# County of Mendocino

MENTAL HEALTH SERVICES ACT

COMMUNITY SERVICES AND SUPPORTS,
WORKFORCE EDUCATION AND TRAINING
AND PREVENTION AND EARLY INTERVENTION COMPONENTS

PLAN UPDATE 2010-2011

JUNE 2, 2010

HEALTH AND HUMAN SERVICE AGENCY
MENTAL HEALTH SERVICES BRANCH

Draft

**2010/11 ANNUAL UPDATE** **EXHIBIT A**

**COUNTY SUMMARY SHEET**

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

| **County:** | ***Mendocino*** | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | ***Exhibits*** | | | | | | | | | | | | | | | | | | | |
| | | | **A** | **B** | **C** | **C1** | **D** | **D1*** | **E** | **E1** | **E2** | **E3** | **E4** | **E5** | **F**** | **F1**** | **F2**** | **F3**** | **F4**** | **F5**** | **G***** | **H****** |
| For each annual update/update: | | | ☑ | ☐ | ☐ | ☑ | | | ☑ | | | | | | | | | | | | | |
| **Component** | **Previously Approved** | **New** | | | | | | | | | | | | | | | | | | | | |
| ☑ CSS | $1,879,926 | $ | | | | ☑ | ☑ | ☐ | | ☑ | | | | | ☐ | ☐ | | | | | ☐ | ☐ |
| ☑ WET | $149,551 | $ | | | | ☐ | ☑ | ☐ | | | ☑ | | | | ☐ | ☐ | | | | | | |
| ☐ CF | $ | $ | | | | | | ☐ | | | | ☐ | | | ☐ | | ☐ | | | | | |
| ☐ TN | $ | $ | | | | | | ☐ | | | | ☐ | | | ☐ | | | ☐ | | | | |
| ☑ PEI | $ | $998,291 | | | | ☐ | ☑ | ☐ | | | | | ☑ | | ☐ | | | | ☑ | | | |
| ☐ INN | $ | $ | | | | | ☐ | ☐ | | | | | | ☐ | ☐ | | | | | ☐ | | |
| **Total** | $2,029,477 | $998,291 | | | | | | | | | | | | | | | | | | | | |

| | |
|---|---|
| **Dates of 30-day public review comment period:** | |
| **Date of Public Hearing*****:** | |
| | |
| **Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:** | |

DRAFT

## COUNTY CERTIFICATION

County: MENDOCINO

| County Mental Health Director | Project Lead |
|---|---|
| Name: Stacey Cryer | Name: Mary Alice Willeford |
| Telephone Number: (707) 463-5481 | Telephone Number: (707) 467-2599 |
| E-mail: cryers@co.mendocino.ca.us | E-mail: willefom@co.mendocino.ca.us |
| Mailing Address:<br>Mendocino County Health & Human Services Agency<br>Mental Health Branch<br>860 N. Bush Street<br>Ukiah, CA 95482 | |

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.[1]

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2010/11 annual update/update are true and correct.

_____ _____

Mental Health Director/Designee (PRINT) Signature Date

[1] Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification.



Draft

## COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

**County: Mendocino**
**Date: May 20, 2010**

**Instructions:** Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

### Community Program Planning

**1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.**

Mendocino County's approach in engaging all stakeholders in its' process of developing its Community Services and Support (CSS) Plan through the 2010/2011 Update has been accomplished through a variety of approaches, which include:

1) Work Plan Work Groups
2) MHSA Management Planning
3) Mental Health Board/MHSA Stakeholder meetings
4) County Mental Health website information
5) Public posting of the Update through the 30 day Local Review Process
6) Mental Health Board Public Hearing

1) Work Plan Work Groups

Each Work Plan has a work group that is comprised of stakeholder representatives, i.e. consumers, non-governmental providers, County Mental Health staff, Mental Health Board members, and interested parties from the public. These work groups regularly meet to review the progress of the Work Plan, gather input from those receiving and providing services through the Work Plan, and to discuss ways to integrate more of the MHSA methodology into the broader Mental Health services being provided by the County.

2) MHSA Management Planning Group

This group is made up of the Health & Human Services Agency (HHSA) staff that deliver MHSA services, MHSA coordinator and fiscal staff, stakeholder representatives, and HHSA management. This group is responsible for budget administration, Plan development and implementation, and Plan evaluation.

3) Mental Health Board /MHSA Stakeholder meetings

Management provided for an ongoing dialog on the Updates' progress and its' inclusion of stakeholder input into the Plans' development through the Work Groups and Mental Health Board/Stakeholder joint meetings. The Update was on the agenda of the Mental Health Board on June 16, 2010 On July 8, 2010 the Mental Health Board/MHSA Stakeholders held a joint meeting for discussion and review of the Update. The required Public Hearing was held in Ukiah on July 8, 2010.

4) County Mental Health website information

In addition to the draft 2010/2011 Update being placed upon the public Mental Health website for public review, all Work Group and other relevant meeting times and places are posted for the purpose of encouraging public input.

All substantive responses to the Update, including those received anonymously, are posted on the website as well as included within this Update.

5) Public posting of the Update throughout the 30 day Local Review Process

Hard copies of the Update are available for public review at four locations, two in the Ukiah area, and in Ft. Bragg and Willits.

Draft

## COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

6) Mental Health Board Public Hearing

The Mental Health Board met on July 8, 2010. At the Board's meeting was the Public Hearing on the Mendocino County MHSA 2010/2011 CSS Plan Update.

