

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

County Mental Health Director	Project Lead
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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 _____

County Mental Health Director

Date

Executed at Lakeport, California

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

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

County: Lake - 17

Date: 05/05/09

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

This process was facilitated by the MHSAs coordinator with assistance of the MHSAs Staff Services Analyst, the Department Director, and other support staff as needed.

- b. Coordination and management of the Community Program Planning Process

The PEI Community Program Planning Process was coordinated and managed by the MHSAs Coordinator.

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

Stakeholder involvement in the Community Program Planning Process was ensured at all stages of plan development by the MHSAs Coordinator. Open community planning meetings were held in four locations on four different dates and times to allow for both geographic and scheduling convenience. Building on the CSS community planning process, all previous participating stakeholders were invited directly. In addition, the meetings were advertised in the local print media, radio stations, and cable television, and announcements were distributed to larger groups, including law enforcement and schools, via e-mail and fax.

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 aforementioned planning meetings were attended by representatives and family members of un-served and/or underserved populations previously identified in the community planning process, including those from the Latino, Native American, and GLBTQ communities. The MHSAs Coordinator also

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

arranged for targeted outreach planning meetings with a variety of stakeholder groups that included members of the local Older Adult, Transitional Age Youth, Latino, Native American, and African American populations.

- 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.

Geographic concerns were addressed by holding the initial planning meetings in four distinct locations throughout the County. These meetings were designed to allow for attendance around the personal schedules of stakeholders. The scheduling included one morning, one evening, and two lunch-time meetings. Transportation and childcare were offered for all meetings. The meeting locations also provided the opportunity for participation of targeted stakeholder populations, as two were held at Tribal facilities, one at a senior center, and one in the conference center of a large local employer. Latino, Spanish language speaking participants were provided with interpretation and the opportunity to plan as a group in their primary language.

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

Targeted outreach to clients with serious mental illness took place in the form of two meetings with local Peer Support and Consumer Leadership. One planning meeting to provide outreach to family members and parents was held at a regularly scheduled support group facilitated by the MHSA-funded parent partners.

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:
- Individuals with serious mental illness and/or serious emotional disturbance and/or their families
 - Providers of mental health and/or related services such as physical health care and/or social services
 - Educators and/or representatives of education
 - Representatives of law enforcement
 - Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families

The planning for the previously documented meetings included the targeted invitation to those stakeholders listed above. Representatives from the

PEI COMMUNITY PROGRAM PLANNING PROCESS**Form No. 2**

consumer and family member communities attended in force. Service providers attended from the county department of mental health as well as local private mental health entities. Representatives from the local federally qualified rural health clinics also attended. The local schools were represented by employees of the county office of education as well as by interested parties from various school districts. Representatives of law enforcement were invited and were present. Other targeted organizations include early intervention programs for ages 0-5 years (1st Five, Early Start, Head Start) and those that serve the older adult populations (Area Agency on Aging, Senior Centers, Senior Peer Counseling). Approximately 160 people were involved as stakeholders in the community planning process.

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

Training was provided in the form of a PowerPoint presentation at the beginning of each stakeholder meeting that provided an overview of the MHSA, the Community Planning Process, and the Prevention and Early Intervention component.

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.

The CSS process provided the foundation for the PEI community planning process. The experience from the initial process provided information leading to the improvement of the planning process with relation to meeting schedules and locations, use of targeted outreach as a planning tool, and maintaining the effort to have the entire community involved.

- 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.

Measures of success in this process would be twofold. The objective measure of participation in the planning process, by way of number of participants, is one. The subjective measure of level of participation, input, and feedback is the other. Participation in the planning process by the underserved cultural populations in the County was significant, as was the participation of community members who serve as gatekeepers (in a position of first contact) with respect to first onset of a mental illness, children/youth in stressed families, those exposed to trauma, and children/youth at risk of school failure or juvenile justice involvement.

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

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

- a. The date of the public hearings:

February 26, 2009 and April 13, 2009

- 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 Draft PEI plan was posted on the County website and copies of the plan were made available by request via e-mail. Hard copies of the plan were available upon request at the two Mental Health department Clinics as well as at the Peer Support Drop-in Center.

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

Recommendations from the public hearing on February 26, 2009 and associated revisions include the following:

- Ethnically- and culturally-specific prevention and access to underserved populations was addressed in the plan by offering organized groups, including those from the Tribal, Latino, and GLBTQ communities, the opportunity to develop community- based centers that will provide an array of services including those intended to be funded in this plan specific to prevention and early intervention.
- Additional screening and intervention options in the community were identified as a need in the feedback process. Funding for a community-based provider is being made available to implement programming for this identified need.
- Prevention services not addressed in the initial draft for the Transitional Age Youth population and their families were added to the plan as a result of stakeholder feedback.
- Programming for Early Intervention treatment was identified as a substantial need. This will be addressed as an “in-house” program in the Lake County Mental Health department and will be facilitated by staff that will also coordinate the PEI plan overall.

