

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

**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: Lassen County

Date: 11.18.08

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

<b>County Mental Health Director</b>	<b>Project Lead</b>
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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 \_\_\_\_\_, California

## **1. Community Program Planning Process**

### a. The overall Community Program Planning Process

The County Mental Health Director, Ken Crandall, was responsible for overall Community Program Planning.

### b. Coordination and management of Community Program Planning

The County Mental Health Director, Ken Crandall, coordinated and managed Community Program Planning.

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

The Lassen Aurora Network, Colleen Thorne, Director, ensured that stakeholders have the opportunity to participate in Community Program Planning.

## **2. 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 County began by identifying unserved and underserved populations that were identified in the county's Community Services and Supports planning process. Comparing the clients served by Lassen County Mental Health to the population under 200% of poverty in the county, Hispanic children were at that time especially underserved. Because the clients served in any ethnic group are small in number, however, these percentage comparisons are changeable. More strikingly, CSS data documented significant under-service in rural parts of the county. Both these issues were addressed in the CSS plan, taking services to three rural areas of the county, and strengthening the county's capacity to provide bilingual services.

Our stakeholder process included representatives from the rural parts of the county and from the Rancheria in Susanville, as a part of our PEI Stakeholder Committee. When our draft plan was prepared, we held community meetings in three rural parts of the county as well as Susanville, using the Lassen Aurora Network to provide outreach and assure that individuals, including consumers of service and their families, in these communities were provided an opportunity to participate. This outreach was assisted by the partnership in rural Lassen County with Family Resource Centers, who also assure that rural individuals and families are encouraged to participate.

The County developed additional information about unserved and underserved populations to be included in the PEI planning process. We reviewed needs assessment information with our PEI Stakeholders group. We gathered additional data, including information from First 5 Lassen, Lassen County Alcohol and Drug Department, and the Lassen County Safe and Healthy Kids Survey of 5<sup>th</sup> graders.

The county relied in significant part on a PEI Stakeholder Committee. This Stakeholder Committee assisted in the development of a survey of existing prevention and early intervention activities currently operating within the county. The stakeholder Committee met, reviewed needs assessment information, and developed an initial set of recommendations. Consultations with key informants, especially including the drug and alcohol department, Lassen First 5, Lassen Child Protective Services and the Lassen County Office of Education provided additional information and suggestions.

The initial set of recommendations from stakeholders were reviewed and finalized into specific recommendations by the Health and Social Services Agency Leadership Team, which includes representatives from all health and social services departments within the county. These concrete recommendations were reviewed and discussed by stakeholders in the PEI Stakeholder Committee. After adjustments reflecting stakeholder edits, a draft plan was placed before the public for review and comment. Four community meetings were held to present these recommendations and seek comment and reflection from the wider community.

In summary, key stakeholder groups were reached in a variety of ways:

- Our PEI stakeholder committee included representatives from the Lassen Aurora Network, a consumer and family organization providing wellness and recovery services through the county;
- School representatives, including representatives from Lassen Unified School District and the Lassen Community College participated as stakeholders
- Tribal representatives attended our stakeholder meetings
- Community meetings were held in three rural communities as well as Susanville. Outreach and publication of these meetings was done by the Lassen Aurora Network, using newspapers and flyers in the one-stop centers in these communities that have been established with leadership from the MHSA CSS program
- Incentives were provided at community meetings to encourage participation in surveys about PEI community needs and proposed programs
- Training and education were provided to the stakeholder group and in the community meetings. Translation services were available at the community meetings and stakeholder meetings

b. Opportunities to participate for individuals reflected the diversity of the demographics of the County

The county identified geographic and socioeconomic diversity as key to our community. We therefore assured that our outreach to the community targeted the entire county, including more rural and isolated communities. In addition, this rural outreach allowed us to reach into communities where significant numbers of Hispanic residents live. We provided incentives to participate and included leadership from tribal, educational and family resource agencies that have strong ties to low income and diverse communities in the county. Interpreters were available, although these have rarely been used in our community meetings.

c. Outreach to clients with serious mental illness and/or serious emotional disturbance and their family members

Lassen Aurora Network, a community nonprofit providing wellness and recovery services, did the outreach and organization of PEI community meetings, under contract with the county. More importantly, Aurora provides outreach, engagement and peer support services in each of the rural one-stop centers and in Susanville. Their daily outreach and information to consumers and family members assured that the information about our planning process was shared by trusted colleagues. Moreover, Aurora participated formally in the PEI Stakeholder Group, and assisted in the training of that group as to the fundamentals of the Mental Health Services Act.

**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:

We assured the participation of required stakeholders, specifically including the following groups on our PEI Stakeholder Group: (1) Individuals with serious mental illness and/or serious emotional disturbance and their families; (2) providers of mental health and related services, including physical health care and social services; (3) educators; (4) representatives of law enforcement. We also included representatives of family resource centers, First 5, employment programs, and providers of health care. Agencies represented on our Stakeholder Group include:

- Big Valley Family Resource Center
- Susanville Police
- Department of Rehabilitation
- Lassen Indian Health Center
- Lassen County Alternative Education
- Lassen County Juvenile Justice Commission
- Mental Health Advisory Board
- Northeastern Rural Health Clinic
- Lassen Community College
- Lassen County Superintendent of Schools Office
- Westwood Family Resource Center
- Lassen County Chief Probation Officer
- Susanville School District
- Sierra Cascade Family Opportunities (Head Start)
- Lassen County Children and Family Commission
- Pathways to Child and Family Excellence
- Lassen County Sheriff
- Lassen Aurora Network
- Lassen High School District
- Lassen Family Services
- Lassen County Family and Child Protective Services
- Lassen Works
- Lassen County BRIDGES program

- Lassen County Health and Social Services Agency

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

The Mental Health Director and MHSA Consultant provided training for staff and stakeholders at our PEI Stakeholder Group and community meetings, with an introduction to the MHSA and PEI guidelines and resource material.

**4. Provide a summary of the effectiveness of the process by addressing the following aspects:**

a. The lessons learned from the CSS process were applied in the PEI process.

During the CSS planning process, Lassen County found it useful to identify needs using stakeholder and community input, and then to utilize the Health and Social Services Leadership Team to develop specific proposals based on that input. Concrete proposals were then taken back to stakeholders and the community for validation and refinement. This general process was used in the PEI planning process. The Lassen Aurora Network, a consumer-run non-profit, was used to plan and advertise community meetings. Aurora has developed deeper roots in the various communities in the county, as they provide outreach and engagement services in the three one-stop centers initiated by the MHSA program, as well as in Susanville. Needs assessment data collected during the CSS planning process was useful in guiding that process, and was supplemented for the PEI planning process.