**2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.**

| | | | | |
|---|---|---|---|---|
| REDWOOD COAST REGIONAL CENTER<br>TBA | JUVENILE JUSTICE COMMITTEE<br>TBA | POLICY COUNCIL FOR YOUTH & CHILDREN<br>KARIN WANDREI, EXECUTIVE DIRECTOR | NAMI<br>DIANE ZUCKER, CHAIR NAMI MENDOCINO | COAST CONSUMER<br>PEGGY CHAVES<br>TEMPORARY SEAT T/B APPT BY CLIENT COUNCIL |
| REDWOOD CHILDREN'S SERVICES<br>CAMILLE SCHRAEDER, EXECUTIVE DIRECTOR | PUBLIC HEALTH ADVISORY BOARD<br>CHRISTINE CLIBURN, COORDINATOR | ALLIANCE FOR RURAL COMMUNITY HEALTH<br>CATHY FREY, EXECUTIVE DIRECTOR | LAYTONVILLE FAMILY RESOURCE CENTER<br>MICHELE SCHOTT, EXECUTIVE DIRECTOR | TAY CONSUMER<br>RAVEN PRICE<br>TEMPORARY SEAT T/B APPT BY CLIENT COUNCIL |
| CONSOLIDATED TRIBAL HEALTH PROJECT, INC.<br>FREDERICK RUNDLET, EXECUTIVE DIRECTOR<br>FRANK GONZALES, PHD<br>CAROL ORTON, LCSW | HOMELESS SERVICES CONTINUUM OF CARE<br>KATHLEEN STONE, COORDINATOR | ACTION NETWORK<br>JAVIER CHAVEZ | MENDOCINO COUNTY OFFICE OF EDUCATION<br>DAMON DICKENSON, ASSISTANT SUPERINTENDENT | INLAND CONSUMER<br>LISA WARNER-CAREY<br>TEMPORARY SEAT T/B APPT BY CLIENT COUNCIL |
| NUESTRA CASA<br>SANTIAGO SIMENTAL, EXECUTIVE DIRECTOR | ROUND VALLEY INDIAN HEALTH CENTER<br>JAMES RUSS, EXECUTIVE DIRECTOR | DSS/MH OLDER ADULT SYSTEM OF CARE<br>SUSAN BRIDGE-MOUNT, SUPERVISOR | LAW ENFORCEMENT<br>TBD | NORTH COUNTY CONSUMER<br>EILEEN LOWERY<br>TEMPORARY SEAT T/B APPT BY CLIENT COUNCIL |
| PROJECT SANCTUARY<br>DINA POLKINGHORNE, EXECUTIVE DIRECTOR | SAFE PASSAGE FAMILY RESOURCE CENTER<br>LAURA WELTER, EXECUTIVE DIRECTOR | NUESTRA ALIANZA DE WILLITS<br>ALMA HERNANDEZ, DIRECTOR | PINOLLEVILLE VOCATIONAL REHABILITATION<br>VAUGHN PENA, PROGRAM DIRECTOR | ANDERSON VALLEY RESOURCE CENTER<br>TBA |
| FIRST 5 MENDOCINO COUNTY<br>ANNE MOLGAARD, EXECUTIVE DIRECTOR<br>MAYA STUART | MCAVN<br>LIBBY GUTHRIE EXECUTIVE DIRECTOR | MENDOCINO COUNTY PROBATION DEPT.<br>WESLEY M. FOREMAN, CHIEF PROBATION OFFICER | FORD STREET PROJECT<br>VANESSA VACHON, ASSISTANT DIRECTOR | UKIAH/COAST COMMUNITY CENTER<br>DAVID YOUSSOUPOFF, EXECUTIVE DIRECTOR |
| COMMUNITY CARE<br>DENNIS FAY, EXECUTIVE DIRECTOR | WILLITS COMMUNITY SERVICES & FOOD BANK<br>SUSAN GRAVIER, EXECUTIVE DIRECTOR | | | |

**Mental Health Services Act Committee 2009**
Seats Approved by the Mendocino County Mental Health Board
December 17, 2008

**3. If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.**

Not Applicable

**Local Review Process**

**4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.**

***To be Completed After Review***

**5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.**

**IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES**

**County: Mendocino**

**Date: May 20, 2010**

**Instructions:** Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, PEI and WET components during FY 2008/09.

| CSS, WET and PEI |
|---|
| **1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.**<br>**[ X ] Please check box if PEI component not implemented in FY 08/09.** |

**Children and Family Services Program**

The Children and Family Services Work plan strives to address the unmet needs throughout Mendocino County, including the more remote areas of South Coast, Fort Bragg, Laytonville, Covelo and Anderson Valley. A variety of strategies are used; Parent Partners, wraparound, cultural specific treatments services for Latino and American Indian children and families; screening and services to very young children (ages 0-5), and coordination of respites services for families.
In partnership with First 5 Mendocino, medical providers have taken the lead for screening all 0-5 years resulting in more than 90 children receiving appropriate mental health treatment. No 0-5 year old is denied services because of lack of insurance or ability to pay.
To coordinate services for parents needing respite for children, a coordinator works within the Children's Social Services Division to stay on top of resources and work with individual families to meet their needs.

Bilingual therapy services are available through the Mental Health Department for individual families on a limited basis. Additional services are provided in Covelo, Anderson Valley and Laytonville through contract with an organization provider who travels to these more remote areas. A longer-term strategy is that our largest Latino Family Center, Nuestra Case, located here in Ukiah, can gain the capacity necessary to become organizational provider for the County.

Mendocino has a robust Parent Partner program, which has expanded services via contract with Family Resource Centers or community clinics. In the coming year all Parent Partners will participate in biannual trainings and quarterly support groups to further strengthen their capacity to meet the needs of families.

**Transitional Age Youth System of Care**

Mendocino has implemented a Transition Age Young Adult System of Care modeled on the Children's System of Care firmly established for many years in our County. 24 TAY youth are served through full-service partnership in TAY Wellness Program or through our Transitional Housing Plus Program. In addition to individual therapy and rehab services, these young adults participate in services to gain independent living skills, permanent housing, access to employment and education or career development. Priority is given to youth transitioning from the foster care system, transitioning from Children's Mental Health and to those of Latino or American Indian ethnicity. These young adults access many of these services through our newly establish young adult resource center, Arbor on Main. Multiple community based-organizations, education partners, and County all work together under the leadership of Redwood Children's Services to support activities and events at the Arbor on Main. This provides active peer support in a learning and fun environment for our youth.

Students referred to the clinical coach (provided with MHSA funds) at our Mendocino Community College receive additional support to successfully navigate their college curriculum.

Draft

**IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES**

**Adult System of Care and the Older Adult System of Care Work Plan.**

The Adult and Older Adult System of Care has been successful in implementing plans for specialized FSPs, the Forensic Program, consumer empowerment, enhanced service coordination, Client Recovery Centers, Senior Peer Counseling, and outreach to unserved and underserved populations.

Recovery Centers have responded to the needs of "Step-Down" clients who are transitioning to lower levels of care by expanding hours, implementing new activities, and performing new outcome measurements. The Homeless Outreach Program Expansion (HOPE) Team has added a new outreach worker on the coast, an area with an increasing homeless population. The 5150 response team (law enforcement, emergency departments, and mental health crisis staff) has been meeting quarterly and the MOU has been updated. The Client Council is meeting regularly. Client Council and NAMI reports are regular agenda items at meetings of the MHSA ASOC Work Group and MHSA Stakeholders.

As outlined in the initial Community Services and Supports Plan, the Older Adult System of Care (OASOC) mental health program serves older individuals residing primarily in the home setting as well as a small number who live in board and care facilities. OASOC has grown to include three personal services coordinators, a program coordinator and a senior peer counseling program. Additionally, licensed clinical services are provided on a contract basis.