The initial draft PEI plan was expanded from four to eight programs through this process.

PEI COMMUNITY PROGRAM PLANNING PROCESS**Form No. 2**

The one substantive recommendation not addressed in this plan was for an expansion of the MHSA-funded Forensic Mental Health Services program which will be addressed in the forthcoming Community Services and Supports Plan Update for Fiscal Year 2009-2010.

Recommendations from the public hearing on April 13, 2009 and associated revisions include the following:

- Feedback and discussion in this meeting was overwhelmingly supportive of the Plan in its current form (substantive feedback addressed after first hearing).
- A request for more community outreach to the Latino Community was addressed by a Mental Health Board Member inviting a representative from this community to apply to sit on the Board. It was also clarified that the plan does seek to involve, in a comprehensive manner, all underserved populations in the County.
- A comment was made that addressing the needs across the age continuum from children to transition age youth to adults should be a priority. It was pointed out that this effort was being made in the plan and that the effort would be guided in this direction through the implementation process.
- A question was asked if other cultural, non-clinical services would be made available to those who preferred alternatives (limpias, priests, etc.). The accepted response was that the proposed funding for population-specific community-based drop-in centers and the prevention mini-grant program would be available for these purposes.
- Faith-based groups were recommended as potential community partners that can assist in prevention activities and provide a supportive referral source for those people with mental health issues. This is supported in the plan and faith-based organizations will be encouraged to get involved through the drop-in center and mini-grant programs as well.
- It was suggested that often, in the schools, children are disciplined for behavior without investigating the root problem. The funding proposed in this plan for school-based services was referred to as an attempt to address this issue.

No significant changes to the plan itself were made after this hearing. However, the input is considered to have much value when it comes to implementation and considerations for contracting through the RFP process.

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

d. The estimated number of participants:

Approximately 25 people participated in the February 26, 2009 hearing.

Approximately 30 people participated in the April 13, 2009 hearing.

Note: County mental health programs will report actual PEI Community Program Planning expenditures separately on the annual MHSA Revenue and Expenditure Report.

PEI PROJECT SUMMARY

Form No. 3

County: Lake - 17 PEI Project Name: Prevention and Early Intervention Services Date: 05/05/09

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

PEI PROJECT SUMMARY

Form No. 3

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

Stakeholder input for the Community Planning Process for the PEI plan identified all priority populations as targets for programming in Lake County. After thorough discussion, both with stakeholders and within the county department it was determined that the plan would attempt to address each population and their needs as much as possible. The plan, as it is proposed, will provide the opportunity to do this.

3. PEI Project Description: (attach additional pages, if necessary)

The Lake County Prevention and Early Intervention (PEI) Plan is being submitted as a single work plan encompassing a total of eight programs all accounted for under one budget. This will allow the flexibility to shift resources based on need and continuing stakeholder input. This plan is ambitious in that it seeks to be responsive to community input on needs across the age spectrum and amongst diverse communities. As it is unknown whether there will be a satisfactory response to the multiple Requests for Proposals (RFPs) called for in the plan, having a single unified plan will allow resources to be redirected should acceptable contract providers not be found. This plan will provide the impetus to address all key community mental health needs and community populations, including underserved racial/ethnic and cultural communities as described in the PEI plan guidelines. The proposed plan will serve all ages and is inclusive of all public input that falls within the aforementioned guidelines. Lake County currently has \$1,030,000 in available PEI funding for three years. This amount includes the estimated balance of PEI planning funds already received in Lake County. The distribution of funding will be \$410,000 for fiscal year 2009-2010, and \$310,000 for each of the following two fiscal years. The following describes the proposed PEI Plan.

1. Lake County Mental Health will provide a full time Mental Health Specialist whose direct duties will be to provide coordination and oversight for PEI activities and “in-house” early intervention services for consumers who experience first onset of severe emotional disturbance or severe mental illness (SED/SMI) for a period of up to one year. The annual cost is estimated at \$117,000.

This program will provide staffing to address the need for coordination of the RFP process, implementation of programs, data collection, and reporting. This staff member will also provide and/or facilitate short term early intervention services.

PEI PROJECT SUMMARY

Form No. 3

2. Lake County Mental Health will contract through the RFP process the opportunity for established non-profit organizations to apply for up to \$10,000 in initial seed money to open community-based drop-in centers targeting specific underserved populations in the county. In following years these organizations would be able to reapply for ongoing funding (up to \$10,000) each year for continuing PEI activities at each center. The annual cost is estimated at \$80,000.

In response to stakeholder input from representatives of identified underserved populations in Lake County, it is being proposed that this plan provide for the development of additional community-based resources for these groups. Lake County is home to multiple tribal affiliations and a large Latino community, who have all expressed the desire to have access to services within each distinct geographical location. This program would also reach out to the GLBTQ community and be made available to other cultural or ethnic populations.

