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

Form No. 1

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

County Name: **INYO**	Date: **May 8, 2009**

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 identified funding requirements (in all related programs 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.

<see signed original> _____
Gail Zwier, Ph.D. Date
County Behavioral Health Director

Executed at Bishop, California

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PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

County: INYO **Date:** May 8, 2009

1. **The county shall ensure that the Community Program Planning Process is adequately staffed. Describe which positions and/or units assumed the following responsibilities:**

a. The overall Community Program Planning Process

Gail Zwier, Inyo County Behavioral Health Director, was responsible for the overall community program planning process. Her functions consisted of obtaining stakeholder input, guiding the review of the input, working with stakeholders to develop recommendations, and finalizing the PEI Plan for submission to the State Department of Mental Health.

The Inyo County Behavioral Health (ICBH) planning process included the distribution of a PEI survey to stakeholders, analysis of the survey results, review of the findings, and obtaining stakeholder input into the identification of high-priority populations and the selection of programs for funding. Sixty-nine (69) surveys were collected and a broad range of stakeholder input obtained to develop recommendations for PEI funding. Several stakeholder meetings were held to review survey results and provide ongoing input into the final PEI Plan. (See Appendix A for survey sample.)

b. Coordination and management of the Community Program Planning Process

Gail Zwier, Director, and D.B. Mattovich, MHSA Coordinator, managed the Community Program Planning Process with assistance from Anna Scott, HHS Management Analyst; Kathy McKinley, Office Manager; and Heidi Garcia, Executive Secretary. We also received guidance from Duane Blume, a consumer family member and Mental Health Advisory Board member, who played a key role in the planning for CSS; and from I.D.E.A. Consulting, which provided assistance with surveys and data collection.

This planning process was instrumental in ensuring that consumers, family members, staff, allied agencies, and community members had a voice in expressing their vision for PEI funding.

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

Stakeholder participation was ensured in the PEI planning process by convening the MHSA Leadership Committee. The Leadership Committee includes consumers and family members, and representatives from schools, law enforcement, probation, child welfare, health, a community-based organization, Indian family services, and senior services. Twenty-two persons attended the two initial PEI planning meetings. This included five Caucasian adult consumers, one Latina consumer/provider, one Caucasian consumer/provider, one Latina and two Caucasian family members, and one bi-lingual provider. The agency representation included the Area Agency on Aging, the Office of Education(2), Toiyabe Family Services (American Indian

provider), Inyo Mono Advocates for Community Action, Child Welfare Supervisor, Wellness Center Supervisor, Inyo Mono Association for the Handicapped (IMAH), the Assistant Director ogf Health and Human Services, Behavioral Health Child and Family Program, Alcohol and Drug services supervisor, and probation. The Committee identified two populations of focus: young children (ages 0-5) and older adults.

The Leadership Committee began meeting as two Workgroups: one to address young children, the other to address older adults. The workgroups held several stakeholder meetings to address the issues specific to each priority population. Participants in the meetings about children included adult consumers, family members, and representatives from education, child welfare, mental health service providers, First Five, and Toiyabe Indian Health Services. Older adult stakeholder meetings included representatives from public health, senior services, the consumer population, and family members.

The ICBH PEI survey also created a vehicle for obtaining input from stakeholders, including those individuals who were unable to attend an organized event. In addition, clients who were currently receiving mental health services were invited to complete a PEI survey. The PEI surveys were collected and analyzed to help establish PEI priorities for use in planning and selecting the identified PEI programs and services. A total of 69 surveys were collected during this PEI planning process.

As part of the planning process, the Leadership Committee identified issues from the CSS planning process that were more appropriately addressed with Prevention and Early Intervention funding. Several issues were identified through this review, including:

1. Early identification of behavioral problems in younger children (ages 0-5) and services for children showing some signs of emotional disturbance
2. Youth development at school; creating resilient children
3. Promoting bonding of children and parents, especially with parents impacted by addiction issues
4. Spanish language counseling services
5. Depression in older adults due to grief and loss issues, loneliness, and isolation
6. Suicide hotline/warm line with local resources

Once the focus groups were completed and the survey results were analyzed, the final recommendations for the PEI Plan were discussed and developed by the MHSA Ad Hoc Committee, with input from the MHSA Leadership Committee and additional representatives from the community. The MHSA Ad Hoc Committee is comprised of the Behavioral Health Director, Health and Human Services Director, MHSA Coordinator, MHSA staff, and consumer and family representatives.

The MHSA Ad Hoc Committee discussed the PEI survey results, reviewed the recommendations of the Leadership Committee, reviewed relevant prevention and early intervention programs, and identified the priority populations and needs. The PEI stakeholder/community input, survey results, and Leadership Committee recommendations were used to identify these priorities and develop the final recommendations for PEI funding. The recommendations of the Ad Hoc

Committee were then shared with the Mental Health and Substance Abuse Advisory Boards for their input and approval.

While all six issues identified above were considered high priorities, due to funding constraints, ICBH combined priorities and developed three (3) projects for PEI funding, as follows:

1) PATHS Preschool

This childhood program will provide prevention and early intervention services in 16 preschool centers throughout Inyo County, especially focusing on young children who are aggressive and have socialization issues. Stakeholders identified the need to provide early childhood care providers, preschool teachers, and parents with tools that would allow early identification of and intervention for mental health and behavioral issues.

2) PCIT Community Collaborative

This program will implement a collaborative Parent Child Interactive Therapy (PCIT) program in Inyo County and will improve family functioning, develop strong parental skills, enhance children's development, and foster healthy children. Funding will be utilized to secure PCIT training from a certified trainer, purchase the required PCIT equipment, support clinical supervision, and begin delivering PCIT to families in our county.

This therapeutic program is effective with families who have limited parenting skills and for children who have challenging behaviors. PCIT improves parenting skills, decreases behavior problems in children, and enhances the quality of the parent-child relationship.

3) Older Adult Prevention and Early Intervention Services

This program will implement strategies to work with older adults, especially homebound, isolated individuals with issues of grief and loss. These mental health issues are often compounded by medical problems. The Older Adult Prevention and Early Intervention Program will utilize a portion of a Case Manager position to support prevention and early intervention activities throughout the county in order to identify older adults who need mental health services. This program will also train agency and community partners, including Public Health, local physicians, and Meals on Wheels volunteers, to recognize the signs and symptoms of mental illness in older adults. The Older Adult PEI program will provide linkage and support for older adults in accessing needed mental health and health care services.

2. Explain how the county ensured that the stakeholder participation process accomplished the following objectives:

a. Included representatives of unserved and/or underserved populations and family members of unserved/underserved populations.

The PEI Planning process included discussion groups and informational sessions across the county. This strategy ensured that the opinions of unserved and underserved populations were included in the planning process. We also included family members of unserved and underserved populations. Of the 69 individuals who responded to the question, "Have you or a family member ever received mental health services," 39 (56%) responded "Yes." This data clearly demonstrates that the planning process included our target population.

Staff directly and informally engaged under-represented citizens to solicit their input. To reach un/under-served adults, informational groups were held and surveys distributed to individuals who were in juvenile hall, the jail, physician's offices, and to individuals participating in substance abuse programs. The surveys were also distributed at the Wellness Center and local senior centers to obtain input from these important populations.