During fiscal year 09-10, OASOC has seen an increase in acuity of needs with new clients entering the program. The unique issues faced by older adults require staff to have specialized knowledge of how the aging process presents additional challenges when linked with mental health diagnoses. OASOC personal service coordinators regularly participate in relevant training to maintain current skills in serving this population with the focus of helping them to obtain and achieve the highest possible quality of life.

Full Service Partnerships (FSP) has expanded to approximately one third of the caseload seen in OASOC. These individuals experience depression, anxiety, schizophrenia, bi-polar and alcohol and other drug related issues. Poly-pharmacy is also an issue among older adults who are often medicated for a variety of health issues while sometimes being treated by multiple physicians. Additionally, a number of health issues can cause dementia like symptoms that require close coordination between mental health clinical staff and medical staff to determine the best course of action for these frail individuals. Each personal service coordinator maintains a caseload of approximately 18 clients annually.

The client driven FSP model has brought rewarding success to OASOC clients enrolled in this program. In particular, a group of clients who live at a board and care facility in Willits have experiences the benefit of increased support by a trained geriatric specialist. This specialist facilitates group activities each week using art therapy and social interaction as a therapeutic tool to encourage and support these individuals. The outcome has been increased positive social interaction, increased self-confidence and the ability to successfully participate in more social outings, away from the facility.

The Senior Peer Counseling program continues its support of individuals in the home setting. This program has a coastal group and an inland group. OASOC has observed a higher than normal attrition rate during this fiscal year and is currently planning a new recruitment and training effort. The effort is anticipated to at least double the current number of 9 senior peers.

OASOC contracts with community partners to reduce racial disparities among the counties primary ethnic residents in the Native American and Hispanic populations. Nuestra Casa Family Resource Center facilitates an active senior outreach program helping older adults to access community resources and engage more fully in social opportunities available to them in the community. Consolidated Tribal Health now holds an annual cross cultural training and both Round Valley and Indian Senior Centers facilitate outreach to the Native American Communities.

A client satisfaction survey was conducted in the latter part of FY 08-09 and early 09-10. The survey indicated a high rate of satisfaction in all areas indicating OASOC is well received and successful in providing services to older adults in Mendocino County. All respondents indicated that involvement with OASOC had met their needs and improved their life situation.

DRAFT

Major challenges for the AOASOC have included decreases in available funding from all sources, and staffing shortages resulting from a long-term hiring freeze and workweek reductions.

**2. Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.**

***Children and Family Services Program***

Through contract with Consolidated Tribal Health Project, a licensed clinical social worker continues to provide off-site outreach and engagement and counseling support to tribal members. This LCSW also provides services to individuals and groups incarcerated in our County jail. In partnership with Mendocino's Health & Human Services, Consolidated Tribal Health also hosted a 2-day cross-cultural training resulting in more 150 attendees from throughout the county.

**Transitional Age Youth System of Care**

This past year the Children's and TAY workgroup have recommended that contractors be provided standardized templates to capture essential information regarding the population they are serving and how objective in their contracts have been met

**Adult System of Care and the Older Adult System of Care Work Plan**

Services for adults and older adults have made inroads into the American Indian and Latino communities through outreach and engagement services provided by local community based organizations such as Nuestra Casa and Consolidated Tribal Health Center. County Mental Health and Consolidated Tribal Health co-sponsored a 2-day training on cultural competency, specifically in relation to engaging our local Pomo culture in mental health services. Forensic Program staff is facilitating mental health support groups in the jail, a previously underserved population.

Draft

**IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES**

**3. Provide the following information on the number of individuals served:**

| | CSS | PEI | WET | |
|---|---|---|---|---|
| **Age Group** | **# of individuals** | **# of individuals (for universal prevention, use estimated #)** | **Funding Category** | **# of individuals** |
| Child and Youth (0-17) | **23** | | Workforce Staff Support | |
| Transition Age Youth (16-25) | **59** | | Training/Technical Assist. | |
| Adult (18-59) | **541** | | MH Career Pathway | |
| Older Adult (60+) | **139** | | Residency & Internship | |
| **Race/Ethnicity** | | | Financial Incentive | |
| White | **495** | | | |
| African American | **14** | | [ X ] WET not implemented in FY 08/09 | |
| Asian | | | | |
| Pacific Islander | **7** | | | |
| Native American | **32** | | | |
| Hispanic | **34** | | | |
| Multi | **68** | | | |
| Other | | | | |
| Unknown | **112** | | | |
| **Other Cultural Groups** | | | | |
| LGBTQ | | | | |
| Other | | | | |
| **Primary Language** | | | | |
| English | **746** | | | |
| Spanish | **16** | | | |
| Vietnamese | | | | |
| Cantonese | | | | |
| Mandarin | | | | |
| Tagalog | | | | |
| Cambodian | | | | |
| Hmong | | | | |
| Russian | | | | |
| Farsi | | | | |
| Arabic | | | | |
| Other | | | | |

**PEI**

**4. Please provide the following information for each PEI Project in short narrative fashion:**

**a) The problems and needs addressed by the Project.**
**b) The type of services provided.**
**c) Any outcomes data, if available. (Optional)**
**d) The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable).**

Draft

## PREVIOUSLY APPROVED PROGRAM

**County:** Mendocino

**Program Number/Name:** Children & Family Services

**Date:** May 20, 2010

**Select one:**
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

| CSS and WET | | | | |
|---|---|---|---|---|
| **Previously Approved** | | | | |
| No. | **Question** | **Yes** | **No** | |
| 1. | Is this an existing program with no changes? | ☒ | ☐ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 2. | Is there a change in the service population to be served? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #3 |
| 3. | Is there a change in services? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #4 |
| 4. | Is there a change in funding amount for the existing program? | ☐ | ☐ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |
| 5. | For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.<br>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached. | | | |

| FY 09/10 funding | FY 10/11 funding | Percent Change |
|---|---|---|
| | | |

The Children and Families Services Program serves children of all ages, with a focus on the underserved 0-5 age group and underserved Latino and American Indian Children.

The Children and Families Program addresses unmet needs throughout the county utilizing a variety of strategies, including Parent Partners; wraparound services; culture specific treatment services for Latino and American Indian children and families; broad screening and assessment of very young children (ages 0-5); and coordination of Family Respite Services.

In partnership with First 5, Mendocino County has implemented Raise & Shine, a screening and assessment program for all 0-5 year olds. Children referred for mental health services, who do not have insurance or private resources are eligible through MHSA dollars for treatment. Last year over 90 children were referred and received treatment.