3. Lake County Mental Health will contract through the RFP process for early mental health intervention in schools at a one time annual cost of \$100,000.

The purpose of the program is to enhance the social and emotional development of young students (grades k-3) who are experiencing mild to moderate school adjustment difficulties. Using a systematic selection process of students most likely to benefit from program participation, alternative personnel provide direct services to students under ongoing supervision and training by credentialed school psychologists in collaboration with professional staff of the cooperating mental health department.

The goals are to enhance the social and emotional development of young students; increase the likelihood that students experiencing mild to moderate school adjustment difficulties will succeed in school, increase personal competencies related to life success; and minimize the need for more extensive and costly services as they grow older.

A request for proposals will be published and this program is expected to be facilitated by an established community-based organization that will develop the program to be self-sustaining.

4. Lake County Mental Health will contract through the RFP process for prevention services targeting isolated Older Adults in the northern part of the county similar to the existing "Friendly Visitor" program that currently operates around the southern part of the county. The annual cost is estimated at \$20,000.

PEI PROJECT SUMMARY

Form No. 3

The existing Friendly Visitor Program provides companionship to the vulnerable population of homebound older adults. Older adult peers attend eighteen hours of training and are then paired with an older adult friend. Home visits take place weekly for a minimum of one hour. Visitors are allowed the flexibility to spend more time with their friend and most do. The volunteers offer individualized companionship, understanding, and friendship on a regular basis to seniors who have limited access to outside activities. Reassuring phone calls and access to the MHSA-funded, Senior Peer Counseling Program are also benefits of the program.

5. Lake County Mental Health will contract through the RFP process a postpartum depression screening and assistance program serving new mothers and their infants for the first 3 to 6 months after birth. The annual cost is estimated at \$18,000.

One successful means to assist mothers through the first 3 to 6 months of newborn care and to detect the severity of postpartum depression that the mother may be experiencing is to provide these mothers with "surrogate" grandmothers. These grandmothers can provide both emotional and physical support with respect to child rearing activities and the activities of daily living that mothers are also expected to perform. To ensure that these grandmothers have the confidence and knowledge, especially in how to detect severity of depression through manifested symptoms, two essential program components are required: support/coordination and training.

6. Lake County Mental Health will contract through the RFP process for screening and treatment options for consumers who may be at risk of Severe Emotional Disturbance (SED) or Severe Mental Illness (SMI) as defined in the Welfare and Institutions Code. The annual cost is estimated at \$20,000.

In an attempt to provide an additional point for accessing services for those who may be experiencing first signs of a mental health problem, Lake County will provide funding for a community-based organization to provide screening and early intervention services.

7. Lake County Mental Health will provide the community with the opportunity to apply for mini-grants, with amounts ranging from \$500 to \$1,500, targeting mental health prevention activities including suicide prevention and stigma and discrimination reduction. The annual cost is estimated at \$35,000.

There were a multitude of suggested approaches to the reduction of stigma and discrimination and suicide prevention throughout the community planning process. Many were viable and qualified if not small in scope. In response to the variety of suggested approaches, it is being proposed that organized TAY and adult

PEI PROJECT SUMMARY

Form No. 3

consumer groups be afforded and empowered with the opportunity to design prevention programming and submit a funding request to the County Mental Health Director for consideration. This mini-grant program would issue funding ranging in amount from \$500-1,500. The proposals would be required to meet the MHSA PEI guidelines for prevention programming in these areas. The following are some examples of proposed projects:

- a. Peer Facilitated Performance Arts
- b. Job Shadowing
- c. Homeless Outreach
- d. TAY/Senior support activities
- e. Peer Mentorship
- f. Social Events for Isolated Consumers
- g. Community Wellness
- h. Alcohol and other Drugs and Mental Health

All approved projects would be consumer driven and implemented as well as culturally competent for their audience. The identified underserved populations in the County will be encouraged to apply. Proposals would focus on either the reduction of stigma and discrimination or suicide prevention in the community.

8. Lake County Mental Health will provide the opportunity for expansion of services at the MHSA-funded Transitional Age Youth (TAY) drop-in center by providing funding for a TAY peer support staff position to coordinate prevention activities. Activities will target at-risk youth and their families. The annual cost is estimated at \$20,000.

Additional resources for the TAY population in Lake County were identified as a need through the planning process. It has been determined that using PEI funds to expand an existing MHSA Community Services and Supports program will provide for prevention activities targeting this population and their families. This expansion will be budgeted for and tracked as a PEI program separate from the CSS funded program.