Surveys were also available in public locations for the general public to complete. This wide distribution of surveys ensured that we had excellent stakeholder participation.

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.

A total of 69 surveys were collected during this PEI planning process. The survey results show that the 69 individuals who completed the surveys reflected the following age groups: 13-17 (3%), 18-24 (6%), 25-45 (26%), 46-59 (46%), sixty years and older (15%), and unknown (4%). These respondents also reflected the cultural diversity of the county with 68% Caucasian, 7% Latino, 0% Asian, 1% African American/ Black, and 17% American Indian or Alaskan Native. This data shows that the individuals who completed the survey closely reflect the cultural composition of the county. A special effort was made to include Latino persons in the planning process. Several stakeholder meetings were held at the Bishop Wellness Center which is located within a neighborhood that has a high concentration of Latino persons. A bilingual staff member canvassed the neighborhood (on her bicycle) to encourage participation in the planning. Further, agencies that have a link to the Latino community such as IMACA (Inyo Mono Advocates for Community Action) and Wild Iris were targeted to be included in the planning process. It was challenging to gain participation due to a lack of any specific Latino community organizations and fearfulness around documentation and deportation issues. This is an issue that will be continued to be addressed in all efforts.

A wide representation of the community completed the survey, including business/community members (9%), consumers (16%), family members (7%), county staff (32%), and other (4%). Six (6) percent of the respondents answered more than one category when answering this question.

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

Several PEI stakeholder planning meetings were held at the Bishop Wellness Center site. These planning meetings were publicized at the Wellness Center and were announced at

consumer groups. Adults with a serious mental illness, youth with a serious emotional disturbance, and family members were encouraged to attend and complete a survey.

Of the 69 individuals who responded to the question, "Have you or a family member ever received mental health services," 39 (56%) responded 'Yes'. This response demonstrates that the planning process included our target population.

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*

Outreach to clients and family members included active involvement of consumers who use our Wellness Center. This consumer group was initiated through our county's CSS implementation. Family member representatives were also included as often as possible; the county does not have a NAMI chapter. In addition, our planning activities included vigorous participation from our Mental Health Advisory Board that includes consumers and family members.

Of the 69 individuals who responded to the question, "Have you or a family member ever received mental health services," 39 (56%) responded 'Yes'. This data clearly demonstrates that the planning process included our target population.

- *Providers of mental health and/or related services such as physical health care and/or social services*

Our planning activities included representation from mental health providers who offer services to adults, older adults, and youth/families; a Public Health Clinical Supervisor; Prevention, Alcohol, and Other Drug Services staff; a Child Welfare Services Supervisor; the Eligibility and Employment Director; the Senior Services Coordinator; and the First Five Executive Director.

Twenty-two (32%) of the survey respondents were county staff. Informational groups were held at Behavioral Health, Health and Human Services (social services), law enforcement agencies, and probation.

- *Educators and/or representatives of education*

PEI planning included the Superintendent of Inyo County Office of Education; representation from the Head Start programs and Connections Programs; a Counselor for a middle school; the SELPA Director; and several Elementary and High School Principals. These individuals provided input into the development of the core recommendations for this plan.

To ensure that all preschools across our county were included in our PEI strategy, the following organizations/agencies were invited to PEI information sessions: IMACA, an organization that serves Spanish-speaking families; the Indian Head Start programs that reach our Native American families; and preschool/daycare providers in the remote parts of Inyo. The input from these individuals was essential to our PEI planning process.

- *Representatives of law enforcement*

Surveys were distributed to law enforcement agencies and probation staff. Representatives from law enforcement and probation, including the Chief Probation Officer, also participated in the PEI planning process to help review the survey findings and have a voice in identifying and selecting the recommended programs.

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

Toiyabe Indian Health Project, an organization that provides therapeutic services, prevention strategies, and intervention activities to the Native American population in Inyo, was an active partner in PEI planning. Of the 69 respondents to the survey, 12 (17%) were American Indian or Alaska Native.

PEI surveys were distributed at senior centers throughout the county. Ten (10) older adults completed the survey, which represented 15% of the respondents who participated in this survey process.

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

Duane Blume, a consumer family member, attended a PEI training in March 2007. Mr. Blume played a key role in the planning of CSS, sits on our Mental Health Advisory Board, is a consumer family member, and is also an advocate for older adult services. He has provided feedback and insight to us regarding the PEI planning process. The County Behavioral Health Director and the MHSA Coordinator also attended statewide meetings and training in PEI.

The Director provided training for staff and stakeholders at our Stakeholder planning meetings. These meetings began with an introduction to the MHSA and PEI guidelines and resource material. Additional information was provided by our MHSA consultant and was also reviewed at the meetings.

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.

One of the lessons that we learned from the CSS process was the necessity for a more focused discussion of need, taking care to adhere to the guidelines around PEI funding, as well as the fiscal limitations. Our limited PEI allocation does not include the capability to expand fully-funded staff. This limitation was especially obvious when it became apparent that stakeholders wished to support more than one population with PEI activities. As a result, it was imperative that we include a training component to help us address a broader sector of providers than only those who could be funded through PEI. This was especially important to meet the needs of underserved persons, such as underinsured families, and to address ethnic disparities.

In addition, we identified the need to ensure that proposed ideas were supportable by evidence-based solutions. Stakeholders had a firm grasp of the needs of the community and ideas for solutions, but needed direction around actual strategies that were grounded in established outcomes. Therefore, in the PEI planning process, strategies were researched that would lead to desired outcomes.

The CSS process also identified the need to clearly define mental health system terms, such as "severe mental illness." A stumbling block in the initial CSS planning process was that stakeholders looked beyond "severe mental illness" to a broader definition of what "mental health" might mean; this definition included "almost anything." As a result, we found the need to more closely guide the discussions around prevention and early intervention as related to mental health issues, reining in broader ideas for utilizing PEI funding. We were able to facilitate the discussion and provide training on the parameters of PEI, while maintaining honest and open input, and ensuring that stakeholders felt that their voices had been heard.

Consumers and youth participated in organizing informational groups and assisting individuals to complete the surveys. The experience from the CSS planning process helped us to better inform the community of opportunities for input, as well as identify appropriate locations for holding meetings.

In addition, we also had a better understanding of the unserved and underserved individuals in our community. This knowledge helps to improve the outreach efforts and to ensure that there was a focus on the inclusion of these individuals in informational groups and distribution of surveys. We have formed stronger relationships with these groups and now have a history of inclusion and collaboration in our efforts to obtain information from these key populations.

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 (TAY).

The planning process was highly successful. A total of 69 surveys were obtained with broad representation from our clients, family members, community members, and county staff. Of the 69 surveys collected, 3% of the respondents were children; 6% were TAY; 72% were Adults; and 15% were Older Adults. Stakeholders were also involved in the analysis of the

data from the stakeholder input process, in finalizing the priorities for the PEI plan, and in providing input into the written PEI Plan.

Once the surveys were collected and analyzed, the MHSA Ad Hoc Committee met to discuss the findings. Each person came to the group with an intention to advocate for their specific program and age group. Through discussion of the survey results and conversations regarding the needs of the community, everyone came together to create one, coordinated vision for the county. Many participants noted that they had learned a great deal from other committee members and they had a greater appreciation of the needs of different ages and groups. This process was extremely effective at bringing stakeholders together to create a comprehensive PEI Plan for Inyo County.