Family Respite Services are coordinated through a staff (partially funded with MHSA) located at Social Services and familiar with resources throughout the county. All families seeking respite are referred to this central resource. CSOC and/or MHSA funds can be used as a last resort for costs.

Bilingual and bicultural services have been expanded through contracts with organization providers who have been more successful than Mental Health in hiring bilingual/bicultural staff. These providers have also been able to provide services to our more remote areas. Mendocino County has launched a county-wide effort to provide a full spectrum of parenting classes and training through our Raise & Shine Program. Classes in both English and Spanish have been provided through our local college, through our Family Resource Centers and through our primary medical care providers. Through contract with Consolidated Tribal Health, an LCSW provides services to tribal members and families throughout the county. This LCSW also provides services to individuals and groups incarcerated at our county jail.

*PEI Projects previously approved are now called Previously Approved Programs

Draft

## PREVIOUSLY APPROVED PROGRAM

Mendocino's Parent Partner Program has been expanded through MHSA funds to provide services through Family Resource Centers in rural communities. Bicultural/bilingual parent partners links with our Family Resource Centers and tribal community to provide services to families in more remote areas. This program promises to be strengthened by MHSA support for biannual training and quarterly support groups in the coming year.

Because most of the needs for "wraparound" type services are met through our Children's System of Care Family Strengths Program, 12 Full Service Partnership slots were shifted to our TAY program. However, 3 slots are available for children on the coast who may not be eligible for Family Strengths but need the support of wraparound like services.

| Existing Programs to be Consolidated | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this a consolidation of two or more existing programs? | ☐ | ☒ | If yes, answer question #2; If no, answer questions for existing program above |
| 2. | Will all populations of existing program continue to be served? | ☐ | ☐ | If yes, answer question #3; If no, complete Exh. F1 |
| 3. | Will all services from existing program continue to be offered? | ☐ | ☐ | If yes, answer question #4<br>If no, complete Exh. F1 |
| 4. | Is the funding amount ± 15% of the sum of the previously approved amounts? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1 or E2 accordingly<br>If no, complete Exh. F1 |
| 5. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>a) The names of Previously Approved programs to be consolidated,<br>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and<br>c) Provide the rationale for consolidation. | | | |

| Prevention and Early Intervention | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this an existing program with no changes? | ☐ | ☐ | If yes, complete Exh. E4; If no, answer question #2 |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If yes, completed Exh. F4; If no, answer question #3 |
| 3. | Is the current funding requested greater than15% of the previously approved amount? | ☐ | ☐ | If yes, complete Exh. F4; If no, answer question #4 |
| 4. | Is the current funding requested greater than 35% less of the previously approved amount? | ☐ | ☐ | If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b |
| 5. | Describe the proposed changes to the Previously Approved Program and the rationale for those changes. | | | |

*PEI Projects previously approved are now called Previously Approved Programs



Draft

**PREVIOUSLY APPROVED PROGRAM**

| | | | |
|---|---|---|---|
| 5a. | If the total number of Individuals to be served annually is different than previously reported please provide revised estimates<br><br>Total Individuals: _____ Total Families: _____ | | |
| 5b. | If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: | **Prevention** | **Early Intervention** |
| | **Total Individuals:** | | |
| | **Total Families:** | | |

**Existing Programs to be Consolidated**

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 1. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If no, answer question #3; If yes, complete Exh. F4 |
| 3. | Will the consolidated programs continue to serve the same estimated number of individuals? | ☐ | ☐ | If yes, answer question #4; If no, complete Exh. F4 |
| 4. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>a) The names of Previously Approved programs to be consolidated,<br>b) How the Previously approved programs will be consolidated; and<br>c) Provide the rationale for consolidation | | | |

**Innovation**

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 1. | Is this an existing program with no changes | ☐ | ☐ | If yes, complete Exh. E5; If no, answer question #2 |
| 2. | Is there a change in the essential purpose? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #3 |
| 3. | Is there a change to the learning goals? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #4 |
| 4. | Is the funding requested ±15% of previously approved amount? | ☐ | ☐ | If yes, complete Exh. F5; If no, complete Exh. E5 |

*PEI Projects previously approved are now called Previously Approved Programs

Draft

**PREVIOUSLY APPROVED PROGRAM**

**County:** Mendocino

**Program Number/Name:** Transitional Age Youth

**Date:** May 20, 2010

**Select one:**
- ☒ **CSS**
- ☐ **WET**
- ☐ **PEI**
- ☐ **INN**

| CSS and WET | | | | |
|---|---|---|---|---|
| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 6. | Is this an existing program with no changes? | ☒ | ☐ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 7. | Is there a change in the service population to be served? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #3 |
| 8. | Is there a change in services? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #4 |
| 9. | Is there a change in funding amount for the existing program? | ☐ | ☐ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |
| 10. | **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.<br>**For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached. | | | |

| FY 09/10 funding | FY 10/11 funding | Percent Change |
|---|---|---|
| | | |

The Transitional Age Youth Program serves transitional age youth, with a special focus on those who are transitioning from the foster care system, pursuing educational goals, and seeking to enter the work environment. Based on identified needs and disparities, the program will reserve 25% of the Full Service Partnership slots for TAY's of Latino and American Indian ethnicity.

The TAY Wellness Program contains the initial components of a Transitional Age Youth System of Care. Building on the principles of resiliency and recovery, the proposed strategies seek to minimize risk factors and increase protective factors for TAYs by assisting them to:

- Develop healthy relationships with family, peers, mentors, employers, teachers, and counselors
- Access employment, education, and career or vocational development; obtain housing in supportive, clean, affordable, and productive environments;
- Access mental and physical health care;
- Learn healthy strategies for coping with stress and setbacks; and
- Be in control of their own lives

Intensive supportive housing is provided to 6 FSPs. The additional 18 FSP young adults are provided housing support, individual therapeutic services, case management and participate in activities at the community resource center, Arbor on Main.

Peer mentoring is provided to all young adults willing to participate in activities at the Arbor on Main. Though initiated to meet the needs of former foster youth, probation youth and youth involved in services through their school education plans, the community intention for this center is a welcoming environment for all young adults who will benefit from peer activities and support to meet their individual independent living, social and career goals.

*PEI Projects previously approved are now called Previously Approved Programs

## PREVIOUSLY APPROVED PROGRAM

Family-Based Mental Health Support to Rural Communities is provided by Tapestry Family Services (Anderson Valley, Covelo, Laytonville), and Action Network (South Coast).