PEI PROJECT SUMMARY

Form No. 3

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	
Prevention and Early Intervention Coordination	Individuals: Families:	Individuals: 20 Families: 12	12
Community-Based Wellness Centers	Individuals: 480 Families: 600	Individuals: Families:	12
School-Based Early Mental Health Program	Individuals: Families: 90	Individuals: Families: 30	12
Older Adult Outreach and Prevention	Individuals: 48 Families:	Individuals: Families:	12
Postpartum Depression Screening and Support	Individuals: Families: 36	Individuals: Families:	12
Mental Health Screening and Early Intervention	Individuals: 60 Families: 30	Individuals: 12 Families: 12	12
Community Prevention Mini-Grant Program	Individuals:1,200 Families: 600	Individuals: Families:	12
Transition Age Youth Peer Support	Individuals: 60 Families: 60	Individuals: Families:	12
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 1,848 Families: 1,290	Individuals: 32 Families: 54	12

PEI PROJECT SUMMARY

Form No. 3

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

The proposed PEI plan and its eight component programs are intended to provide more comprehensive access and integration of services throughout the community. The PEI coordinator position will act as a contact point for PEI contractors that act as gatekeepers to identify individuals exhibiting signs of potential mental illness or emotional disturbance. Access to screening, assessment, and treatment options will be available through the intake process at the mental health department for all ages. Referrals to an appropriate treatment option, including primary care providers, community mental health providers and programs, and other resources will be made as deemed appropriate.

The proposed plan will provide additional linkages with other resources in that the programming will be implemented community wide. It provides an opportunity for deeper connections to early childhood wellness programs, the schools, community-based social service providers, foster care providers, law enforcement including juvenile probation, transition age youth services, the regional center, older adult services, the mental health consumer population, as well as the identified ethnic/cultural and underserved communities in the County.

The scope of this proposed plan is intended to address a broad spectrum of PEI activities and encourage the participation of established community-based organizations who serve the target populations identified in the plan. The strategy here would be that, when partnering with other agencies, additional resources will be made available for those individuals and families who need them. The plan is also intended to enhance the ability of existing programs and systems to identify mental health concerns and develop a community awareness of mental health issues including early identification, suicide prevention, and the reduction of stigma and discrimination.

6. Collaboration and System Enhancements

The overarching goal with respect to the proposed PEI plan for Lake County is to involve as many community-based organizations as possible. The design of the plan is to partner with these organizations to implement seven of the eight components. The PEI activities as described will necessitate collaboration with agencies who serve individuals and families, as well as those from underserved populations. Apparent throughout the planning process, the schools and their support services, individual and family resource providers, public agencies, and consumer groups expressed

PEI PROJECT SUMMARY

Form No. 3

a desire and willingness to be involved in the implementation of this plan. The details of which will be ironed out during the proposal and implementation process.

The overall effect of this plan when implemented will strengthen the existing mental health systems in the community by providing early identification and intervention programming where more serious and long-term, as well as expensive treatment can be avoided. The prevention activities, screening for early identification, and short-term treatment options included in this plan will result in a more proactive approach to mental health.

In terms of human and organizational resources, this plan attempts to encourage participation and contribution throughout the community. In these challenging economic times, projecting additional monetary resources is difficult. Lake County Mental Health will work together with the selected contractors for each program to seek out new and expansive resources to support each and promote sustainability for the future.

7. Intended Outcomes

The prevention activities as described in the plan are intended to provide an increase in the awareness of protective factors and risk factors around mental health issues for individuals. Early identification and intervention will result in an improvement in the ongoing quality of life, a higher probability of success, and provide long-term cost savings.

This plan is intended to identify and provide intervention at the early stages of mental health issues. This ability will reduce the long-term burden on existing programs. The entire system of mental health services will be affected positively by the reduction of long-term treatment and hospitalizations.

The success of each program contained in this plan will be evaluated by way of monthly or quarterly reporting by the contractors to the PEI coordinator. Each will provide data around numbers served and demographics as well as narrative descriptions of the services provided and the results observed.

PEI PROJECT SUMMARY

Form No. 3

8. Coordination with Other MHSA Components

PEI programs will be coordinated with other MHSA components as appropriate and as needed. The existing Full Service Partnership programming would be a resource when more intensive services are indicated. The parent partners, as proponents of system development may be a resource to parenting and family issues that may arise. Existing programming for housing, forensics, and older adults will also be a resource for PEI activities. The culturally- and ethnically- specific Outreach and Engagement programming would be a resource for Latino and Native American populations and those wanting culturally-specific support. It is expected that the already established, MHSA-funded, drop-in centers for TAY and adult consumers will be involved in the implementation of PEI activities.

9. Additional Comments (optional)

Instructions for Preparing the PEI Project Summary (Form No. 3)

Complete a separate Form No. 3 for each PEI project. The suggested page limit for each Form 3, including attachments, is 6-12 pages.

Provide county name, name of PEI project and date of form completion.