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

a. The date of the public hearing:

The PEI Plan was posted and available for public review and comment from February 11, 2009 through March 16, 2009. The Public Hearing was held during the Mental Health Board meeting on March 16, 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 distributed to the MHSA Ad Hoc Committee for review and comment. The draft PEI Plan was also available across the county in locations consistent with the CSS Plan distribution. It was available for viewing on the Inyo County website. In addition, copies of the plan were placed at Wellness Center, partner agencies, the public library, and a number of public facilities. The plan was available to clients, family members, and other interested stakeholders.

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

Public comments regarding the PEI Plan were favorable; the community is excited about the new programs that will be implemented with PEI funding, and very supportive of the PEI Plan. One community member requested that we use the phrase “Inyo County Behavioral Health” rather than “we” or “us” in the Plan; we have revised the Plan to accommodate this recommendation, when possible.

Another comment regarded the need to highlight that the older adult population is especially isolated because of the large geographical area of this county. ICBH will strive to include older adults when providing outreach and prevention activities.

A stakeholder stressed that ICBH must monitor the contract with the County Office of Education (COE) to ensure implementation of the PATHS Preschool project. As a component of the PEI requirements, ICBH will evaluate the COE contract to ensure that the activities of the PATHS Preschool project are consistent with the PEI Plan.

No other substantive comments or recommendations were made during the public comment period, or during the Public Hearing.

d. The estimated number of participants:

Approximately 10 individuals attended the Public Hearing on March 16, 2009.

PEI PROJECT SUMMARY – PATHS Preschool

Form No. 3

County: **Inyo County** PEI Project Name: **PATHS Preschool**

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

1. PEI Key Community Mental Health Needs

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

2A. PEI Priority Populations

Note: All PEI projects must address underserved racial/ethnic and cultural populations. Select as many as apply to PEI project:	Age Group			
	Children & Youth	TAY	Adult	Older Adult
1. Trauma Exposed Individuals	☒	☐	☐	☐
2. Individuals Experiencing Onset of Service Psychiatric Illness	☒	☐	☐	☐
3. Children and Youth in Stressed Families	☒	☐	☐	☐
4. Children and Youth at Risk for School Failure	☒	☐	☐	☐
5. Children & Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐	☐	☐

PEI PROJECT SUMMARY – PATHS Preschool

2B. Summarize the stakeholder input and data analysis that resulted in the selection of priority population(s).

Stakeholder participation was ensured in the PEI planning process by convening the MHSA Leadership Committee. The Leadership Committee includes consumers and family members, and representatives from schools, law enforcement, probation, child welfare, health, a community-based organization, Indian family services, and senior services. The Committee identified two populations of focus: young children (ages 0-5) and older adults.

The Leadership Committee began meeting as two Workgroups: one to address young children, the other to address older adults. The workgroups held several stakeholder meetings to address the issues specific to each priority population. Participants in the meetings about children included adult consumers, family members, representatives from education and child welfare, mental health service providers, First Five, and Toiyabe Indian Health Services.

The ICBH PEI survey also created a vehicle for obtaining input from stakeholders, including those individuals who were unable to attend an organized event. In addition, clients who were currently receiving mental health services were invited to complete a PEI survey. The PEI surveys were collected and analyzed to help establish PEI priorities for use in planning and selecting the identified PEI programs and services. A total of 69 surveys were collected during this PEI planning process.

The MHSA Ad Hoc Committee discussed the PEI survey results, reviewed the recommendations of the Leadership Committee, reviewed relevant prevention and early intervention programs, and identified the priority populations and needs. The PEI stakeholder/community input, survey results, and Leadership Committee recommendations were used to identify these priorities and develop the final recommendations for PEI funding. The recommendations of the Ad Hoc Committee were then shared with the Mental Health and Substance Abuse Advisory Board for their input and approval.

Survey results illustrated that individuals were interested in having services delivered in the community and to provide early mental health screening and school-based services for young children. Sixty-eight percent of the survey respondents identified early screening and preschool-based services for treatment of mental illness as a priority for PEI funding. Stakeholders identified the need to provide early childhood care providers, preschool teachers, and parents with tools that would allow early identification of and intervention for mental health and behavioral issues.

PEI PROJECT SUMMARY – PATHS Preschool, *continued*

3. PEI Project Description – PATHS Preschool.

This early childhood program will provide prevention and early intervention services for young children (ages 0-5), especially those who are aggressive and have socialization issues. The PATHS Preschool program is an evidence-based practice that facilitates the development of self-control, positive self-esteem, emotional awareness, and interpersonal problem-solving techniques. These skills work to reduce classroom disruptions caused by bullying and other hostile behavior.

The lessons and activities of PATHS Preschool highlight writing, reading, storytelling, singing, drawing, science, and math concepts, and help students build the critical cognitive skills necessary for school readiness and academic success. The PATHS Preschool program can be integrated into existing learning environments and adapted to suit individual classroom needs. The curriculum is designed to be taught by preschool teachers and integrated into regular classroom activities.

PATHS Preschool will be implemented over a 2-year period in 16 preschool centers throughout Inyo County, including preschools managed by the local Native American tribe and the Inyo Mono Advocates for Community Action (IMACA), an organization that advocates for low-income residents of Inyo and Mono counties.

PEI funding will be utilized to support a 0.5 FTE PATHS Preschool Coordinator, who will oversee the implementation, training, and operational functions of the PATHS Preschool program. This position will be a contracted position between ICBH and the County Office of Education. PEI funds will also be utilized to purchase the two-year curriculum for 16 centers, as well as the training costs associated with training the PATHS Coordinator, preschool teachers, and parents as appropriate.

PEI PROJECT SUMMARY – PATHS Preschool, *continued*

The following is an estimated timeline for implementation of this program:

Activity	Time from Initiation of Program (signed MHSA contract; budget authority to contract)
Contract with COE for Coordinator	2 months
Purchase curriculum materials	2 months
Train Coordinator and teachers	3 months
Begin delivering PATHS curriculum to preschoolers	4 months
Involve family members in PATHS training and activities	6 months
Evaluation	6 months and annually

PEI PROJECT SUMMARY – PATHS Preschool, *continued*

4. Programs.

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type*		Number of months in operation through June 2009
	Prevention	**Early Intervention**	
PATHS Preschool	Individuals: 15 Families:	Individuals: 5 Families:	2 months
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 15 Families:	Individuals: 5 Families:	2 months

*** 09/10 estimates: Prevention: 60 Early Intervention: 20**

5. Alternate Programs.

☐ Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3).

PEI PROJECT SUMMARY – PATHS Preschool, *continued*

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

The PATHS Preschool program will promote early identification and intervention of mental health behaviors of concern and link preschool children and their families to supportive services. Implementation of these services and assertive encouragement of parents to become engaged in school activities, develop community relationships, and build strong, cultural bonds will provide the foundation to help build psychologically and emotionally strong, healthy families. ICBH staff will be available to provide support services and ensure that PATHS preschoolers and their families have access to mental health services as needed. The PATHS Preschool Coordinator and preschool teachers will be knowledgeable of community resources and will assist children and their families in accessing these resources.