Support to meet educational goals is also available through the college coach contracted to provide 15 hours per month.

**Existing Programs to be Consolidated**

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 6. | Is this a consolidation of two or more existing programs? | ☐ | ☒ | If yes, answer question #2; If no, answer questions for existing program above |
| 7. | Will all populations of existing program continue to be served? | ☐ | ☐ | If yes, answer question #3; If no, complete Exh. F1 |
| 8. | Will all services from existing program continue to be offered? | ☐ | ☐ | If yes, answer question #4<br>If no, complete Exh. F1 |
| 9. | Is the funding amount ± 15% of the sum of the previously approved amounts? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1 or E2 accordingly<br>If no, complete Exh. F1 |
| 10. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>d) The names of Previously Approved programs to be consolidated,<br>e) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and<br>f) Provide the rationale for consolidation. | | | |

**Prevention and Early Intervention**

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 6. | Is this an existing program with no changes? | ☐ | ☐ | If yes, complete Exh. E4; If no, answer question #2 |
| 7. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If yes, completed Exh. F4; If no, answer question #3 |
| 8. | Is the current funding requested greater than15% of the previously approved amount? | ☐ | ☐ | If yes, complete Exh. F4; If no, answer question #4 |
| 9. | Is the current funding requested greater than 35% less of the previously approved amount? | ☐ | ☐ | If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b |
| 10. | Describe the proposed changes to the Previously Approved Program and the rationale for those changes. | | | |
| | | | | |
| 5a. | If the total number of Individuals to be served annually is different than previously reported please provide revised estimates<br><br>Total Individuals: _____ Total Families: _____ | | | |
| 5b. | If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: | **Prevention** | | **Early Intervention** |
| | **Total Individuals:** | | | |

*PEI Projects previously approved are now called Previously Approved Programs

**PREVIOUSLY APPROVED PROGRAM**

| | Total Families: | | |
|---|---|---|---|

| Existing Programs to be Consolidated | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If no, answer question #3; If yes, complete Exh. F4 |
| 3. | Will the consolidated programs continue to serve the same estimated number of individuals? | ☐ | ☐ | If yes, answer question #4; If no, complete Exh. F4 |
| 4. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>d) The names of Previously Approved programs to be consolidated,<br>e) How the Previously approved programs will be consolidated; and<br>f) Provide the rationale for consolidation | | | |

| Innovation | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 5. | Is this an existing program with no changes | ☐ | ☐ | If yes, complete Exh. E5; If no, answer question #2 |
| 6. | Is there a change in the essential purpose? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #3 |
| 7. | Is there a change to the learning goals? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #4 |
| 8. | Is the funding requested ±15% of previously approved amount? | ☐ | ☐ | If yes, complete Exh. F5; If no, complete Exh. E5 |

*PEI Projects previously approved are now called Previously Approved Programs

Draft

**PREVIOUSLY APPROVED PROGRAM**

**County:** Mendocino

**Program Number/Name:** Adult System of Care

**Date:** May 20, 2010

**Select one:**
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

| CSS and WET | | | | |
|---|---|---|---|---|
| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 11. | Is this an existing program with no changes? | ☒ | ☐ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 12. | Is there a change in the service population to be served? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #3 |
| 13. | Is there a change in services? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #4 |
| 14. | Is there a change in funding amount for the existing program? | ☐ | ☐ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |
| 15. | **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.<br>**For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached. | | | |

| FY 09/10 funding | FY 10/11 funding | Percent Change |
|---|---|---|
| | | |

1. Homeless Outreach Program Expansion (HOPE) Team – A multi-disciplinary team of mental health and social services staff will provide Outreach & Engagement services as well as Full Service Partnerships (FSP) to individuals with severe mental illness who are homeless or at-risk of being homeless. First priority for FSPs will be given to individuals of American Indian or Latino ethnicity. The HOPE Team will collaborate with the Homeless Services Planning Group to leverage federal Homeless Prevention & Rapid Re-housing funds and increase access to housing. HOPE and other case managers will continue to use FSP wraparound funds to support recovery. Services may include transportation, clothing, food, education, counseling, and temporary housing.
2. Forensic Program – Will provide Full Service Partnerships for individuals with severe mental illness who are incarcerated, on supervised release, on parole or probation, or at-risk of incarceration, as well as being homeless or at risk of becoming homeless. Priority will be given to women of American Indian or Latino descent. Groups will continue to be offered in the jail.
3. Client Empowerment Advocate – Will assist with coordination and communication between the Mental Health Branch, Community Based Organizations, mental health consumers, and other community members. Will also collaborate with clients to reduce stigma and promote MHSA recovery principles.
4. AOASOC Coordinator – Will monitor quality assurance methods and oversight, coordinate System of Care transition and communication, assist with implementation of Step-Down Program, and supervise MHSA/WET Coordinator, including coordination of training opportunities for mental health staff and partners.

Recovery Centers – Drop-in centers will continue to offer support groups and skill building sessions for individuals with Full Service Partnerships. Focus is on a welcoming atmosphere, increasing client participation and a reduction of stigma related to mental illness.

*PEI Projects previously approved are now called Previously Approved Programs

## PREVIOUSLY APPROVED PROGRAM

| Existing Programs to be Consolidated | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 11. | Is this a consolidation of two or more existing programs? | ☐ | ☒ | If yes, answer question #2; If no, answer questions for existing program above |
| 12. | Will all populations of existing program continue to be served? | ☐ | ☐ | If yes, answer question #3; If no, complete Exh. F1 |
| 13. | Will all services from existing program continue to be offered? | ☐ | ☐ | If yes, answer question #4<br>If no, complete Exh. F1 |
| 14. | Is the funding amount ± 15% of the sum of the previously approved amounts? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1 or E2 accordingly<br>If no, complete Exh. F1 |
| 15. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>g) The names of Previously Approved programs to be consolidated,<br>h) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and<br>i) Provide the rationale for consolidation. | | | |

| Prevention and Early Intervention | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 11. | Is this an existing program with no changes? | ☐ | ☐ | If yes, complete Exh. E4; If no, answer question #2 |
| 12. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If yes, completed Exh. F4; If no, answer question #3 |
| 13. | Is the current funding requested greater than15% of the previously approved amount? | ☐ | ☐ | If yes, complete Exh. F4; If no, answer question #4 |
| 14. | Is the current funding requested greater than 35% less of the previously approved amount? | ☐ | ☐ | If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b |
| 15. | Describe the proposed changes to the Previously Approved Program and the rationale for those changes. | | | |
| 5a. | If the total number of Individuals to be served annually is different than previously reported please provide revised estimates<br><br>Total Individuals: _____ Total Families: _____ | | | |

| 5b. | If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: | **Prevention** | **Early Intervention** |
|---|---|---|---|
| | **Total Individuals:** | | |
| | **Total Families:** | | |