The county found that a more formal Stakeholder Group to inform the transition from community needs to specific proposals would be helpful. The county formed that PEI Stakeholder Group, and the membership is listed above under paragraph 3. The Stakeholder Group reviewed MHSA PEI requirements and foundational concepts, developed a matrix of existing prevention and early intervention activities operating within the county, and developed and reviewed needs assessment information. They developed a general list of community needs that they believed the PEI plan should address. After the Health and Social Services Leadership Team developed specific proposals to address those needs, the Stakeholder Group reviewed the specific proposals, and suggested changes and additions to the program design. These revised proposals were taken to the community in a series of community meetings for comment and discussion, including a participant survey. The results of this community discussion were incorporated in the final plan presented in this plan application.

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

Small but active and engaged groups attended each of the three rural stakeholders meetings to review the PEI Plan. Attendees included consumers and family members and parents of young children and youth. Attendees filled out questionnaires related to the Priority Population. Community Mental health needs and indicated priorities for future expansion. Copies of the

report and questionnaire were also circulated to young people involved in the PACE program. Providing services to children and youth with serious emotional disturbance.

Perhaps the most significant measure of successful outreach and plan development is the near-unanimity of agreement on the priorities and specific PEI plans. The Mental Health Board endorsed the plan with a unanimous recommendation to the Board of Supervisors.

Our program planning process also included the following stakeholders required to participate, through participation on the PEI Stakeholder Group:

- Consumers and family members: Lassen Aurora Network
- Providers: BRIDGES, Lassen County Children and Families Commission, Pathways to Child and Family Excellence, Family Resource Centers, Lassen Family Services, Sierra Cascade Head Start
- Educators: County Office of Education, Susanville School District, Lassen Community College, Lassen High School District
- Law Enforcement: Susanville Police, Lassen County Sheriff, Lassen County Probation
- Other organizations: Lassen Indian Health Center, Northeastern Rural Health Clinic

## **5. Required county public hearing:**

### 5a. The date of the public hearing:

Tuesday, October 21, 2008

5b. 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 county circulated a summary of the PEI component and a copy of the PEI Component proposal to every member of the PEI Stakeholder Committee, with a request to share the plan and summary with their members; to attendees of three stakeholders meetings in Westwood, Bieber and Herlong; to any citizen who requested it; and made copies available at the public meeting held by the Mental Health Advisory Board. The county utilized a survey, asking for respondents reaction to the Priority Population, Community Mental Health needs, and soliciting their thoughts about the priorities for expansion if additional funds are available. The description, together with copies of the final plan were posted on the county's web site during the public comment period (from September through October 23). Copies were placed in each mental health service site, including consumer wellness and recovery centers and day treatment programs. A copy of the summary and the survey are attached.

### 5c. A summary and analysis of any substantive recommendations for revisions

The following substantive recommendations were made. Each is followed by the county's response, including a summary of the county's changes to the draft.

Generally, stakeholder comments were positive, strongly supporting the Parenting Education portion of this proposal to be done through contracts; strongly supporting education on the value of screening and assessment; strongly supporting the strengthening the referral portion of the program; and endorsing the identification of a strengthened treatment tool for children and families with greater needs. There were some recommendations:

Respondents to our survey indicated strong support for expanding support to children and youth ages 13-18 and 19-24. Suicide prevention and decreasing stigma and discrimination were also supported.

County response: A modest amount of additional funds are available in 08-09. Because our initial funding is relatively modest, and because of strong support for the Parenting Education portion of this proposal, the additional funds currently available will be used to increase the funds available through a Request for proposals to agencies and organizations to provide parenting education for children ages 0-12 and their families. We hope to be able to expand these services to older children and youth in the future. Initial funding will allow us to assess the availability of parenting education to cultural and geographic communities throughout the county.

NAMI California is developing a Family to Family program for families with children; consider assessing this program when available.

County response: this element has been added to the parent education component.

The First 5 Commission may have one-time funding that could be used to leverage this component.

County response: County Mental Health will work with First 5 to identify any leveraging opportunities.

Contractors for the parenting education program may have start-up or one-time costs. This possibility should be included in the RFP.

County response: One time and start-up expenditures will be an allowable request as part of the RFP.

Tri-county coordination of services is needed in the Big Valley area (Shasta, Modoc, and Lassen).

County response: Progress has been made in a contract with Modoc County. Additionally, consideration of collaborative services in this area will be pursued.

Community education to reduce stigma and discrimination are needed.

County response: Some attention to this issue is included in the community outreach portion of this project.

5d. The estimated number of participants in the public hearing:

Every member of the Mental Health Advisory Board plus three additional participants. In addition, approximately 30 individuals participated in the public meetings held in Westwood, Bieber and Herlong, and 17 of them filled out surveys commenting on the proposal.

Form 3

County: Lassen County PEI Project Name: Supporting Lassen Families

Date:

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	X	X		
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	X	X		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **B. Stakeholder input and data analysis that resulted in the selection of the priority population(s).**

1) During the county's CSS Planning process, the issues and needs of children and youth were a high priority, including needs for school-based services, services for young people in the juvenile justice system, and a lack of services in remote areas. The CSS plan addressed each of these needs. However, our stakeholders and community respondents expressed a strong desire to add services to reach children and youth in stressed families earlier in the cycle of difficulty. Indeed, the increased outreach and engagement services in remote parts of the county have increased the number of children, young people and families seeking services, including children and families who do not meet the level of illness typically required in the traditional mental health program.

2) Our Community Services and Supports (CSS) programs and services to date have identified the following unmet Prevention and Early Intervention community needs and priority populations addressed in this PEI Project:

The Geographic Outreach Component of our CSS program has focused on geographic and cultural outreach in a system of one-stop centers in isolated, rural communities in our county. We have developed a strong system of consumer-driven outreach and support in Susanville and three rural areas, as a part of the geographic and cultural outreach. The Youth Services Component of our CSS program has also strengthened services to children and families with children with serious emotional disturbances, through school-based outreach and services to young people at risk of child welfare and/or juvenile justice involvement.

These CSS services have identified a need to move services and supports to intervention earlier in the development of problems and difficulties for families and children. Although critical staffing shortages delayed implementation of the Youth Services Component, the initial finding of both of these elements of CSS program experience identifies At-Risk Children, Youth and Young Adult Populations as a high priority Community Need for Prevention and Early Intervention funding. CSS program experience identifies Children and Youth in Stressed Families as a Priority Population for initial focus of Prevention and Early Intervention funding.

3) Our stakeholder process identified the community need and priority population addressed in this PEI Project. This need was verified through surveys and key informant discussions, as summarized in Form #2, Community Program Planning Process above.

Our stakeholder process identified At Risk Children, Youth and Young Adult populations as a high priority community need, especially children ages 0-12. As a first priority for additional funding, expanding Prevention and Early Intervention services to children 13-18 years was identified. Finally, services to young people 19-24 should be considered as expansion or collaborative funding becomes available. Stakeholders identified strong interest in collaborating with statewide efforts to address suicide prevention, especially linked to stigma reduction. Partnerships with the Lassen County Public Health department will be a part of this effort. Stakeholders also desire that these Prevention and Early Intervention services include strong outreach and engagement services that identify and support individuals with recurring needs, and those not immediately eligible for traditional mental health services.