7. Collaboration and System Enhancements.

This project builds collaboration between preschools, daycares, community organizations, families, the County Office of Education, and Inyo County Behavioral Health. Through training activities, early identification of behaviors of concern and development of culturally-relevant activities, this program will promote wellness and recovery for children and their families. This collaborative project combines an excellent, early intervention program with the development of a supportive, culturally-relevant early intervention program to promote healthy behaviors for children and families.

8. Intended Outcomes.

Young children will benefit from this program through the early identification and intervention of mental health behaviors of concern. Demonstrated outcomes that we expect as a result of this program include the following:

- Improved understanding and identification of emotions
- Improved thinking and planning skills
- Improved socialization skills
- Decreased anxiety
- Decreased conduct problems

PEI PROJECT SUMMARY – PATHS Preschool, *continued*

9. Coordination with Other MHSA Components.

This program will be closely coordinated with our County MHSA program. The PATHS Preschool Coordinator will work closely with ICBH staff to provide support services and ensure that PATHS children and their families have access to mental health services as needed.

10. Additional Comments.

All resources and information on community services will be available in both Spanish and English. Whenever possible, bilingual, bicultural staff will be hired to ensure that services are culturally sensitive.

PEI PROJECT SUMMARY – Parent-Child Interaction Therapy (PCIT)

Form No. 3

County: **Inyo County** PEI Project Name: **Parent-Child Interaction Therapy (PCIT) Community Collaborative**

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

1. PEI Key Community Mental Health Needs

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

2A. PEI Priority Populations

Note: All PEI projects must address underserved racial/ethnic and cultural populations. Select as many as apply to PEI project:	Age Group			
	Children & Youth	TAY	Adult	Older Adult
1. Trauma Exposed Individuals	☐	☐	☐	☐
2. Individuals Experiencing Onset of Service Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☒	☒	☒	☐
4. Children and Youth at Risk for School Failure	☐	☐	☐	☐
5. Children & Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☒	☐	☐

PEI PROJECT SUMMARY – Parent-Child Interaction Therapy (PCIT), *continued*

2B. Summarize the stakeholder input and data analysis that resulted in the selection of priority population(s).

Stakeholder participation was ensured in the PEI planning process by convening the MHSA Leadership Committee. The Leadership Committee includes consumers and family members, and representatives from schools, law enforcement, probation, child welfare, health, a community-based organization, Indian family services, and senior services. The Committee identified two populations of focus: young children (ages 0-5) and older adults.

The Leadership Committee began meeting as two Workgroups: one to address young children, the other to address older adults. The workgroups held several stakeholder meetings to address the issues specific to each priority population. Participants in the meetings about children included adult consumers, family members, and representatives from education, child welfare, mental health service providers, First Five, and Toiyabe Indian Health Services.

The ICBH PEI survey also created a vehicle for obtaining input from stakeholders, including those individuals who were unable to attend an organized event. In addition, clients who were currently receiving mental health services were invited to complete a PEI survey. The PEI surveys were collected and analyzed to help establish PEI priorities for use in planning and selecting the identified PEI programs and services. A total of 69 surveys were collected during this PEI planning process.

The MHSA Ad Hoc Committee discussed the PEI survey results, reviewed the recommendations of the Leadership Committee, reviewed relevant prevention and early intervention programs, and identified the priority populations and needs. The PEI stakeholder/community input, survey results, and Leadership Committee recommendations were used to identify these priorities and develop the final recommendations for PEI funding. The recommendations of the Ad Hoc Committee were then shared with the Mental Health and Substance Abuse Advisory Board for their input and approval.

Survey results illustrated that individuals were interested in having services delivered in the community and to provide education and support services for parents, grandparents, and caregivers. Fifty-two percent of the survey respondents identified this type of intervention as a priority for PEI funding.

PEI PROJECT SUMMARY – Parent-Child Interaction Therapy (PCIT)

3. PEI Project Description - Parent-Child Interaction Therapy (PCIT) Community Collaborative.

Parent-Child Interaction Therapy (PCIT) is an integrated and intensive parent-training program which has been found to be effective for families with aggressive, defiant, and non-compliant children; families with parents who have limited parenting skills; and families who have experienced domestic violence and/or child abuse. PCIT focuses on promoting positive parent-child relationships and interactions, while teaching parents effective parenting skills. PCIT has been shown to be an effective treatment program for children ages 2-7 years. This program has been adapted as an intervention for many different types of families (child welfare population, at-risk families, adoptive families, foster families, and other languages including Spanish).

PCIT teaches families individualized parenting skills that are developed through a process in which parents directly receive instruction through an earpiece that is linked to a therapist. The therapist, behind a one-way mirror and/or via a live camera feed, observes interactions between the parent and child, coaches the development of relationship enhancing techniques, and gives behavioral interventions for responding to difficult parent-child situations. Sessions last about one hour, occur over 18-20 weekly visits, and show very strong outcomes for both parents and children. PCIT positively impacts child development, parental skills, and family functioning.

Currently, ICBH offers PCIT at one location in the county: our mental health clinic in Bishop. An ICBH mental health clinician is trained in PCIT and receives supervision and support approximately one (1) hour each week through a contract with a certified PCIT trainer. We serve 12 families through our current program and anticipate that the need for PCIT across the county is approximately 24 families. The PCIT Community Collaborative program plans to expand PCIT delivery in the public mental health system and into the community. The intent is to train up to four (4) mental health clinicians, targeting both ICBH staff and personnel from local community-based organizations. PEI funding will allow us to contract with the University of California, Davis, for PCIT instruction and follow-up, as well as fund the clinicians' time spent in training. Funding will also enable us to contract with a .25 FTE clinical supervisor who will support the PCIT Community Collaborative program.

PEI funding will allow the purchase of a second suite of PCIT equipment and the development of an additional PCIT delivery site in Lone Pine. This equipment will be "mobile" and available to our trained partner organizations in the community. In addition, as an incentive for participation in this intensive and lengthy program, ICBH will utilize PEI funding to offer scholarships to families for each stage of PCIT that is completed. Distribution of scholarship monies will occur on a step scale, with larger payments occurring as the therapy progresses. Families who successfully complete the entire PCIT program will be given a bonus. If possible, we also plan to offer PCIT services in Spanish to meet the needs of our underserved Latino community.

PEI PROJECT SUMMARY – Parent-Child Interaction Therapy (PCIT), *continued*

The following is an estimated timeline for implementation of this program:

Activity	Time from Initiation of Program (signed MHSA contract; budget authority to contract for services)
Contract for training with UCD; contract for clinical supervision	2 months
Identify key individuals for training; Begin training	2 months
Purchase and set up equipment	3 months
Begin delivering PCIT services	4 months
Evaluation	6 months and annually

PEI PROJECT SUMMARY – Parent-Child Interaction Therapy (PCIT), *continued*

4. Programs.

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type*		Number of months in operation through June 2009
	Prevention	**Early Intervention**	
Parent-Child Interaction Therapy (PCIT)	Individuals: Families:	**Individuals: 5** **Families: 3**	2 months
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families:	**Individuals: 5** **Families: 3**	2 months

*** Proposed 09/10 families: Early Intervention: Individuals: 18 Families: 12**

5. Alternate Programs.

☐ Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3).