1. PEI Key Community Mental Health Needs

Indicate by checking the age groups (as many as apply) that will be served from each of the key community mental health needs that apply to this PEI project.

2. PEI Priority Population(s)

A. Indicate by checking the age groups (as many as apply) that will be served from each of the priority population(s) that apply to this PEI project.

B. Provide a summary of input and data analysis that resulted in the selection of the priority population(s) and age groups.

3. PEI Project Description

Briefly describe the PEI project including the following:

- Explain why the proposed PEI project, including key community need(s), priority population(s), desired outcomes and selected programs address needs identified during the community program planning process.
- Implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services site, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.
- Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and/or cultural populations to be served.
- Highlights of new or expanded programs.
- Actions to be performed to carry out the PEI project, including frequency or duration of key activities.
- Key milestones and anticipated timeline for each milestone.

4. Programs

List the name of each program. Indicate the proposed number of individuals or families to be served in prevention, early intervention or both through the new program or expansion through 2009 and the number of months the program will be in operation through June 2009. Please indicate for each program whether the numbers refer to individual persons or to families. Since some individuals may receive services through more than one program the numbers of persons on the page may be a duplicated count. Please indicate at the bottom of the form an estimate of the total unduplicated count of individuals and families to be served through the programs in the PEI project for prevention and separately for early intervention. The count can be duplicated across prevention and early intervention, i.e., one individual may be counted in both areas, if appropriate.

If any portion of this PEI project was previously funded by CSS, identify that portion and provide a rationale for transferring the activity to PEI funding.

Instructions for Preparing the PEI Project Summary (Form No. 3)

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

- Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.
- Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment; community, domestic or sexual violence prevention and intervention; and basic needs.
- Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.

6. Collaboration and System Enhancements

- Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc., the partnerships that will be established in this PEI project and the roles and activities of other organizations that will be collaborating on this project.
- Describe how the PEI component will strengthen and build upon the local community-based mental health and primary care system including community clinics and health centers.
- Describe how resources will be leveraged.
- Describe how the programs in this PEI project will be sustained.

7. Intended Outcomes

- Describe intended individual outcomes.
- Describe intended system and program outcomes.
- Describe other proposed methods to measure success.
- What will be different as a result of the PEI project and how will you know?

8. Coordination with Other MHSA Components

- Describe coordination with CSS, if applicable.
- Describe intended use of Workforce Education and Training funds for PEI projects, if applicable.
- Describe intended use of Capital Facilities and Technology funds for PEI projects, if applicable.

9. Additional Comments

Please add any other comments about this PEI Project (limit to one page).

PEI Revenue and Expenditure Budget Worksheet

**Form
No. 4**

County Name: Lake - 17

Date: 05/05/09

PEI Project Name: Prevention and Early Intervention Services

Provider Name (if known): Lake County Mental Health Department

Intended Provider Category:

Proposed Total Number of Individuals to be served: FY 08-09 0 FY 09-10 3,224

Total Number of Individuals currently being served: FY 08-09 0 FY 09-10 0

Total Number of Individuals to be served through PEI Expansion: FY 08-09 0 FY 09-10 0

Months of Operation: FY 08-09 0 FY 09-10 12

Proposed Expenses and Revenues		Total Program/PEI Project Budget		
		FY 08-09	FY 09-10	Total
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages				
PEI Specialist (1 FTE)	\$0	\$52,741	\$52,741	
b. Benefits and Taxes @ 44.4 %				
	\$0	\$23,416	\$23,416	
c. Total Personnel Expenditures				
	\$0	\$76,157	\$0	
2. Operating Expenditures				
a. Facility Cost @ 17% of W & B				
	\$0	\$12,947	\$12,947	
b. Other Operating Expenses				
	\$0	\$42,615	\$42,615	
c. Total Operating Expenses				
	\$0	\$55,562	\$55,562	
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
Community-Based Wellness Centers				
		\$80,000	\$80,000	
School-Based Early Mental Health Program				
		\$100,000	\$100,000	
Older Adult Outreach and Prevention				
		\$20,000	\$20,000	
Postpartum Depression Screening and Support				
		\$18,000	\$18,000	
Mental Health Screening and Early Intervention				
		\$20,000	\$20,000	
TAY Peer Support				
		\$20,000	\$20,000	
a. Total Subcontracts				
	\$0	\$258,000	\$258,000	
4. Total Proposed PEI Project Budget				
	\$0	\$389,719	\$389,719	
B. Revenues (list/itemize by fund source)				
None Identified				
	\$0	\$0	\$0	
1. Total Revenue				
	\$0	\$0	\$0	
5. Total Funding Requested for PEI Project				
	\$0	\$389,719	\$389,719	
6. Total In-Kind Contributions				
	\$0	\$0	\$0	