As a result of our stakeholder process, we have identified Children and Youth in Stressed Families as our priority population. Initially, our focus will be on families with children 0-12. We anticipate expanding services to young people 13-18 and their families, and young adults 19-24 as resources are available. We have built in strong referral capacities to our plan, to assure that individuals needing traditional mental health services can be directed to those services. We anticipate building upon state-level initiatives to support Suicide Prevention and Stigma and Discrimination Reduction activities that can meet the needs of our rural communities.

4) We conducted additional data analysis. Because our stakeholder process resulted in a strong and virtually unanimous focus on children and youth and their families, we examined data related to the status of children and families in Lassen County.

First 5 Lassen “Strategic Plan 2007-8”, April 2007, provides a County Profile. Reported child abuse and foster care placements in Lassen County are higher than the statewide average. The percentage of children receiving free and reduced price meals in school has increased since 2000. Drop-out rates and juvenile arrests for drugs and alcohol are higher than the statewide average. The Strategic Plan calls for improved access to health and mental health services and for improved parenting services for families.

The California Safe and Healthy Kids Survey for 2004-06 for Lassen County 5<sup>th</sup> graders showed concern that these young children have a high rate of alcohol experimentation and perceive themselves as unsafe at school and outside of school in significant numbers. High numbers of children do not experience meaningful participation in school.

The Lassen County Alcohol and Drug Department’s Strategic Prevention Plan, 2007-2012, also documents a high rate of alcohol and drug use among adults and teens in the county. The Plan supports parenting education as well as prevention efforts that work directly with children. Stakeholders in this process encouraged a focus on younger children and families, mirroring the stakeholders in our PEI process.

5) As a result of this input and analysis, we selected the key community need and priority population(s) and age group(s) that would be addressed by this PEI Project:

**Community Need:** At Risk Children, Youth and Young Adult Populations

**Priority Population:** Children and Youth in Stressed Families

### **3. PEI Project Description:**

#### A. Briefly describe the PEI project:

Lassen County proposes to establish a 3-element program to provide prevention and early intervention efforts for children age 0-12 and their families. Early intervention can occur when screening of children indicates the likelihood of behaviors and conditions that create multi-problems, serious symptoms and troublesome behaviors in children and their families. This proposal will:

- 1) support and augment existing screening and identification efforts, including developing a staff position to provide consultation and support to collaborating partners that identify families and children in difficulty;
- 2) financially support and expand direct family education and support programs; and
- 3) develop clear protocols for referring children and families that need and want early intervention clinical services and adding the training and material for clinical staff to utilize evidence-based practice to provide that intervention.

As additional resources become available, including matching or grant funds developed with our collaborating partners, child and family education and support programs will be expanded to include young people 13-18, and hopefully, 19-24.

Program meets community needs and priority populations:

Our three-element program is designed to specifically address At Risk Children, Youth and Young Adult Populations and to serve Children and Youth in Stressed Families. We selected our program elements based on research data that indicates that screening and outreach can identify children and/or families with significant risk of behavioral problems, emotional disturbances, and poor social functioning. Our CSS program has strengthened service capacity for children and families who are suffering from serious emotional disturbance. However, parenting education and family support programs to address at risk families earlier in the cycle of difficulty are limited. Our proposal will build on those existing parenting education and family support programs by expanding evidence-based practices to additional families, and to communities that do not have current access to such programs. Finally, our program is designed to further strengthen protocols for referral to assessment and, if necessary, treatment of families and children with a need for intensive treatment. We propose to expand our capacity to provide early intervention and treatment for troubled families whose needs are not met by the parenting education and family support programs.

As we have described above, we analyzed demographic and service data to assure that our proposal meets needs in this community. We examined information on evidence-based and promising practices that can meet those needs. We identified existing community programs that could be expanded or strengthened to meet the needs that our demographic, service and stakeholder data identified. Our stakeholders expressed a strong belief that the limited funds available under this funding source be used to strengthen and expand existing programs, to the extent that they meet our requirements. Finally we verified our findings with stakeholder and key partners to assure that the identified program would meet our community needs. In summary, our selection was based on stakeholder input, data analysis, and program outcome information.

## B. Implementation partners and settings:

Our implementation partners:

Screening support: Our proposal will provide screening support and consultation to agencies and schools that provide formal or informal identification of children and/or families with significant risk of behavioral problems, emotional disturbances and poor social functioning. These entities include:

- Lassen Child and Family Resources (Lassen County Office of Education)
- Lassen County Alcohol and Drug Department
- Northeastern Rural Health Clinic
- Pathways to Child and Family Excellence
- Lassen County Public Health
- Lassen County Child Protective Services
- Lassen Family Services
- Child care, child development and preschool programs, including Sierra Cascade Family Opportunities (Head Start)
- Narcotics Overdose Prevention Education Program (teens)
- Lassen in Action (teens)
- Friday Night Live (teens)

Family Education and Support: Our proposal will issue a request for information to agencies that currently offer family education and support programs, or that can provide such programs. Entities that currently provide such programs include:

- Pathways to Child and Family Excellence
- Lassen County Alcohol and Drug Services
- Lassen County Child Protective Services

Referrals for Early Intervention for High-Risk Families: Our proposal will formalize and disseminate referral protocols to the implementation partners listed above, and will strengthen our capacity to respond to those referrals. Implementation partners include all the agencies listed above; the referral system will be integrated with our public implementation partners, including:

- Lassen County Alcohol and Drug Services
- Lassen County Child Protective Services

Project Settings:

Screening Support: Screening will occur in preschools, child development and child care settings, schools, primary care settings, community agencies (including Lassen Family Service and Pathways to Child and Family Excellence), and public agencies (Lassen County Mental Health, Lassen County Alcohol and Drug Services, Lassen County Public Health and Lassen County Child Protective Services, and including the one-stop service centers established with support from CSS). Settings will be selected based on settings where our partners currently screen and identify troubled children and families, formally or informally.

Family Education and Support: Family Education and Support programs will occur in home-based programs (Pathways to Child and Family Excellence and Lassen Family Services currently provide home-based programs), and in community settings where families and children naturally gather (schools, child development settings, community-based agencies). Settings will be selected based on provider agency ability to provide accessible locations that currently serve diverse geographic and cultural communities and can expand or provide evidence-based programs.

Referrals for Early Intervention for High-Risk Families: Referrals will be made to treatment settings, in collaboration with existing public service delivery agencies such as Lassen County Alcohol and Drug Services, Early Start, and Far Northern Regional Center.. Referral protocols will be distributed to all the implementation partners listed above; treatment services will be provided in existing Lassen County Mental Health treatment settings.

### C. Target community demographics

Lassen County demographic data is not broken down into geographic areas. The population of children and youth under 200% of poverty are 71% Caucasian, 16% Hispanic, 6% Native American, 6% all other groups. Services to rural parts of the county have historically been limited; this geographic disparity is being addressed by the Lassen CSS plan. In addition, consistent with statewide figures, young males are more likely to be served in the current system than young females. We believe that broadly available, evidence-based and clinically supported screening will help assure that access to early intervention services and, if necessary, traditional mental health services, We believe that services will be enhanced and will be reflective of the demographics and gender of the county. The selection process for Family Education and Support programs includes consideration of geographic accessibility, as well as other factors.