PEI PROJECT SUMMARY – Parent-Child Interaction Therapy (PCIT), *continued*

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

PCIT will promote early identification of mental health behaviors of concern and link children and their families to supportive services. Implementation of new early intervention services and assertive encouragement of parents to become engaged in school activities, develop community relationships, and build strong, cultural bonds will provide the foundation to help build psychological and emotionally strong, healthy families. County Mental Health MHSA staff will be available to provide support services and ensure that PCIT children and their families have access to mental health services as needed. PCIT staff will be knowledgeable of community resources and will assist children and their families in accessing these resources.

7. Collaboration and System Enhancements.

PCIT provides the opportunity to coordinate services for families who may receive services from multiple agencies, including education, Head Start, child welfare, mental health, substance abuse, and public health. By developing collaborative services, we will promote strong and healthy families and positive outcomes. By expanding our PCIT services across the county through system enhancements, we will meet the needs our communities.

8. Intended Outcomes.

Children, youth, and their families will benefit from this program through the early identification and intervention of mental health behaviors of concern. Demonstrated outcomes that we expect as a result of this program include the following:

- Increase in the number of children's positive verbal communications
- Increase in parents' positive verbalizations
- Decrease in the number of children's negative verbal communications
- Decrease in children's behavior problems
- Decrease in parental stress

9. Coordination with Other MHSA Components.

This program will be closely coordinated with our ICBH MHSA program. ICBH staff will provide support services and ensure that PCIT children and their families have access to mental health and other services as needed.

10. Additional Comments.

All resources and information on community services will be available in both Spanish and English. Whenever possible, bilingual, bicultural staff will be hired to ensure that services are culturally sensitive.

PEI PROJECT SUMMARY – Older Adult Prevention and Early Intervention

Form No. 3

County: **Inyo County** PEI Project Name: **Older Adult Prevention and Early Intervention**

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

1. PEI Key Community Mental Health Needs

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

2A. PEI Priority Populations

Note: All PEI projects must address underserved racial/ethnic and cultural populations. Select as many as apply to PEI project:	Age Group			
	Children & Youth	TAY	Adult	Older Adult
1. Trauma Exposed Individuals	☐	☐	☐	☒
2. Individuals Experiencing Onset of Service Psychiatric Illness	☐	☐	☐	☒
3. Children and Youth in Stressed Families	☐	☐	☐	☐
4. Children and Youth at Risk for School Failure	☐	☐	☐	☐
5. Children & Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐	☐	☐

PEI PROJECT SUMMARY – Older Adult Prevention and Early Intervention, *continued*

2B. Summarize the stakeholder input and data analysis that resulted in the selection of priority population(s).

Stakeholder participation was ensured in the PEI planning process by convening the MHSA Leadership Committee. The Leadership Committee includes consumers and family members, and representatives from schools, law enforcement, probation, child welfare, health, a community-based organization, Indian family services, and senior services. The Committee identified two populations of focus: young children (ages 0-5) and older adults (ages 60+).

The Leadership Committee began meeting as two Workgroups: one to address young children, the other to address older adults. The workgroups held several stakeholder meetings to address the issues specific to each priority population. Older adult stakeholder meetings included representatives from public health, senior services, the consumer population, and family members.

The ICBH PEI survey also created a vehicle for obtaining input from stakeholders, including those individuals who were unable to attend an organized event. In addition, clients who were currently receiving mental health services were invited to complete a PEI survey. The PEI surveys were collected and analyzed to help establish PEI priorities for use in planning and selecting the identified PEI programs and services. A total of 69 surveys were collected during this PEI planning process.

The MHSA Ad Hoc Committee discussed the PEI survey results, reviewed the recommendations of the Leadership Committee, reviewed relevant prevention and early intervention programs, and identified the priority populations and needs. The PEI stakeholder/community input, survey results, and Leadership Committee recommendations were used to identify these priorities and develop the final recommendations for PEI funding. The recommendations of the Ad Hoc Committee were then shared with the Mental Health and Substance Abuse Advisory Board for their input and approval.

Survey results illustrated that individuals were interested in providing services to people who have experienced traumatic events. Fifty-one percent of the survey respondents identified this type of intervention as a high priority for PEI funding.

3. PEI Project Description – Older Adult Prevention and Early Intervention.

Inyo County has historically had a strong Area Agency on Aging program (IMAA Linkages) that has been well integrated with adult/older adult services such as Adult Protective Services, Probate/Public Guardian, IHSS and Behavioral Health. These services have recently become further integrated by bringing the management of IMAA under the umbrella of Health and Human Services and beginning the process of co-locating the entire team. The County Psychiatrist, specializing in gero-psychiatry, has provided weekly input to this team regarding mental health issues. The Older Adult PEI program will take the next step in expanding these efforts to keep older adult within the community by screening and identifying mental issues such as depression at an earlier point as well as educating caretakers and volunteers to recognize and address these symptoms.

The Older Adult Prevention and Early Intervention Program will provide early mental health screening and intervention to older adults who are receiving Linkages Services, In Home Supportive Services and/or are receiving Meals on Wheels. This program will also train agency partners, including Public Health and local physicians, in recognizing signs and symptoms of mental illness in older adults. This program will provide linkage and support for older adults to access mental health and health care services.

The Older Adult Prevention and Early Intervention Program will fund a portion of a Case Manager position to support prevention and early intervention activities throughout the county in order to identify older adults who need mental health services. The program, utilizing a Mental Health Nurse funded through CSS, will offer comprehensive assessment services to those older adults experiencing mental health problems that may interfere with their ability to remain independent in the community. The Case Manager will then link these individuals to resources within the community, including County Behavioral Health services. This program will develop service alternatives for older adults who have been unserved and underserved in this community. This is especially important due to the geographic isolation of the area. Services will be voluntary and client-directed, strength-based, employ wellness and recovery principles, address both immediate and long-term needs of program members, and delivered in a timely manner that is sensitive to the cultural needs of the population served.

The Case Manager and Mental Health Nurse will collaborate with other agencies that provide services to this population. These agencies include the In-Home Supportive Services, Adult Protective Services, local physicians, Public Health, Linkages Program, nursing homes, home health agencies, home delivery meals programs, and regional organizations which serve the elderly. All agencies will receive training to complete a brief screening tool to help them recognize signs and symptoms of mental illness in older adults.

The Case Manager and Mental Health Nurse will also provide services to older adults who are at risk of hospitalization or institutionalization and who may be homeless or isolated. These positions will offer prevention and early intervention services to older adults in community settings that are the natural gathering places for older adults, such as our Senior Center sites in the community sites of Bishop, Big Pine, Independence, Lone Pine, and Tecopa. Older adults who need additional services will be referred to Behavioral Health for ongoing treatment.

The Mental Health Nurse will also offer or link caregivers to caregiver support groups to provide support and early intervention to family members who are caring for an elderly relative. Being a caregiver can be very overwhelming and isolating. Attending a caregiver support group once or twice a month provides the caregiver with some time out of the home and develops supportive relationships with others who are experiencing the same situation. Through recognition of signs of caregiver stress and the warning signs of early symptoms, the likelihood of diagnosable depression, other health problems, and isolation are reduced.