*PEI Projects previously approved are now called Previously Approved Programs

Draft

**PREVIOUSLY APPROVED PROGRAM**

| Existing Programs to be Consolidated | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If no, answer question #3; If yes, complete Exh. F4 |
| 3. | Will the consolidated programs continue to serve the same estimated number of individuals? | ☐ | ☐ | If yes, answer question #4; If no, complete Exh. F4 |
| 4. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>g) The names of Previously Approved programs to be consolidated,<br>h) How the Previously approved programs will be consolidated; and<br>i) Provide the rationale for consolidation | | | |
| | | | | |

| Innovation | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 9. | Is this an existing program with no changes | ☐ | ☐ | If yes, complete Exh. E5; If no, answer question #2 |
| 10. | Is there a change in the essential purpose? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #3 |
| 11. | Is there a change to the learning goals? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #4 |
| 12. | Is the funding requested ±15% of previously approved amount? | ☐ | ☐ | If yes, complete Exh. F5; If no, complete Exh. E5 |

*PEI Projects previously approved are now called Previously Approved Programs

Draft

**PREVIOUSLY APPROVED PROGRAM**

**County:** Mendocino

**Program Number/Name:** Older Adult System of Care

**Date:** April 7, 2010

**Select one:**
- ☒ **CSS**
- ☐ **WET**
- ☐ **PEI**
- ☐ **INN**

**CSS and WET**

**Previously Approved**

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 16. | Is this an existing program with no changes? | ☒ | ☐ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 17. | Is there a change in the service population to be served? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #3 |
| 18. | Is there a change in services? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #4 |
| 19. | Is there a change in funding amount for the existing program? | ☐ | ☐ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |

| FY 09/10 funding | FY 10/11 funding | Percent Change |
|---|---|---|
| | | |

| | |
|---|---|
| 20. | **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.<br>**For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached. |

During fiscal year 10-11, the OASOC program will continue to expand its FSP services. To ensure that older adults with serious mental illness receive the specialized attention they need, OASOC is working closely with staff at Adult Mental Health Recovery Services (AMHRS) to transfer older adult clients to OASOC. It is anticipated this will increase the OASOC caseload from an average of 60 to at least 70 in the coming year. To ensure appropriate caseload size for the personal services coordinators (PSC), the OASOC Program Coordinator will carry cases until funding to incorporate an additional PSC can be identified. Approximately 14 older adult individuals are currently case managed by AMHRS and are being reviewed and triaged for transfer to OASOC. Additionally, 10 out of county placements are being reviewed for the possibility of transfer back in county.

A recruitment is underway to fill the currently vacant Program Coordinator position. Once this position is filled, a new Senior Peer Counseling training will be conducted to increase the number of Senior Peers. This important component of OASOC provides a vital level of informal support to isolated older adults with serious mental illness. The cross cultural training provided by Consolidated Tribal Health will again be offered and the outreach services will continue to be offered to ensure adequate efforts are made to the community's ethnic populations.

Goals established in the Prevention and Early Intervention planning process encompassing enhanced outreach, senior peer counseling coordination and community training will further expand OASOC services in the coming year. At the same time, OASOC faces the challenge of reduced funding will endeavoring to meet the continuing need for older adult mental health services.

*PEI Projects previously approved are now called Previously Approved Programs

**PREVIOUSLY APPROVED PROGRAM**

| Existing Programs to be Consolidated | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 16. | Is this a consolidation of two or more existing programs? | ☐ | ☒ | If yes, answer question #2; If no, answer questions for existing program above |
| 17. | Will all populations of existing program continue to be served? | ☐ | ☐ | If yes, answer question #3; If no, complete Exh. F1 |
| 18. | Will all services from existing program continue to be offered? | ☐ | ☐ | If yes, answer question #4<br>If no, complete Exh. F1 |
| 19. | Is the funding amount ± 15% of the sum of the previously approved amounts? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1 or E2 accordingly<br>If no, complete Exh. F1 |
| 20. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>j) The names of Previously Approved programs to be consolidated,<br>k) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and<br>l) Provide the rationale for consolidation. | | | |

| Prevention and Early Intervention | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 16. | Is this an existing program with no changes? | ☐ | ☐ | If yes, complete Exh. E4; If no, answer question #2 |
| 17. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If yes, completed Exh. F4; If no, answer question #3 |
| 18. | Is the current funding requested greater than15% of the previously approved amount? | ☐ | ☐ | If yes, complete Exh. F4; If no, answer question #4 |
| 19. | Is the current funding requested greater than 35% less of the previously approved amount? | ☐ | ☐ | If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b |
| 20. | Describe the proposed changes to the Previously Approved Program and the rationale for those changes. | | | |

| | | | |
|---|---|---|---|
| 5a. | If the total number of Individuals to be served annually is different than previously reported please provide revised estimates<br><br>Total Individuals: _____ Total Families: _____ | | |
| 5b. | If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: | **Prevention** | **Early Intervention** |
| | **Total Individuals:** | | |
| | **Total Families:** | | |

*PEI Projects previously approved are now called Previously Approved Programs



Draft

## PREVIOUSLY APPROVED PROGRAM

| Existing Programs to be Consolidated | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If no, answer question #3; If yes, complete Exh. F4 |
| 3. | Will the consolidated programs continue to serve the same estimated number of individuals? | ☐ | ☐ | If yes, answer question #4; If no, complete Exh. F4 |
| 4. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>j) The names of Previously Approved programs to be consolidated,<br>k) How the Previously approved programs will be consolidated; and<br>l) Provide the rationale for consolidation | | | |

| Innovation | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 13. | Is this an existing program with no changes | ☐ | ☐ | If yes, complete Exh. E5; If no, answer question #2 |
| 14. | Is there a change in the essential purpose? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #3 |
| 15. | Is there a change to the learning goals? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #4 |
| 16. | Is the funding requested ±15% of previously approved amount? | ☐ | ☐ | If yes, complete Exh. F5; If no, complete Exh. E5 |