PEI Administration Budget Worksheet

Form No.5

County: Lake - 17

Date: 05/05/09

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2008-09	Budgeted Expenditure FY 2009-10	Total
A. Expenditures					
1. Personnel Expenditures					
a. MHSAs Coordinator					\$0
b. PEI Support Staff		.33		\$11,991	\$11,991
c. Other Personnel (list all classifications)					\$0
_____					\$0
_____					\$0
_____					\$0
d. Employee Benefits				\$4,437	\$4,437
e. Total Personnel Expenditures			\$0	\$16,428	\$16,428
2. Operating Expenditures					
a. Facility Costs @17%			\$0	\$2,793	\$2,793
b. Other Operating Expenditures			\$0	\$0	\$0
c. Total Operating Expenditures			\$0	\$2,793	\$2,793
3. County Allocated Administration					
a. Total County Administration Cost			\$0	\$1,060	\$1,060
4. Total PEI Funding Request for County Administration Budget			\$0	\$0	\$0
B. Revenue					
1. Total Revenue					\$0
C. Total Funding Requirements			\$0	\$20,281	\$20,281
D. Total In-Kind Contributions			\$0	\$0	\$0

Instructions for Preparing PEI Administration Budget Worksheet (Form No. 5)

Counties are required to complete the PEI Administration Budget worksheet. Below are the specific instructions for preparing the attached PEI Administration Budget worksheet.

General Instructions:

Round all expenditures to the nearest whole dollar. Round FTE counts to two decimals. Only county administrative costs should be shown on the PEI Administration Budget Worksheet. Contract providers and other county governmental organizations with management and support costs should show those budgeted expenditures in the relevant PEI project budget worksheet.

Counties will not be held to individual budget line items but to the overall Administration budget. The individual line items will be used by OAC and DMH to evaluate each county's proposed budget and staffing pattern to implement new or expanded PEI projects. It is strongly encouraged that counties limit the MHSA PEI administration budget to 15 percent or less of the total PEI component funds requested.

Heading Instructions:

Enter the county name or county names if multiple counties are proposing to administer PEI services jointly.

Enter the date the budget worksheet is prepared.

Line Item Instructions:

A. EXPENDITURES

1. Personnel expenditures:

- a. PEI Coordinator - Enter salary expenditures for the PEI Coordinator.
- b. PEI Support Staff - Enter the number of client, family member and caregiver FTEs, the total number of FTEs and the salary expenditures for the county's MHSA support staff.
- c. Other Personnel - Enter the number of client, family member and caregiver FTEs, the total number of FTEs (including client, family, caregiver FTEs) and the salary expenditures for the county's PEI coordinator. If this position is not full-time on PEI administrative activities, enter the partial FTE and corresponding salary related to PEI administration.
- d. Employee Benefits - Enter budgeted employee benefits. This includes FICA, medical and dental insurance, disability insurance, workers compensation insurance, retirement plan contributions and other employee benefits. An average of current employee benefits may be used to estimate these amounts.
- e. Total Personnel Expenditures - it is automatically calculated and is the sum of lines 1a and 1d.

2. Operating Expenditures:

- a. Facility Cost – Enter the total amount to be incurred for facility costs.
- b. Other Operating Expenditures – Enter the total amount to be incurred for professional services (e.g., amounts to be incurred for consulting, facilitation and other professional services), general expenditures including postage, photocopy expenses, office supplies and other supplies; travel and transportation e.g., hotels, mileage, meals, car rental, motor pool charges and other travel and transportation expenses; equipment and utilities including room rental for meetings, equipment rentals, telecommunication costs and utilities; and other operating expenses.
- c. Total Operating Expenditures - it is automatically calculated and is the sum of lines 2a and 2b.

3. County Allocated Overhead:

- a. Countywide Administration (A-87) – This includes A-87 costs attributable to PEI programs and county allocated administrative costs. These costs could include centralized accounting or purchasing costs not included in the A-87 allocation or the other personnel expenditures. Enter total County Allocated Administration in line 3a.

Instructions for Preparing PEI Administration Budget Worksheet (Form No. 5)**4. Total PEI Funding Request for County Administration Budget**

Total PEI Funding Request Budget - it is automatically calculated and is the sum of lines 1e, 2c, and 3a.

B. REVENUE

1. Enter the amount of revenues expected to be generated in providing new or expanded PEI projects. Some services and costs under the MHSA are eligible for Medi-Cal, Medicare and other reimbursement. Counties should attempt to estimate revenues that would off-set MHSA program/service expenditures using the proposed budget amounts from Section A.

C. TOTAL FUNDING REQUIREMENTS

This amount is automatically calculated and equals the total PEI Funding Request for county administration budget (line 4) less total estimated revenues (line B 1). This reflects the amount of funding requested for county administration under PEI.

D. TOTAL IN-KIND CONTRIBUTIONS

This amount is calculated by payments made in the form of goods and services, rather than cash.