The following is an estimated timeline for implementation of this program:

Activity	**Time from Initiation of Program** **(signed contract, budget authority to hire staff)**
Hire Staff	2 months
Develop materials, handouts, etc.	2 months
Offer training on completing the MH screening tool	3 months
Begin delivering mental health services to older adults	3 months
Offer support groups for caregivers	4 months
Evaluation	6 months and annually

PEI PROJECT SUMMARY – Older Adult Prevention and Early Intervention, *continued*

4. Programs.

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type*		Number of months in operation through June 2009
	Prevention	**Early Intervention**	
Older Adult Prevention and Early Intervention	Individuals: 5 Families: 5	Individuals: 4 Families: 4	2 months
	Individuals: Families:	Individuals: Families:	
	Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 5** Families: 5	**Individuals: 4** Families: 4	2 months

***Proposed 09/10: Prevention: Individuals: 20, families:15 Early Intervention: Individuals: 15, families :15**

5. Alternate Programs.

☐ Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3).

Individuals:

PEI PROJECT SUMMARY – Older Adult Prevention and Early Intervention, *continued*

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

The Case Manager and Mental Health Nurse will be located at the office which houses both the Behavioral Health Program as well as the Older Adult Services program (Adult Protective Services, In Home Supportive Services, and Inyo Area Agency on Aging, and the Probate Conservator). The Case Manager and Nurse will work closely with staff from these agencies, ensuring that services are designed and implemented to meet the needs of this population and the community. In addition, the Case Manager and Nurse will be knowledgeable of other county agencies which provide services to the elderly, including but not limited to the local physicians, Pioneer Home Health, Public Health, nursing homes in the region, and Meals on Wheels.

The Older Adult Prevention and Early Intervention Nurse will promote early identification of mental health behaviors of concern and link these individuals to supportive services. In addition, caregivers will receive early intervention services focused on promoting healthy environments for their relative.

7. Collaboration and System Enhancements.

This program builds upon the collaboration between Behavioral Health, community agencies, and other providers for older adults. Through training on early identification of mental health behaviors of concern, prevention and early intervention for Older Adults, and the development of support groups for caregivers, we will be successful in promoting a healthy community. This project is a collaborative effort that combines prevention and early intervention activities with an excellent existing community center utilized by older adults and their caregivers.

8. Intended Outcomes.

Older adults will greatly benefit from this program through early identification of signs and symptoms of mental health behaviors of concerns. Community agency staff will be trained to use a screening tool to identify early signs of depression, isolation, and suicidal behaviors, and to make appropriate referrals for services. In addition, caregivers will be invited to participate in support groups to help them understand and manage the stress of caring for a relative. Individuals involved in the support groups will achieve positive outcomes, including developing supportive relationships with other caregivers, understanding the signs of stress, and developing skills for coping with and preventing these issues. Surveys will be distributed periodically to older adults and their caregivers to measure satisfaction with services and the accessibility and quality of services delivered.

These surveys will provide information on the usefulness of the activities of the Case Manager and Mental Health Nurse. In addition, the surveys administered to the caregiver group will measure the perceived benefit of the group in helping the individual mange stress and obtain linkage to supportive services and individuals. The results of the surveys will be analyzed and provided as feedback to the Case Manager, Mental Health Nurse and Behavioral Health administrators for ongoing quality improvement.

9. Coordination with Other MHSA Components.

This program will be closely coordinated with our other MHSA programs and with the programs offered by the Older Adult Services team. Older adults will also be linked to the Wellness Centers and other mental health and/or substance abuse staff, as needed. In addition, caregivers will be referred to appropriate programs, as needed.

10. Additional Comments.

All resources and information on community services will be available in both Spanish and English. If at all possible, we will hire bilingual, bicultural staff to ensure that services are culturally sensitive.

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: Inyo Date: 5/12/09

PEI Project #1: **PATHS Preschool** 2. Individuals Experiencing Onset of Serious Psychiatric Illness

Provider Name (if known): County Office of Education

Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served:	FY 07-08		FY 08-09	20
Total Number of Individuals currently being served:	FY 07-08		FY 08-09	0
Total Number of Individuals to be served through PEI Expansion:	FY 07-08		FY 08-09	20
Months of Operation:	FY 07-08		FY 08-09	2

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	$0	$0	$0
	$0	$0	$0
	$0	$0	$0
	$0	$0	$0
b. Benefits and Taxes @ %	$0	$0	$0
c. Total Personnel Expenditures	$0	$0	$0
2. Operating Expenditures			
a. Facility Cost	$0	$0	$0
b. Other Operating Expenses	$0	$0	$0
c. Total Operating Expenses	$0	$0	$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
County Office of Education	$0	$77,320	$77,320
	$0	$0	$0
	$0	$0	$0
a. Total Subcontracts	$0	$77,320	$77,320
4. Total Proposed PEI Project Budget	$0	$77,320	$77,320
B. Revenues (list/itemize by fund source)			0
	$0	$0	$0
	$0	$0	$0
		$0	$0
1. Total Revenue	$0	$0	$0
5. Total Funding Requested for PEI Project	$0	$77,320	$77,320
6. Total In-Kind Contributions	$0	$0	$0

Inyo County Behavioral Health
Prevention and Early Intervention Plan
Fiscal Year 2008-09 Budget Narrative

All budgeted amounts are based on historical averages for other Mental Health programs. Salaries and Benefits amounts are based on the most current pay schedule of the subcontractor.

Project: PATHS Preschool

A. Expenditures

1. Personnel – No expenditures are estimated for this category for this specific project.

2. Operating Expenditures – No expenditures are estimated for this category for this specific project.

3. Subcontracts/Professional Services – This category includes a subcontract between Inyo County Behavioral Health and the Inyo County Office of Education to provide Prevention and Early Intervention services to young children and their families. The estimated contract is outlined below.

Inyo County Office of Education Estimated Expenses	**Cost per Unit**	**Total FY08-09**
A. Expenditures		
1. Personnel		
a. Salary and Benefits		
0.5 FTE PATHS Coordinator	$ 45,000	$ 45,000
b. Total Personnel Expenditures		**$45,000**
2. Operating Expenditures		
a. Facility Costs		
b. Other Operating Expenses (includes Indirect Costs)	$ 7,732	$ 7,732
c. Non-recurring Expenses (includes PATHS curriculum for 16 centers; training costs)	$ 24,588	$ 24,588
d. Total Operating Expenditures		**$ 32,320**
Total Proposed Subcontract FY 2008-09		**$ 77,320**

B. Revenues

Inyo County Behavioral Health is not projecting any revenues for this specific project.