Draft

*PEI Projects previously approved are now called Previously Approved Programs

**EXHIBIT E1**

**CSS BUDGET SUMMARY**

**County:** Mendocino **Date:** 5/20/2010

| | CSS Programs | | FY 10/11 Requested MHSA Funding | Estimated MHSA Funds by Service Category | | | | Estimated MHSA Funds by Age Group | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | Name | | Full Service Partnerships (FSP) | General System Development | Outreach and Engagement | MHSA Housing Program | Children and Youth | Transition Age Youth | Adult | Older Adult | |
| **Previously Approved Programs** | | | | | | | | | | | | |
| 1. | 2 | Children & Families | $157,843 | $74,480 | | $83,363 | | $157,843 | | | | |
| 2. | 3 | Transitional Age Youth | $280,819 | $119,719 | $8,100 | $153,000 | | | $280,819 | | | |
| 3. | 4 | Adult System of Care | $969,218 | $564,025 | $76,693 | $328,500 | | | | $969,218 | | |
| 4. | 5 | Older Adult System of Care | $196,318 | $149,787 | $5,931 | $40,600 | | | | | $196,318 | |
| 5. | | | $0 | | | | | | | | | |
| 6. | | | $0 | | | | | | | | | |
| 7. | | | $0 | | | | | | | | | |
| 8. | | | $0 | | | | | | | | | |
| 9. | | | $0 | | | | | | | | | |
| 10. | | | $0 | | | | | | | | | |
| 11. | | | $0 | | | | | | | | | |
| 12. | | | $0 | | | | | | | | | |
| 13. | | | $0 | | | | | | | | | |
| 14. | | | $0 | | | | | | | | | |
| 15. | | | $0 | | | | | | | | | |
| 16. | Subtotal: Programs [a/] | | $1,604,198 | $908,011 | $90,724 | $605,463 | $0 | $157,843 | $280,819 | $969,218 | $196,318 | Percentage |
| 17. | Plus up to 15% County Administration | | $194,280 | | | | | | | | | 12% |
| 18. | Plus up to 10% Operating Reserve | | $81,448 | | | | | | | | | 4.5% |
| 19. | Subtotal: Previously Approved Programs/County Admin./Operating Reserve | | $1,879,926 | | | | | | | | | |
| **New Programs** | | | | | | | | | | | | |
| 1. | | | $0 | | | | | | | | | |
| 2. | | | $0 | | | | | | | | | |
| 3. | | | $0 | | | | | | | | | |
| 4. | | | $0 | | | | | | | | | |
| 5. | | | $0 | | | | | | | | | |
| 6. | Subtotal: Programs [a/] | | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | Percentage |
| 7. | Plus up to 15% County Administration | | | | | | | | | | | #VALUE! |
| 8. | Plus up to 10% Operating Reserve | | | | | | | | | | | #VALUE! |
| 9. | Subtotal: New Programs/County Admin./Operating Reserve | | $0 | | | | | | | | | |
| 10. | **Total MHSA Funds Requested for CSS** | | $1,879,926 | | | | | | | | | |

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 56.60%

**Additional funding sources for FSP requirement:**
County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must match the Annual Cost Report. R

**CSS Majority of Funding to FSPs**

| | CSS | State General Fund | Other State Funds | Medi-Cal FFP | Medicare | Other Federal Funds | Re-alignment | County Funds | Other Funds | Total | Total % |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Other Funding Sources | | | | | | | | |
| **Total Mental Health Expenditures:** | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | #DIV/0! |

DRAFT

**PREVIOUSLY APPROVED PROGRAM**

**County:** Mendocino

**Program Number/Name:** Education, Destigmatization & Peer Support

**Date:** May 20, 2010

**Select one:**
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

| CSS and WET | | | | |
|---|---|---|---|---|
| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 21. | Is this an existing program with no changes? | ☐ | ☐ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 22. | Is there a change in the service population to be served? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #3 |
| 23. | Is there a change in services? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #4 |
| 24. | Is there a change in funding amount for the existing program? | ☐ | ☐ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |
| 25. | **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.<br>**For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached. | | | |

| FY 09/10 funding | FY 10/11 funding | Percent Change |
|---|---|---|
| | | |

| **Existing Programs to be Consolidated** | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 21. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 22. | Will all populations of existing program continue to be served? | ☐ | ☐ | If yes, answer question #3; If no, complete Exh. F1 |
| 23. | Will all services from existing program continue to be offered? | ☐ | ☐ | If yes, answer question #4<br>If no, complete Exh. F1 |
| 24. | Is the funding amount ± 15% of the sum of the previously approved amounts? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1 or E2 accordingly<br>If no, complete Exh. F1 |
| 25. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>m) The names of Previously Approved programs to be consolidated,<br>n) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and<br>o) Provide the rationale for consolidation. | | | |

*PEI Projects previously approved are now called Previously Approved Programs

## PREVIOUSLY APPROVED PROGRAM

| Prevention and Early Intervention | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 21. | Is this an existing program with no changes? | ☐ | ☒ | If yes, complete Exh. E4; If no, answer question #2 |
| 22. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☒ | If yes, completed Exh. F4; If no, answer question #3 |
| 23. | Is the current funding requested greater than15% of the previously approved amount? | ☒ | ☐ | If yes, complete Exh. F4; If no, answer question #4 |
| 24. | Is the current funding requested greater than 35% less of the previously approved amount? | ☒ | ☐ | If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b |
| 25. | Describe the proposed changes to the Previously Approved Program and the rationale for those changes. | | | |

The description for this program has not changed from the original description in our approved PEI plan. However, our plans for implementing the program have changed, and the associated costs have increased more than the allowable 15%. Therefore, we are including this PEI program as a "new program" rather than as a "previously approved" program.

Mendocino County will solicit for proposals for delivery of education, de-stigmatization and peer support activities and services. The specific activities and services to be provided will include the following:

***Interactive education modules***—these would provide information about mental health issues of all types and common to all age groups. Information would include signs and symptoms, red flags and intervention and treatment options. They would utilize video-taped or in-person testimonials and would allow for discussion and a question-and-answer period. The modules would be replicable across the county and usable with a variety of audiences. They would include handouts in English and Spanish about the local resources that address behavioral health and how to contact them.

***Peer Support***—Peer support groups would be developed as needs surfaced through the interactive education modules, and participants could also be linked to any existing peer support groups. The focus of the newly-formed groups would be ongoing de-stigmatization of mental illness through the support of peers along with encouragement and guidance for seeking and accepting treatment and other services.