### D. Highlights of new and expanded programs

#### 1) Support and augment existing screening and identification efforts:

- Lassen County Mental Health currently provides screening and consultation in Head Start pre-school classrooms, in a program funded by Head Start. Consultation assists the preschool to assess the environment, and consultation is available to parents and teachers about behavioral modifications for high risk children.
- Lassen County Children and Families Commission has committed funds to provide behavioral health assessments and referral services to children in child care settings. They have found the needs far outstrip their funding, and that stigma surrounding behavioral health is a barrier to reaching children and families. The commission funds Pathways to Child and Family Excellence to provide a home visiting program to address children under 3 at risk of developmental delays.
- Numerous other providers offer formal or informal screening to children and families at risk of behavioral problems, emotional disturbances and poor social functioning. These include Lassen Child and Family Resources, County Office of Education, who provide environmental assessments for child care providers and child screening in child care centers, family child care homes and informal child care settings; Lassen County Alcohol and Drug Department, in collaboration with the Lassen County Office of Education,

educates 5<sup>th</sup> and 7<sup>th</sup> graders on alcohol, drugs, tobacco and violence, and is seeking means to include parent education in the program; Northeastern Rural Health Clinic and Lassen County Public Health offer screening and referral services. Additional programs offer education and information to teens through various programs.

- This proposal will provide technical support to agencies serving children and families to strengthen formal and informal screening efforts to identify families and children that might benefit from early intervention. Support will be provided using a clinical position at Lassen County Mental Health, including skills to identify co-occurring disorder issues and the impact of trauma in families, to provide outreach, consultation and support, and public education to partners that identify children and families that might benefit from early intervention services.
- Support will include providing research-validated screening tools and the training to use them, if desired. This support will also include the capacity to provide consultation in care settings that can assess the environment and provide consultation to child workers and parents about behavioral modifications for high risk children. This support will also include public education information to assist parents and caregivers to accept screening and early intervention as non-stigmatizing and family-strengthening. Support will include information about how to refer to parenting education programs and to early intervention clinical services when appropriate.
- Outreach and implementation for this technical support will include a broad range of environments, including primary care clinics, Family Resource Centers, public and private schools, faith-based children's programs, child care and preschool providers, and any other setting or partner requesting help. Partnerships will be working arrangements, not necessarily contractual or formal. Consultation models will be based on the successful program currently in operation with Head Start.

## 2) Financially support Family Education and Support programs:

- Several Lassen County agencies provide parenting education and support for children ages 0-5 and their families, and children ages 6-12 and their families. These agencies include Pathways to Child and Family Excellence, who operate a home visiting program for high risk children and families from pregnancy until kindergarten, using Parents As Teachers, an evidence-based practice for families. Lassen County Alcohol and Drug Services provides PROMISES, a day treatment, structured outpatient service and cooperative childcare program to women requiring alcohol and/or drug treatment and their children. PROMISES has a close working relationship with the Parents As Teachers/Pathways program. Lassen County Child Protective Services has a contract with Lassen Family Services to provide families with Positive Parenting With A Plan home-based services to families with children age 6-12 who have come to the attention of CPS but whose children are not removed.
- This program will expand current family education and support activities, or initiate new programs, to assure that children age 0-5 and 6-12 in all areas of the county have access to such programs. This proposal will provide an opportunity to contract for services to agencies to expand their current program or to initiate new, evidence-based services, with parenting education and support that can assist families with successful parenting.
- Partner agencies to deliver these services will potentially include schools, drug and alcohol providers, child welfare services providers, family service providers, and child care and development providers who have the expertise and interest to deliver parenting education and support programs.

- Outreach and identification of children and families who can benefit from parenting education and support include schools, drugs and alcohol service providers, child welfare services providers, family service providers, child care and development providers, probation officers, primary care providers and law enforcement. Identification and referral will rely significantly on children and families identified through the expanded screening project described above. This program will require development of public education information about the benefits of parenting education and support.
- Family education and support programs that can be financially supported will include the following qualities:
  - The program should have documented research to demonstrate that the program can assist families with successful parenting, as a promising practice or an evidence-based program
  - The program should be designed to address the family impacts of trauma, substance abuse, and emotional disturbances in children
  - The program should have evidence of successful operation in rural areas
  - The programs should collectively support the entire range of stressed families, assuring that there is no wrong door for services in Lassen County and that services are geographically accessible throughout the county
  - The program should have Quality Assurance elements.
  - Agencies can include one-time start-up funding, if necessary
  - Programs that can leverage additional funds or resources will be encouraged to do so.

### 3) Referral for Early Intervention for High-Risk Families

- Stakeholders identified the need for prompt response to families and children needing additional assessment and treatment. In addition, the supported screening and family education portions of this program will identify some young children and families who need and want additional treatment for more serious problems.
- This element will utilize the clinical position also conducting activities under the screening program outlined above.
- Lassen County Mental Health will develop a formal protocol for referral to assessment and, if necessary, treatment of families and children with a need for early intervention treatment.
- Referral protocols will be disseminated to all partner agencies and programs that screen or identify children and families that might benefit from more intensive assessment and treatment. Lassen County Mental Health will support expansion of NAMI parent training efforts modeled on Family to Family, to assist parents and children needing additional support.
- Lassen will identify an evidence-based practice that can support assessment and treatment interventions with children and families that need additional services, and will provide the supplies and training to utilize that intervention with fidelity.

- Parent-Child Interaction Therapy (PCIT) is under consideration; final selection will be made after consultation with other counties, to assure that the final selection is cost effective.

E. Actions and Milestones to be performed to carry out the PEI project

1) Screening/Consultation

<b>Action</b>	<b>Milestone</b>	<b>Timeline</b>
Identify children's services clinician	Clinician identified	January 2009
Identify appropriate screening tools	Tools identified	January 2009
Develop outreach material for partners that serve children and families	Material developed	January 2009
Establish working protocols with potential partners for screening	Protocol developed	January 2009
Provide education and consultation to staff and parents in partner agencies	Consultation provided	January 2009 & ongoing
Provide referral protocols to partner agencies	Referral protocol developed	January 2009
Establish reporting and monitoring format for project	Format established	January 2009
Program evaluation to determine whether, and how to continue	Leadership Group consulted	June 2009

2) Family Education and Support

<b>Action</b>	<b>Milestone</b>	<b>Timeline</b>
Develop letter of interest for partner agencies	Letter developed	December 2008
Identify reporting and outcome protocols	Protocols established	December 2008
Convene HSS committee to select partner agencies	Selection completed	February 2009
Establish referral protocols with screening partners to community services	Protocols established	February 2009
Establish referral protocols with family education partners for high risk services	Protocols established	February 2009
Determine with HSS Leadership criteria for continuing and/or expanded family education funding	Criteria established	February 2009