BUDGET NARRATIVE INSTRUCTIONS: Counties must also prepare a budget narrative that describes line items in the budget and the approach used by the county to estimate budget amounts and source of documents for the development of the budget. Please indicate current, existing positions, if any, number, classifications, C/FM positions and a brief description of each FTE's functions. Address any proposed out-of-state travel and justify the purpose and cost.

NOTE: Counties will be required to report PEI administration expenditures actually incurred on the Annual Revenue and Expenditure Report which is due December 31 following the end of the fiscal year.

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

**Form
No. 6**

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:	Lake - 17
Date:	05/05/09

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 08/09	FY 09/10	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
	Prevention and Early Intervention coordination		\$96,719	\$96,719	\$16,120	\$48,360	\$16,120	\$16,119
	Community-Based Wellness Centers		\$80,000	\$80,000	\$20,000	\$20,000	\$20,000	\$20,000
	School-Based Early Mental Health Program		\$100,000	\$100,000	\$100,000			
	Older Adult Outreach and Prevention		\$20,000	\$20,000				\$20,000
	Postpartum Depression Screening and Support		\$18,000	\$18,000	\$18,000			
	Mental Health Screening and Early Intervention		\$20,000	\$20,000	\$5,000	\$5,000	\$5,000	\$5,000
	Community Prevention Mini-Grant Program		\$35,000	\$35,000		\$17,500	\$17,500	
	Transition Age Youth Peer Support		\$20,000	\$20,000		\$20,000		
	Administration		\$20,281	\$20,281	\$5,070	\$5,071	\$5,070	\$5,070
	Total PEI Funds Requested:	\$0	\$410,000	\$410,000	\$164,190	\$115,931	\$63,690	\$66,189

*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).

LOCAL EVALUATION OF A PEI PROJECT

Form No. 7

- Describe the numbers and demographics of individuals participating in this intervention. Indicate the proposed number of individuals under each priority population to be served by race, ethnicity and age groups. Since some individuals may be counted in multiple categories, the numbers of persons on the chart may be a duplicated count. For “other”, provide numbers of individuals served for whom a category is not provided (i.e., underserved cultural populations; e.g., gay, lesbian, bisexual, transgender, questioning; hearing impaired, etc.). Please indicate at the bottom of the form an estimate of the total *unduplicated* count of individuals to be served. If the focus of the intervention is families, count each person in the family.

PERSONS TO RECEIVE INTERVENTION

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/DISCRIMINATION
<u>ETHNICITY/ CULTURE</u>							
African American							
Asian Pacific Islander							
Latino							
Native American							
Caucasian							
Other (Indicate if possible)							
<u>AGE GROUPS</u>							
Children & Youth (0-17)							
Transition Age Youth (16-25)							
Adult (18-59)							
Older Adult (>60)							
TOTAL							
Total PEI project estimated <i>unduplicated</i> count of individuals to be served _____							

LOCAL EVALUATION OF A PEI PROJECT

Form No. 7

4. How will achievement of the outcomes and objectives be measured? What outcome measurements will be used and when will they be measured?

5. How will data be collected and analyzed?

6. How will cultural competency be incorporated into the programs and the evaluation?

7. What procedure will be used to ensure fidelity in implementing the model and any adaptation(s)?

Instructions for Completing the Local Evaluation of a PEI Project (Form No. 7)

8. How will the report on the evaluation be disseminated to interested local constituencies?

The purpose of the local evaluation of the programs within a PEI project is to encourage counties to specify the expectations for what the programs are intended to accomplish, to assess how well they do that, to share that information with the state and with relevant local stakeholders, and to expand and/or revise the programs (and PEI project of which they are a part) in accord with the evaluation results.

For the local evaluation the county will select one of its PEI projects and the programs within that PEI project for the evaluation.

The state recognizes that counties vary substantially in their capacity to undertake rigorous evaluation activities. The state will review the local evaluation designs with this in mind. Counties do not need to propose complicated rigorous methodologies that are beyond their capacity to implement.

The state also recognizes that evaluation designs cannot be finalized until PEI projects are implemented. Again, the state will review the evaluation methodology with this in mind. The county should be as detailed as possible given the state of development of the PEI projects.

The state expects the county to conduct an evaluation which addresses both individual/family and program/system level outcomes. Inclusion of an assessment of long-term community outcomes is optional.

The county may conduct the evaluation itself or contract with an independent evaluator. If the latter approach is used the evaluator can select additional measurement and evaluation approaches but should at a minimum cover the items cited below.

The county should address all the following items in its description of its evaluation design for one program.

- 1) Specify the PEI project to be evaluated and briefly describe how the selection was made.

The selection of the PEI project and programs to be evaluated should be an issue addressed by stakeholders in the planning process. It is recommended that the following be considered in this selection.