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: Inyo Date: 5/12/09

PEI Project #2: **PCIT** 3. Children and Youth in Stressed Families

Provider Name (if known): Inyo County Behavioral Health & Community Agencies

Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served:	FY 07-08		FY 08-09	8
Total Number of Individuals currently being served:	FY 07-08		FY 08-09	0
Total Number of Individuals to be served through PEI Expansion:	FY 07-08		FY 08-09	8
Months of Operation:	FY 07-08		FY 08-09	2

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	$0	$0	$0
	$0	$0	$0
	$0	$0	$0
	$0	$0	$0
b. Benefits and Taxes @ %	$0	$0	$0
c. Total Personnel Expenditures	$0	$0	$0
2. Operating Expenditures			
a. Facility Cost	$0	$0	$0
b. Other Operating Expenses	$0	$13,961	$13,961
c. Total Operating Expenses	$0	$13,961	$13,961
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Contracted Supervising Clinician	$0	$7,000	$7,000
UCD Training	$0	$18,225	$18,225
	$0	$0	$0
a. Total Subcontracts	$0	$25,225	$25,225
4. Total Proposed PEI Project Budget	$0	$39,186	$39,186
B. Revenues (list/itemize by fund source)			0
	$0	$0	$0
	$0	$0	$0
		$0	$0
1. Total Revenue	$0	$0	$0
5. Total Funding Requested for PEI Project	$0	$39,186	$39,186
6. Total In-Kind Contributions	$0	$0	$0

Inyo County Behavioral Health
Prevention and Early Intervention Plan
Fiscal Year 2008-09 Budget Narrative

All budgeted amounts are based on historical averages for other Mental Health programs.

Project: Parent-Child Interaction Therapy (PCIT) Community Collaborative

A. Expenditures

1. Personnel – No expenditures are estimated for this category for this specific project.

2. Operating Expenditures – Expenditures in this category include utilities, supplies, PCIT equipment, staff time spent in training, funding for scholarships for families, etc.

3. Subcontracts/Professional Services – This category includes a subcontract between Inyo County Behavioral Health and the UC Davis PCIT Training Center to provide PCIT training to mental health clinicians, both county employees and personnel from local community-based organizations. In addition, funding will be used to contract with a clinical supervisor who will support this program.

B. Revenues

Inyo County Behavioral Health is not projecting any revenues for this project at this time. Future funding requests will include projected revenues, as the project is implemented.

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: Inyo Date: 5/12/09

PEI Project #3: **Older Adult PEI** 1. Trauma Exposed Individuals

Provider Name (if known): Inyo County Behavioral Health & Community Organizations

Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served: FY 07-08 _____ FY 08-09 18

Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 0

Total Number of Individuals to be served through PEI Expansion: FY 07-08 _____ FY 08-09 18

Months of Operation: FY 07-08 _____ FY 08-09 2

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	$0	$0	$0
Case Manager I (.25 FTE)	$0	$16,318	$16,318
	$0	$0	$0
	$0	$0	$0
b. Benefits and Taxes @ %	$0	$0	$0
c. Total Personnel Expenditures	$0	$16,318	$16,318
2. Operating Expenditures			
a. Facility Cost	$0	$0	$0
b. Other Operating Expenses	$0	$11,901	$11,901
c. Total Operating Expenses	$0	$11,901	$11,901
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
	$0	$0	$0
	$0	$0	$0
	$0	$0	$0
a. Total Subcontracts	$0	$0	$0
4. Total Proposed PEI Project Budget	$0	$28,219	$28,219
B. Revenues (list/itemize by fund source)			0
	$0	$0	$0
	$0	$0	$0
		$0	$0
1. Total Revenue	$0	$0	$0
5. Total Funding Requested for PEI Project	$0	$28,219	$28,219
6. Total In-Kind Contributions	$0	$0	$0

Inyo County Behavioral Health
Prevention and Early Intervention Plan
Fiscal Year 2008-09 Budget Narrative

All budgeted amounts are based on historical averages for other Mental Health programs. Salaries and Benefits amounts are based on the most current pay schedule prepared by the County Department of Finance.

Project: Older Adult Prevention and Early Intervention Services

A. Expenditures

1. Personnel – Expenditures are based on current County Personnel Salary tables; benefits are included at approximately 30%.

   Case Manager I (0.25 FTE) – This individual is responsible for the implementation of prevention and early intervention activities throughout the county for older adults at risk. The Case Manager will work with a Mental Health Nurse (funded through CSS) to offer comprehensive services to those older adults experiencing mental health problems. This position will collaborate with other agencies to provide services. The Case Manager ensures that the service system is sensitive to, respectful of, and responsive to the mental health needs of the individual participants.

2. Operating Expenditures – Expenditures include costs that support the project, including rent, utilities, office supplies, and mileage reimbursement for personal vehicles to deliver services in the community.

3. Subcontracts/Professional Services – No expenditures are estimated for this category for this specific project.

B. Revenues

Inyo County Behavioral Health is not projecting any revenues for this project at this time. Future funding requests will include projected revenues, as the project is implemented.

PEI Revenue and Expenditure Budget Worksheet

Form No. 5

County: Inyo

Date: 2/3/2009

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator					$0
b. PEI Support Staff					$0
c. Other Personnel (list all classifications)					$0
					$0
					$0
					$0
					$0
d. Employee Benefits					$0
e. Total Personnel Expenditures			$0	$0	$0
2. Operating Expenditures					
a. Facility Costs					
b. Other Operating Expenditures					
c. Total Operating Expenditures			$0	$0	$0
3.County Allocated Administration					
a. Total County Administration Cost				$5,275	
4. Total PEI Funding Request for County Administration Budget			$0	$5,275	$0
B. Revenue					
1 Total Revenue			$0	$0	$0
C. Total Funding Requirements			$0	$5,275	$0
D. Total In-Kind Contributions			$0	$0	$0

Inyo County Behavioral Health
Prevention and Early Intervention Plan
Fiscal Year 2008-09 Budget Narrative

All budgeted amounts are based on historical averages for other Mental Health programs. Salaries and Benefits amounts are based on the most current pay schedule prepared by the County Department of Finance.

Administration – Prevention and Early Intervention Projects

A. Expenditures

1. Personnel – No expenditures are estimated for this project.

2. Operating Expenditures – No expenditures are estimated for this project.

3. County Allocated Administration – Expenditures include A-87 costs attributable to the PEI projects.

B. Revenues

We are not projecting any revenues at this time.

PEI Revenue and Expenditure Budget Worksheet

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:	Inyo
Date:	4/3/2009

		Fiscal Year			Funds Requested by Age Group			
#	List each PEI Project	FY 07/08	FY 08/09	Total	Children, Youth, and their Families	Transition Age Youth	Adult	Older Adult
1	PATHS Preschool		$77,320	$77,320	$77,320			
2	PCIT Community Collaborative		$39,186	$39,186	$39,186			
3	Older Adult PEI Services		$28,219	$28,219				$28,219
	Administration		$5,275	$5,275				
	Total PEI Funds Requested:		$150,000	$150,000	$116,506			$28,219

Inyo County Mental Health Services

Prevention and Early Intervention Survey

Please help us with our mental health Prevention and Early Intervention (PEI) planning activities by giving us your ideas about the different types of mental health PEI programs that are needed in our community. The California Department of Mental Health and the Mental Health Services Act (MHSA) offer funding to develop PEI activities in our county. PEI focuses on making *preventative mental health care* a regular component of community health and wellness.