### 3) Referral for Early Intervention for High Risk Families

Action	Milestone	Timeline
Consult with other counties to select an evidence-based assessment and treatment intervention that can serve children and families	Intervention selected	December 2008
Identify children's services clinician	Clinician identified	January 2009
Develop referral protocols with screening partners	Protocols developed	February 2009
Disseminate protocols to entities that screen and/or serve families and children at risk for emotional disturbances and behaviors	Protocols disseminated	February 2009 & ongoing
Complete purchase of equipment and supplies and training to administer expanded assessment and treatment capacity. Example: Parent-Child Interaction Therapy	Intervention training and supplies completed	March 2009

### 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	
<b>Supporting Lassen Families</b>			
Screening/Consultation Support	Individuals: <b>48</b> Families:	Individuals: Families:	7 months
Partnership consultations			
Family Education and Support	Individuals: Families:	Individuals: Families: <b>30</b>	5 months
Referral for Early Intervention for High Risk Families	Individuals: Families:	Individuals: Families: <b>5</b>	4 months

	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		
<b>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>Individuals:</b> 48 <b>Families:</b>	<b>Individuals:</b>  <b>Families:</b> 35	

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

### Linkages to County Mental Health and other appropriate providers

This project is explicitly designed to meet stakeholder requests that referral for assessment and treatment of children and families whose needs are not met in current settings and who have conditions and behaviors that create multi-problems, serious symptoms and troublesome behaviors, be more formal, more readily available and accessible to all communities in the county. Based on stakeholder input, we have chosen to support and strengthen existing efforts of early identification, providing clinical and technical support where children and families are currently served. We have provided the structure to support a network of family education and support activities, expanding those that are evidence based or promising practices, and expanding into areas of the county and communities that do not currently have access to such early intervention support. Finally, we have provided the staff to formalize our referral protocols for children and families needing assessment and early intervention treatment. More importantly, that increased assessment capacity will be developed in a network of partners currently serving children and their families. This improved partnership of care for children 0-12 and their families will assist families with identifying primary care and other service providers that can help meet their needs.

### Linkages to Needed Services

The bulk of the activities in this PEI project will be occurring in public and private community agencies where children and families now receive services or supports. By supporting and strengthening screening activities in child care centers, health clinics, alcohol and drug treatment programs, and community agencies, families will be served in natural communities where other services are available, or referrals already occur. Our stakeholders spoke clearly to discourage establishing another small and, potentially, isolated program. Instead, they asked that these limited funds be used to strengthen and expand existing services in the substance abuse treatment settings, violence prevention and intervention settings, and the more mainstream settings of schools, faith communities, child care centers and primary care clinics.

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.

At the individual/family level, we know from the research that the social and emotional development of young children predicts the school readiness and developmental success of very young children. (See, for example, “Current Evidence-Based and Emerging Screening, Assessment, and Treatment Practices for the Mental and Neuro-developmental Health of At-Risk Children Ages Zero to Five”, San Bernardino County, K. Lakes, CSU San Bernardino, August 2006). We also know that brief screening in a variety of non-clinical settings can identify a much smaller subset of children and families who are potentially at-risk of poor developmental outcomes.

We also know from the research that parent-child and family relationships are the key to successful child development. Parental knowledge of child development and the identification and treatment of family mental health and substance abuse problems can all increase the likelihood that children will grow in nurturing environments. And we know that evidence-based family education programs can provide these skills and supports. Parents as Teachers, for example, is currently provided to some families in our community, and may be a candidate for expansion under our proposal. Research and evaluation of this program has found that children whose families receive the program have an improved ability to succeed in school, and child and parent functioning is improved. (See “The Parents as Teachers Program: Its Impact on School Readiness and later School Achievement: A Research Summary”, April 2007). Positive Parenting With A Plan, initiated by our Child Protective Services Department has been found to reduce symptoms of poor functioning in at risk children in research done on children who had behavioral and relational problems, emotional disturbances, and who had experienced at least one form of abuse or neglect.

Finally, we know from the research that expanded assessment and referral is necessary for some children and families. Parent/Child Interactive Therapy, for example, is an empirically-supported treatment for conduct-disordered young children that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns (See DMH Resource Materials for MHSA-PEI). By using this or similarly evidence-based assessment and intervention strategies, we believe that we can assist the growth and development of healthy children in our county.

Our plan to build upon successful local implementation of screening, family education and advanced assessment and referral activities, and to use evidence-based practice information to guide our choices, will assure that our limited resources fund proven programs and utilize established information about the support and staffing levels required to successfully provide the program.

At the program/system level, we have based our plan and our budget upon strengthening existing activities that screen or identify children and families with potential difficulties, provide family-strengthening supports, and provide prompt referral when more serious problems are identified.

We believe that using current local experience will allow us to assure that our funds are spent in ways that assure program delivery in proven amounts and activities. Moreover, our plan utilizes existing planning and administrative structure. By funding our partner agencies to expand existing programs, we leverage existing community activities, and strengthen and expand them. For example, by supporting existing screening activities, we can assure that referrals are more prompt and successful, and can support staff in programs such as child care and development programs to serve children more effectively, without funding the screening activity itself.

## **6. Collaboration and System Enhancements**

### Describe relationships, collaborations or arrangements with partners

Supporting and augmenting screening will be done in collaboration with a variety of public and private community agencies, including primary care clinics, Family Resource Centers, public and private schools, faith-based children's programs, child care and preschool providers, and any other setting requesting help. These partnerships will be based on the currently operating successful support to Head Start preschool settings. The collaborations will not require formal agreements, but rather informal partnerships where the agency is willing to strengthen current formal or informal screening activities.

Family education and support funding will be contracted with local agencies that respond to a Request for Interest distributed by County Mental Health. The Requests will be evaluated by the Health and Social Services Agency Team, including representatives from every department in the Agency, especially Lassen Works, Child Protective Services, Alcohol and Drug Department, and Public Health. We anticipate that responding agencies will most likely be those participating in our stakeholder process and currently providing Family Education and Support services: Lassen County Office of Education, Pathways to Child and Family Excellence, Lassen County Alcohol and Drug Services, but other community agencies may well be interested.

Intensive assessments and referrals will be provided by Lassen County Mental Health, in a collaborative Health and Social Services Agency, including Child Protective Services and Lassen County Alcohol and Drug Services. Referrals will be accepted from all the agencies and community groups participating in initial screening and/or family education and support.

Individuals participating in this project will need and want additional services in some cases. Referral protocols have been described above and will assist individuals participating in the project. We believe that embedding this three-part project in a network of public and private community agencies will improve access to health, mental health, food, income, violence prevention, employment and housing resources when children and families need those services.

Monitoring of outcomes will be done in a community process that includes the MHSA Stakeholder Group used to develop this proposal. This process will allow us to consider future extension of this project or other programs to achieve desirable individual, system and community outcomes.

### Collaboration with the community-based mental health and primary care system:

Our project is designed to support and extend referral services from the primary care system, including tribal health services. There are very few community-based mental health services in this small and isolated rural community. We have worked to involve the primary care system in our stakeholder process. There is work to be done to develop this relationship. We anticipate that supporting screening efforts and providing protocols for referrals to more intensive services will begin to build a stronger relationship.