- The extent of resources devoted to the PEI project and programs. The greater the resources the more likely there will be a sizable impact which can be measured.
- The clarity of the outcomes. The clearer the goals and objectives of the programs the easier it will be to do the evaluation.

Instructions for Completing the Local Evaluation of a PEI Project (Form No. 7)

- The relevance and importance of the programs. The more importance the stakeholders place on the programs the greater the pressure on all involved to participate actively in the evaluation.
- The capacity of partner organizations to participate in the evaluation. The greater the capacity of the partner entities to collect data on a consistent fashion the greater the reliability of the results.

2) Specify the outcomes for the programs.

Specify the outcomes for the programs. Outcomes should be specified at the individual/family and at the program/system-level. Person-level outcomes refer to expected changes for the specific persons who are the recipients of the program/activity. Counties should look first to find person-level outcomes which have been used in studies done about each program.

System level outcomes refer to kinds of things which will be done to implement the program. They can be as simple as the partner agency contributing some resources and implementing the program or as advanced as a change in attitudes of the staff in the partner agency or the improvement in the quality of the relationship between mental health and the partner agency.

The outcomes should be specific to each program. They may be the same or similar to those for the larger PEI project, but they should be things which will be affected by the particular program.

3) Specify the expected numbers and demographics of individuals to receive the intervention.

The number of persons who will be recipients of each program should be specified according to the following descriptors. The descriptors are intended to provide (1) a basic demographic picture and (2) an indication of the type of priority populations.

- Age
- Gender
- Race/Ethnicity
- Culture
 - If selecting "other" for Race/Ethnicity and Culture, identify to the extent possible.
- Priority population conditions/situations
 - Trauma Exposed
 - Onset of serious psychiatric illness
 - Children and youth in a stressed families
 - Children and youth at risk of school failure
 - Children and youth at risk of or experiencing juvenile justice involvement
 - At risk for suicide

Instructions for Completing the Local Evaluation of a PEI Project (Form No. 7)

It is understood that these will be only estimates.

The county should also make an estimate of the total unduplicated count of individuals that will be reached by the program. If the focus of the intervention is families, count each person in the family. The county should specify the methodology it intends to use to make this estimate.

4) Specify how the achievement of outcomes will be measured.

For each person-level and system-level outcome cited above the county should specify how it will measure its success at achieving the outcome. This entails the following steps.

- How will the outcome be measured? There are a variety of ways of measuring outcomes – some possibilities are suggested below:
 - Counting (e.g. percent of persons referred who receive a MH service, number of individuals/families from underserved communities served, number of prevention programs started in partner organizations)
 - Instruments to measure conditions (e.g., isolation; knowledge of social, emotional issues; mental health status)
 - Judgments made by evaluators (e.g., capacity of partner organizations to provide PEI services, quality of cooperative relationships, enhanced mental health promotion environment in partner organizations)
 - Data from other data sources (e.g., school records of drop-outs, expulsions, suspensions; school records of violent incidents; juvenile justice records of contacts)
- Who and/or what will be measured? The county should specify which persons will be assessed for the person-level outcomes. This can be all or a sample of individuals who receive the program/activity.
- When will outcomes be measured? The county needs to specify when and how often it will apply the measurement of the various outcomes.
 - Many person-level outcome measurements will lend themselves to a pre and post measurement design as the best way to document change (e.g., for changes in attitudes and knowledge or changes in mental status or changes in incidents of violence).
 - For some outcomes that involve the counting of occurrences of things the data is collected on an ongoing basis and summarized at the end of a particular time period, e.g., a year.
 - For some outcomes there will be a one-time measurement at the end of some time period, e.g., assessment of quality of partner organization relationships. This kind of measurement can be repeated at the end of a second time period after the program has been in operation longer.

Instructions for Completing the Local Evaluation of a PEI Project (Form No. 7)5) Describe how data will be collected and analyzed.

The county should specify who will be responsible for collecting the data and where and when it will be collected. Because these activities/approaches/programs will often occur at non mental health sites it will be critical to have arrangements with the partner entities about the details of the data collection activity.

The county should specify who will be responsible for the analysis of the data. The county should also specify the basic analytic methods that will be used.

6) Describe how the programs and the evaluation will be culturally competent.

The county should specify how it will design or adapt the programs to be culturally appropriate and how it will approach and conduct the evaluation in a way which is sensitive to and respectful of racial/ethnic and cultural factors. This includes not only issues of bilingual bicultural persons involved in the evaluation and the use of language appropriate and culturally appropriate measurements, but also awareness that the most important outcomes for a particular culture are part of the evaluation.

7) What procedure will be used to ensure fidelity in implementing the programs and any adaptation(s)?

The county should specify what procedures, staff development, monitoring and other steps it will implement to ensure program fidelity.

8) Describe how the report on the evaluation will be disseminated to interested local constituencies.

The county should specify how it will disseminate the evaluation results, beyond providing reports annual to the State.