SERVICES: Prevention and Early Intervention

Please select **THREE** of the following community issues that you think are most important for Prevention and Early Intervention in Inyo County:

- ❑ Suicide
- ❑ Arrest and detention in jail
- ❑ School failure or dropout
- ❑ Homelessness
- ❑ Unemployment
- ❑ Prolonged suffering/trauma
- ❑ Lack of mobile response to address behavior management problems in community settings
- ❑ Community/domestic violence
- ❑ Removal of children from their homes/families
- ❑ Number of undetected mental health problems
- ❑ Stigma/discrimination related to mental health problems
- ❑ Problems facing military veterans and their families
- ❑ Other _____

Please select **THREE** of the following settings that you think would be the most effective for identifying Inyo County residents with a need for Prevention and Early Intervention services:

- ❑ Doctor's offices or clinics
- ❑ Healthcare settings (e.g., hospitals)
- ❑ Schools (e.g., public, private, trade)
- ❑ Faith-based organizations
- ❑ Law enforcement (e.g., jails, courts, probation)
- ❑ Social services (e.g., WIC program, CalWORKS)
- ❑ Community organizations (e.g., community centers, family resource centers)
- ❑ Workplace (e.g., Employee Assistance Programs)
- ❑ Unemployment/employment centers
- ❑ In-home (e.g., postal carriers, family)
- ❑ Other _____

Please select **TWO** of the following as the best approaches for addressing mental illness Prevention and Early Intervention in Inyo County:

- ❑ Provide early screening, diagnosis, and treatment for mental illness (at primary health care, school/college, pre-school, child care, and workplace settings)
- ❑ Provide education and support services for parents, grandparents, and caregivers at community centers, churches, and other community settings
- ❑ Provide resource and referral information (at primary health care, school/college, pre-school, child care, nursing home, and workplace settings)
- ❑ Train educators, law enforcement, emergency responders, doctors, nurses, and nursing home staff on early recognition and response to mental illness
- ❑ Incorporate PEI into work-based programs (e.g., Employee Assistance Programs, Workplace Health Promotion Programs)
- ❑ Other _____

POPULATIONS: Prevention and Early Intervention

Please rate the following groups to indicate which ones you think have the greatest need for Prevention and Early Intervention services in Inyo County: (circle one score per line)

1=Very Low Need	2=Low Need	3=Moderate Need	4= High Need	5=Very High Need

People who start to show serious signs of mental illness.	1	2	3	4	5
Children/youth in stressed families, at high risk for mental illness.	1	2	3	4	5
People at risk of being arrested or put in jail.	1	2	3	4	5
People facing trauma (e.g., loss of a loved one, home, or employment; isolation; repeated abuse; domestic violence; refugees).	1	2	3	4	5
People who often do not get the mental health services they need (e.g., based on race, culture, language, age, gender, lifestyle, or beliefs).	1	2	3	4	5
People with a family history of mental health problems and/or use of substances.	1	2	3	4	5
People who have attempted or might attempt suicide.	1	2	3	4	5

Please check which populations below you think are the highest priorities for Prevention and Early Intervention services. Check all that apply, and write-in any suggestions you may have.

Children and Youth in Stressed Families

- ❑ Children who are adopted and/or in foster care
- ❑ Children of first generation immigrants
- ❑ Children and youth who are abused /neglected
- ❑ Children and youth who are homeless
- ❑ Children living in poverty
- ❑ Children whose parent has lost his/her job
- ❑ Children from diverse cultures
- ❑ Children whose parent(s) have drug and alcohol problems
- ❑ Other suggestions/comments_____
- ❑ Other suggestions/comments_____

Children and Youth At-Risk of School Failure

- ❑ Youth at risk of school violence
- ❑ Middle school youth at risk of failure
- ❑ Children/youth who are abused / neglected
- ❑ Children / youth in gangs
- ❑ Children in foster care
- ❑ Children from diverse cultures
- ❑ Children with severe behavior problems
- ❑ Children suspended, expelled, dropped out
- ❑ Other suggestions/comments_____
- ❑ Other suggestions/comments_____

Children and Youth At-Risk of or Experiencing Juvenile Justice Involvement

- ❑ Middle school age youth at risk of violence
- ❑ Children/youth who are violent/aggressive
- ❑ Children/youth who bully
- ❑ Children / youth in gangs
- ❑ Children / youth who abuse substances
- ❑ Siblings of youth in juvenile hall
- ❑ Siblings of gang members
- ❑ Youth at risk of gang involvement
- ❑ Children with severe behavior problems
- ❑ Children from diverse cultures
- ❑ Youth at risk of school violence
- ❑ Youth/Parent with conflicts
- ❑ Other suggestions/comments_____
- ❑ Other suggestions/comments_____

Trauma Exposed Individuals

- ❑ Victims of sexual assault or domestic violence
- ❑ Refugees and immigrants
- ❑ Siblings of gang members
- ❑ Children/youth who experience traumatic life events
- ❑ Military personnel returning home
- ❑ Parents of out-of-control children/youth
- ❑ Parents whose children abuse substances
- ❑ Adults who experience traumatic life events
- ❑ Other suggestions/comments_____
- ❑ Other suggestions/comments_____

High-risk Adults and Older Adults

- ❑ Persons who are home-bound
- ❑ Persons who are addicted to prescription meds
- ❑ Persons who experience immigration stressors
- ❑ Women who are pregnant and abuse substances
- ❑ Persons returning to the community from jail/prison
- ❑ Native Americans who experience historical and other emotional trauma
- ❑ Persons who have lost a loved one
- ❑ Persons who are chronically ill
- ❑ Military personnel returning home
- ❑ Persons who abuse substances
- ❑ Other suggestions/comments_____
- ❑ Other suggestions/comments_____

Suicide Prevention

- ❑ Youth who do not have a support system
- ❑ Youth who are homeless
- ❑ Youth who are isolated from their social network
- ❑ Youth who have lost their boy friend / girl friend
- ❑ Persons who have lost a significant relationship (spouse)
- ❑ Persons who have significant medical / health problems
- ❑ Persons who have experienced rejection over long periods of time
- ❑ Males who have lost employment
- ❑ Persons who abuse substances
- ❑ Other suggestions/comments_____
- ❑ Other suggestions/comments_____

Thank You for Your Help!

Please tell us a little about yourself. <u>The information that you share is confidential and anonymous, it will be used to ensure that we have received information from a broad range of people.</u>

1. What is your age? ❑ 0-12 ❑13-17 ❑18-24 ❑25-45 ❑46-59 ❑ 60+

2. What is your gender? ❑ M ❑ F 3. Are you of Hispanic or Latino origin? ❑ Yes ❑ No

4. What is your race?

☐ Caucasian
☐ African American
☐ Asian
☐ American Indian or Alaska Native
☐ Pacific Islander
☐ Other (specify) _____
☐ Decline to answer

5. Which stakeholder role (or roles) do you fill?

☐ Client/Consumer
☐ Family Member of a Consumer
☐ Business / Community Member
☐ County/ State Staff
☐ Other _____

6. Have you or a family member ever received mental health services? ❑ Yes ❑ No

7. Annual household income:

☐ $0-14,999
☐ $15,000-29,999
☐ $30,000-49,999
☐ $50,000-74,999
☐ $75,000-$99,999
☐ $100,000 or more

8. Have you been homeless within the past year? ❑ Yes ❑ No

*** THANK YOU FOR YOUR ASSISTANCE! ***

Please return all questionnaires to:

DB Mattovich
Inyo County Mental Health
162 J Grove Street
Bishop, CA 93514

Or, leave your questionnaire with the receptionist at the Wellness Center 760-873-8039.

If you have questions, please call 760-873-6533.