### Leveraging Resources

We have built our screening proposal on the recognition that many agencies currently screen children and families, formally or informally. Thus, the significant part of this community service is already provided by public and private community agencies. We have proposed to add clinical support and community and agency education about the value of appropriate screening and referral. We have also built our proposal to expand Family Education and Support programs on the basis that some agencies are currently providing evidence-based services. Our proposal is to expand these services to assure that programs are evidence-based and are geographically and community-wide accessible. Finally, our proposal for intensive referral protocols and assessment technology assumes that ongoing referral and assessment activities will be supported by traditional county mental health services, existing Child Protective Services programs where appropriate, existing Alcohol and Drug Services programs where appropriate, and MHSA CSS programs where appropriate. By building on existing community programs, we will be capturing administrative and implementation resources that have already been expended. These leveraged resources will not necessarily be captured in budget documents. We plan to include a factor in selection of Family Education and Support programs to acknowledge leveraged resources where they are available. The specific information about the success of this effort will be available as expanded services are developed and provided.

### Describe how the programs in this PEI project will be sustained.

We anticipate that the referral support program and the early intervention assessment and referral program will be ongoing PEI projects, depending on stakeholder evaluation of outcomes and impact on the community's network of services for children and families. The largest share of our resources has been devoted to expanding family education and support programs. We also anticipate that this will be an ongoing program, although specific partner agencies may change over time as research and local experience determine effectiveness. We also anticipate that partner agencies will help us identify expanded resources for leveraging more impact on Lassen County families. Indeed, we anticipate that additional resources will allow us to expand this family education and support program to teens and transition age youth, consistent with the desires of our stakeholders.

## **7. Intended Outcomes**

### Intended individual outcomes:

Augmented screening and referral process: We anticipate that families and service providers who have concerns about their children will have evidence-based screening and referral procedures and thus access to timely support, including clinical treatment if warranted. Our monitoring will include measuring increased referrals for both family education programs, related community services including health and social services programs, and mental health clinical assessment and intervention.

Family education and support programs: Although the precise evidence-based program(s) have not been selected, based on current programs, such as Parents as Teachers, we anticipate that more children 0-5 will be school-ready upon entering kindergarten; we anticipate that more elementary-age children will perform at grade level. We anticipate that families that have identified problems and stressors will strengthen their parenting skills and will reduce those stressors. We expect that children and families needing more intensive services from health, mental health and social services will seek and receive such services earlier in the cycle of difficulty. We expect that these outcomes will be measured using the child and family assessments that accompany evidence-based family education and support programs, such as Parents as Teachers.

Early intervention referrals for treatment: We anticipate that individual children and their families will receive timely assessment and evidence-based intervention to address child and family difficulties. Our monitoring will include measuring increased assessment and referral by county mental health for clinical intervention.

### Intended system and program outcomes:

We anticipate that this PEI program will result in the following system and program outcomes:

Augmented screening and referral: We anticipate that agencies serving children and families will use improved screening tools in some cases; that staff in such agencies will have access to consultation and support from clinical staff. We anticipate that, over time, the community will accept screening and assessment as helpful and non-stigmatizing. We anticipate that working relationships will be more collaborative and effective. This collaboration has been implemented within the Health and Social Services Agency. We anticipate that the linkages in this program to other public and private child-serving agencies will extend the collaboration to a wider group of agencies.

Family education and support programs: We anticipate that family education and support will be available in more areas of our community and to additional ethnic and cultural subgroups. We anticipate that agencies engaged with children, especially schools, will benefit from increased access to support for children and families experiencing difficulty. We expect that successful implementation of expanded family education and support will provide the impetus for increased resources to this purpose from a variety of sources.

Early intervention referrals for treatment: As with the rest of the three-part program, we expect that agencies providing services to children and families will benefit from timely referral and skillful assessment for treatment for children and families with difficulty. We expect that improved protocols will assure that existing, and scarce, treatment resources will be used appropriately and to those children and families with the greatest need.

What will be different as a result of the PEI project and how will you know?

We anticipate that this PEI project will result in positive community outcomes, specifically:

We anticipate that screening and referral efforts will, over time, be recognized as helpful and non-stigmatizing, and that we can measure this impact by an increase in families that seek help for identified problems. We anticipate that parents who participate in parenting education and support programs will feel more confident about their parenting skills, and that we can measure this by post-service surveys. We anticipate that agencies serving children and youth 0-12 will feel supported by the network of care we are creating, as measured by participation in future MHSA and PEI planning efforts, review of evaluation material in our PEI Stakeholders group, and improved referrals of children and families in difficulty.

## **8. Coordination with Other MHSA Components**

Coordination with CSS:

An explicit part of our PEI plan includes the development of formal and articulated referral policies for children, young people and families who are identified through screening or through participation in family education and support programs. These referrals will take place to our CSS programs and to our main public mental health programs. Moreover, we anticipate that the community outreach and engagement activities developed through our CSS plan will provide referrals to the family education and support programs we develop through our PEI program. The children's clinician position funded through this program will, we anticipate, develop additional funding through assessment and treatment services funded through our public mental health programs. This staff person will meet regularly with the implementation staff of other MHSA components.

Coordination with Workforce Education and Training funds

Our Workforce Education and Training plan is not yet complete. We will include PEI project needs, including the needs of our prevention partners, in our assessment as we develop that plan.

Coordination with Capital Facilities and Technology funds:

Our Capital Facilities and Technology plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan, although we anticipate those needs to be minimal since the bulk of the activities in this plan will be carried out by partner agencies.

**MENTAL HEALTH SERVICES ACT  
PREVENTION AND EARLY INTERVENTION  
STATE REQUIREMENTS**

**MHSA Components:**

- Community Services and Supports
- Workforce Education and Training
- Capital Facilities and Technology
- Prevention and Early Intervention
- Innovation

**Prevention and Early Intervention Required Elements:**

- Community Collaboration
- Cultural Competence
- Individual/family-driven programs and interventions, with attention to individuals from underserved communities
- Wellness focus, including resilience and recovery
- Integrated service experience for individuals and their families
- Outcomes-based program design

**Priority Populations:**

- Underserved cultural populations
- Individuals experiencing onset of serious psychiatric illness
- Children/youth in stressed families
- Trauma-exposed individuals
- Children/youth at risk for school failure
- Children/youth at risk of or experiencing juvenile justice involvement

**Prevention:**

- Involves reducing risk factors or stressors
- Builds protective factors and skills
- Promotes positive cognitive, social and emotional development

**Early Intervention:**

- Addresses a condition early in its manifestation
- Is of relatively low intensity
- Is of relatively short duration (usually less than one year)
- Has the goal of supporting well-being in major life domains and avoiding the need for more extensive mental health services

**Required Planning Process:**

- Identify key community mental health needs and related Prevention and Early Intervention priority populations
- Assess community capacity and strengths
- Select PEI programs to achieve desired outcomes
- Develop projects with timeframes, staffing and budgets
- Community review and public hearing

**Funding:**

- **Lassen County: \$231,600 for 2007-08 and 2008-09 combined (\$75,000 of this available for planning; future funding will depend on MHSA tax revenues)**
- Non-supplanting: cannot be used to replace other state or county funds required to be used to provide mental health services; must be used on programs that were not in existence in the county at the time of enactment of MHSA or to expand the capacity of existing services
- Leveraging of cash or in-kind is actively encouraged

**Accountability and Evaluation:**

- Evaluate improved mental health status and reduced risk for emotional and behavioral problems at the individual/family level
- Report how PEI money is spent; what programs show promise and/or evidence of being effective; identify impacts on the mental health system and other agencies and systems

**PEI Revenue and Expenditure Budget Worksheet**

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

County Name: Lassen County Date: 9/12/08  
 PEI Project Name: Supporting Lassen Families  
 Provider Name (if known):  
 Intended Provider Category: Pre K - 12 School  
 Proposed Total Number of Individuals to be served:      FY 07-08 0      FY 08-09 100  
 Total Number of Individuals currently being served:      FY 07-08 0      FY 08-09 0  
 Total Number of Individuals to be served through PEI  
 Expansion:      FY 07-08 0      FY 08-09 100  
    Months of Operation:      FY 07-08 0      FY 08-09 6

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
<b>1. Personnel (list classifications and FTEs)</b>			
a. Salaries, Wages	\$0	\$0	\$0
<u>Supervising Therapist @ 50%</u>	\$0	\$29,800	\$29,800
	\$0		\$0
b. Benefits and Taxes @ %	\$0	\$10,967	\$10,967
<b>c. Total Personnel Expenditures</b>	<b>\$0</b>	<b>\$40,767</b>	<b>\$40,767</b>
<b>2. Operating Expenditures</b>			
a. Facility Cost	\$0	\$800	\$800
b. Other Operating Expenses	\$0	\$77,852	\$77,852
<b>c. Total Operating Expenses</b>	<b>\$0</b>	<b>\$78,652</b>	<b>\$78,652</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
Consultant	\$0	\$5,250	\$5,250
<u>Lassen Aurora Network</u>	\$0	\$1,800	\$1,800
Unknown provider(s)	\$0	\$95,000	\$95,000
<b>a. Total Subcontracts</b>	<b>\$0</b>	<b>\$102,050</b>	<b>\$102,050</b>
<b>4. Total Proposed PEI Project Budget</b>	<b>\$0</b>	<b>\$221,469</b>	<b>\$221,469</b>
<b>B. Revenues (list/itemize by fund source)</b>			
	\$75,000	\$0	\$75,000
		\$0	\$0
<b>1. Total Revenue</b>			<b>\$75,000</b>
<b>5. Total Funding Requested for PEI Project</b>	<b>\$0</b>	<b>\$221,469</b>	<b>\$146,469</b>
<b>6. Total In-Kind Contributions</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

BUDGET NARRATIVE  
Enclosure 3A  
Form 4

PERSONNEL

Lassen County proposes to initially staff our Prevention and Early Intervention project with a .50 therapist (existing MHSA position) to begin providing early screening and referral services.

OPERATING EXPENSES

One time operating costs to facilitate implementation of Lassen County's Prevention and Early Intervention project are included in this budget worksheet. Facility rental to host community stakeholder meetings for community participation; the purchase of a vehicle for use by project staff and the purchase of a net workable laptop computer system for use by project staff.

Other on-going operating costs include office expense (postage, copying, phones, publications, memberships). Travel and training/transportation for staff to attend P&EI conferences, workshops.

SUBCONTRACTS/PROFESSIONAL SERVICES

Lassen County is utilizing the services of contract consultants to assist with development and implementation of the P&EI project. This includes planning and facilitating the stakeholder community input process, coordinating and conducting meetings with community partners. Provide community based program financial support to expand existing direct family education and support programs.

**PEI Administration Budget Worksheet**

Enclosure 3B  
Form No. 5

County: Lassen

Date: 9/12/2008

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
<b>A. Expenditures</b>					
1. Personnel Expenditures					
a. PEI Coordinator 10% of MH Director			\$0		\$0
b. PEI Support Staff					\$0
c. Other Personnel (list all classifications)					\$0
_____					\$0
_____					\$0
_____					\$0
d. Employee Benefits					\$0
e. Total Personnel Expenditures			\$0	\$0	\$0
2. Operating Expenditures					\$0
a. Facility Costs					\$0
b. Other Operating Expenditures				\$10,131	\$10,131
c. Total Operating Expenditures			\$0	\$10,131	\$10,131
3. County Allocated Administration					\$0
a. Total County Administration Cost			\$0	\$0	\$0
4. Total PEI Funding Request for County Administration Budget			\$0	\$10,131	\$10,131
<b>B. Revenue</b>					\$0
1 Total Revenue			\$0	\$0	\$0
<b>C. Total Funding Requirements</b>			\$0	\$10,131	\$10,131
<b>D. Total In-Kind Contributions</b>			\$0	\$0	\$0

BUDGET NARRATIVE  
Enclosure 3B  
Form 5

PERSONNEL

There are no proposed personnel expenditures to this budget worksheet.

OPERATING EXPENSES

The operating expenses associated with this budget worksheet are to organize and set up workspace for the therapist to implement project work-plan.

**PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY**

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).

<b>County: Lassen</b>	
<b>Date: 09/12/08</b>	

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 07/08	FY 08/09	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	Supporting Lassen Families	\$0	\$146,469	\$146,469	\$100,000	\$46,469		\$0
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
	Administration			\$10,131				
	<b>Total PEI Funds Requested:</b>	\$0	\$146,469	\$156,600	\$100,000	\$46,469	\$0	\$0

\*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).

**Lassen Prevention and Early Intervention Program Survey**

<b>Provider</b>	<b>Program</b>	<b>Evidence-Based?</b>	<b>Population Served</b>	<b>Age Served</b>	<b>Community Served</b>
<b>Health and Mental Health</b>					
Lassen CPS/Lassen Mental Health/Lassen AOD	Integrated Child Protective Services (ICPS) MH and AOD assessment; therapy as required	Treatment	Families with children at risk of abuse/neglect	0-18 22 families	County-wide
Pathways to Child and Family Excellence	Parents As Teachers: parent education/home visiting	Yes Early Intervention	Special needs parent: teen, single, CPS, substance abuse, homeless, violence, non-English speaking	Prenatal - 5	County-wide
Lassen County Office of Ed/Far Northern Regional Center	Early Intervention: in-home and group support and parent education	Treatment	Infants/toddlers and families at high risk and/or identified disability	0-3 30 families	Lassen school districts
Lassen Public Health	CA Children's Services	Treatment	Eligible medical condition, income below \$40,000	97	County-wide

Lassen Alcohol and Drug programs/Lassen County Office of Ed	Too Good For Drugs: education on drugs, alcohol, violence and decision making	Yes Prevention	Grade schoolers	5 <sup>th</sup> graders (will expand to 7 <sup>th</sup> graders)	County-wide
Lassen Alcohol and Drug programs	Promises: Recovery program for women with young children; linked to PAT/Pathways	Yes Early Intervention	Women in drug treatment & children	0-6	
Lassen Aurora Network	Outreach and Engagement for mental health services; consumer peer support	Treatment	Anyone	18-older adults	Susanville, Bieber, Herlong, Westwood
Wright Services	Anger management skills: group and individual	Treatment	Court, probation, CPS referrals	12-18	County-wide
Lassen Indian Health Center	Health and mental health assessment, education, parenting	Prevention/Early Intervention	Native American households	All ages	County-wide

Big Valley Community Alliance	Active/Basic/Solve/1234 Parents!/Parenting Teens Parenting Classes	Yes Prevention/Early Intervention	Families with children	0-18	Big Valley
	Home Visiting	Yes Prevention/ Assessments	At risk/high risk families	0-8	Big Valley
	Friday Night Live/Club Live	Yes	Children and adolescents	Grades K-12	Big Valley
<b>General Programs</b>					
Sierra Cascade Family Opportunities	Head Start: preschool and full day care with health, parenting and social services supports	Yes	Low income families meeting federal poverty guidelines	2-5 140 children	1. Greater Susanville 2. Herlong/Doyle
Lassen Public Health	Child Health & Disability Prevention: health/wellness services	Prevention	Medi-Cal	0-20 1171	
Lassen Public Health	Immunization assistance: assess school immunization; manage vaccines; public education	Prevention	Medi-Cal eligible; under insured	All ages	County-wide

Lassen Health Department	Childhood Lead Poisoning Prevention; public education, blood surveillance; follow-up	Prevention	Medi-Cal	0-18	County-wide
Lassen Public Health	Prenatal Care Guidance Program: outreach/education on prenatal care	Prevention	Medi-Cal	Women and infants	County-wide
Lassen Public Health	Maternal Child & Adolescent Health: health, nutrition, education; include Sudden Infant Death Syndrome support	Prevention	Medi-Cal	Women and infants	County-wide
Lassen Public Health	Comprehensive Prenatal Services Program: health, nutrition, education, psychosocial support	Prevention	Medi-Cal	Women and infants	County-wide
Lassen Public Health	Various general services: HIV Prevention and Community Planning; HIV Surveillance; Communicable Disease Repts; Aids Drug Assist Program; Early Interven. (HIV); Ryan White (HIV); Case Manage(HIV)	Prevention	All county residents	All ages	County-wide
Lassen Public Health	Medi-Cal/CMSP: health services	Prevention	Low income individuals and	All ages	County-wide

			families		
LassenWORKS	CalWORKS, Food Stamps, General Relief, Welfare to Work	Prevention	Low income individuals and families	All ages	County-wide
Big Valley Community Alliance	After school and summer programs	No Prevention	Families with children	18 months – 12 years	Big Valley
	Caregiver Resource Center	Yes Prevention	Families caring for a member with a brain impairment or elderly at home	Impairment must have occurred after age 18	Countywide

## Lassen County Mental Health PEI Addendum

4-13-09

**1. Although the planning process was inclusive, it was not clear whether the Lesbian/Gay/Bisexual/Transgender/Questioning (LGBTQ) and African-American communities were involved in the planning process (DMH Information Notices No.: 07-19 and 08-23, Enclosure 1, Pages 13-14; CCR, Title 9, Chapter 14, Section 3300). Describe how these populations were involved in the planning process.**

It is important to note Lassen County has a total population of 35,500. This includes 11,772 individuals incarcerated within three prison facilities. The county population, minus those incarcerated is 23,728. Of these individuals, 18,324 reside within the city of Susanville. The U.S Census data indicates the African American population to be 8.8% of the total County population. It should be noted that this number includes African Americans housed in the three prisons. An analysis of the population assessment demonstrates this by revealing a disproportionate number of Hispanics and African Americans in census tracts where there are prisons. The prison population also skews gender demographics by indicating a disproportionate number of males in census tract areas housing prisons. Factoring out the number of incarcerated African Americans yields a total county African American population of 1.6%. It is noteworthy that incarcerated individuals are not Medi-Cal eligible and cannot receive outpatient services through Lassen County Mental Health.

Lassen County Mental Health sent notices of meetings to key stakeholders living in Lassen County via special invitation and to the general public via postings in local newspapers. There are no organized Lesbian, Gay, Bisexual, Transgender, Questioning groups in Lassen County and as such it has not been possible to include such groups by way of invitation.

**2. One of the principles for PEI is reducing mental health disparities across socio/economic and racial groups (DMH Information Notices No.: 01-19 and 08-23, Enclosure 1, Pages 15-16). For Project #1, please identify any specific strategies to serve un-served/underserved communities in Lassen County and provide a description on any other plans toward reducing disparities.**

The primary focus of the Lassen CSS plan has been to reach out to the most rural and isolated parts of the county, through the establishment of one-stop centers in Big Valley, Herlong and Westwood. Especially in the case of Big Valley, this has also allowed us to improve our outreach to Hispanic families. Our stakeholder process for PEI planning included representatives from the Rancheria, which has begun the process of improved outreach to Native American young people and families. In our PEI Project #1, our stakeholders believe that several elements will allow us to continue to reduce disparities throughout the county.

For the portion of Project #1 that supports and augments screening and identification of families and children in difficulty, we will not develop a single screening tool. We will instead provide support to our implementation partners, including those with existing deep roots in the community, to strengthen their own identification efforts. Our intent is to enhance the identification of mental illness, co-occurring disorders and trauma through the provision of screening, support and triage. By using Family Service Agencies, Rural Health Clinics, Rancheria programs, Lassen County Public Health

workers, and public school and child care programs, we can strengthen and support workers who currently serve rural, Hispanic, Native American and other un-served and underserved communities. We do not aim to build new programs in this part of the project, but to strengthen the capacity of existing programs to serve families who might benefit from parenting education and/or mental health diagnosis and treatment.

**3. One of the principles for PEI is to include sufficient programs, policies, activities, and additional resources to achieve desired PEI outcomes (DMR Information Notices No.: 07-19 and 08-23, Enclosure 3, Pages 13). Please clarify the specific services that will be provided to children in Project #1 in addition to the family education and support that families will be receiving.**

Specific services provided to children:

- Screening to identify children and families that could benefit from education and support
- Home-based and community-based family education and support
- Expedited referral to treatment services to children and families whose needs cannot be met in family education and support programs
- Evidence-based assessment and treatment for families whose needs cannot be met in family education and support programs
- Public education concerning the benefits of screening and referral, with efforts to reduce the stigma of such screening/referral

**4. Please provide the dates for the 30-day public comment period (CCR, Title 9, Chapter 14, Section 3315).**

The PEI Public Comment period was from September 21, 2008 – October 23, 2009. A Public Hearing before the Lassen Mental Health Advisory Board (MHAB) was held on October 21, 2008 and at the behest of the MHSOAC the MHAB hosted a second Public hearing on March 17, 2009.