***Training for Trainers—***Trainers would be identified and trained about organizing and facilitating the interactive education modules, providing peer support, and facilitating peer support groups effectively.

| | | | |
|---|---|---|---|
| 5a. | If the total number of Individuals to be served annually is different than previously reported please provide revised estimates<br><br>Total Individuals: _____ Total Families: _____ | | |
| 5b. | If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: | **Prevention** | **Early Intervention** |
| | **Total Individuals:** | | |
| | **Total Families:** | | |

*PEI Projects previously approved are now called Previously Approved Programs



Draft

**PREVIOUSLY APPROVED PROGRAM**

| | | | |
|---|---|---|---|

**Existing Programs to be Consolidated**

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 1. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If no, answer question #3; If yes, complete Exh. F4 |
| 3. | Will the consolidated programs continue to serve the same estimated number of individuals? | ☐ | ☐ | If yes, answer question #4; If no, complete Exh. F4 |
| 4. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>m) The names of Previously Approved programs to be consolidated,<br>n) How the Previously approved programs will be consolidated; and<br>o) Provide the rationale for consolidation | | | |

**Innovation**

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 17. | Is this an existing program with no changes | ☐ | ☐ | If yes, complete Exh. E5; If no, answer question #2 |
| 18. | Is there a change in the essential purpose? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #3 |
| 19. | Is there a change to the learning goals? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #4 |
| 20. | Is the funding requested ±15% of previously approved amount? | ☐ | ☐ | If yes, complete Exh. F5; If no, complete Exh. E5 |

Draft

*PEI Projects previously approved are now called Previously Approved Programs

## PEI NEW PROGRAM DESCRIPTION

**County:** Mendocino

**Program Number/Name:** Education, Destigmatization & Peer Support

**Date:** May 20, 2010

**Instructions:** Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices No.: 07-19 and 08-23. Complete this form for each new PEI Program and existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, and/or funding as described in the Information Notice.

| 1. PEI Key Community Mental Health Needs | Age Group | | | |
|---|---|---|---|---|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 1. Disparities in Access to Mental Health Services | ☒ | ☒ | ☒ | ☒ |
| 2. Psycho-Social Impact of Trauma | ☒ | ☒ | ☒ | ☒ |
| 3. At-Risk Children, Youth and Young Adult Populations | ☒ | ☒ | | |
| 4. Stigma and Discrimination | ☒ | ☒ | ☒ | ☒ |
| 5. Suicide Risk | ☒ | ☒ | ☒ | ☒ |

| 2. PEI Priority Population(s)<br>**Note: All PEI programs must address underserved racial/ethnic and cultural populations.** | Age Group | | | |
|---|---|---|---|---|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 1. Trauma Exposed Individuals | ☒ | ☒ | ☒ | ☒ |
| 2. Individuals Experiencing Onset of Serious Psychiatric Illness | ☒ | ☒ | ☒ | ☒ |
| 3. Children and Youth in Stressed Families | ☒ | ☒ | | |
| 4. Children and Youth at Risk for School Failure | ☒ | ☒ | | |
| 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement | ☒ | ☒ | | |
| 6. Underserved Cultural Populations | ☒ | ☒ | ☒ | ☒ |

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

In our PEI planning process, a subcommittee of our Stakeholders Work Group was dedicated to gathering data and creating our Community Mental Health Assessment Data Report which was Exhibit B of our PEI plan. We conducted 30 focus groups and consultations with key informants, and received 40 survey responses which are documented in Exhibits D1-D6 and F in the PEI plan as well. The need to educate the community as well as individuals with mental illness and their families was strongly asserted in virtually every focus group and discussion conducted during the planning process. Education about the nature of mental illness, the causes and remedies was seen as the best way to de-stigmatize it. Education would enable professionals, early responders, neighbors and friends to recognize signs and symptoms and respond effectively. It would also act to encourage troubled individuals and/or their families to seek help and to accept the need for, and efficacy of mental health treatment. The need for peer support went hand-in-hand with education and de-stigmatization in our discussions with community members. Peer support was described as an essential ingredient in enabling those with mental illness to recognize and manage their conditions ongoing. It was also seen as a great need for their families.

**3. PEI Program Description (attach additional pages, if necessary).**

The description for this program has not changed from the original description in our approved PEI plan. However, our plans for implementing the program have changed, and the associated costs have increased more than the allowable 15%. Therefore, we are including this PEI program as a "new program" rather than as a "previously approved" program.

Mendocino County will solicit for proposals for delivery of education, de-stigmatization and peer support activities and services. The specific activities and services to be provided will include the following:
***Interactive education modules***—these would provide information about mental health issues of all types and common to all age groups. Information would include signs and symptoms, red flags and intervention and treatment options. They would utilize video-taped or in-person testimonials and would allow for discussion and a question-and-answer period. The modules would be replicable across the county and usable with a variety of audiences. They would include handouts in

*PEI Projects previously approved are now called Previously Approved Programs

English and Spanish about the local resources that address behavioral health and how to contact them.
***Peer Support***—Peer support groups would be developed as needs surfaced through the interactive education modules, and participants could also be linked to any existing peer support groups. The focus of the newly-formed groups would be ongoing de-stigmatization of mental illness through the support of peers along with encouragement and guidance for seeking and accepting treatment and other services.
***Training for Trainers—***Trainers would be identified and trained about organizing and facilitating the interactive education modules, providing peer support, and facilitating peer support groups effectively.

**4. Activities**

| Activity Title | Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention: | | | | Number of months in operation through June 2011 |
|---|---|---|---|---|---|
| | | Universal Prevention | Selective* Prevention | Early Intervention | |
| **Interactive Education Modules** | Individuals:<br>Families: | **672**<br>**530** | | **132**<br>**104** | **12** |
| **Peer Support** | Individuals:<br>Families: | **300**<br>**300** | | **60**<br>**60** | **12** |
| **Training For Trainers** | Individuals:<br>Families: | **24**<br>**N/A** | | **24***<br>**N/A**<br>* Same trainers as Prevention | **12** |
| Total PEI Program Estimated Unduplicated Count of Individuals to be Served | Individuals:<br>Families: | **696**<br>**530** | | **132**<br>**104** | **12** |

Previously referred to as "Selected/Indicated"
b.

**5. Describe how the program links PEI participants to County Mental Health and providers of other needed services**

The inclusion of peer support groups is one way to make sure that mental health resources are available and accessible from every region of the community. The handouts that would be included as part of the interactive education modules also allow individuals and family members to self-refer for services. Selected providers of the program activities would be required to ensure that participants in the education modules and peer support groups are linked, as needed, to the Mental Health Divisions of the Children & Family System of Care and the Adult and Older Adult System of Care of Mendocino County's Health & Human Services Agency. They would also be required to link to other providers of mental and behavioral health services as well as parent education classes, social services, and other resources. The Mental Health Divisions would work with selected providers to establish a clear path for referrals and communication as part of their contracts. Finally, this program would act as a component of two other PEI programs. In that way, linkages to the mental Health Divisions are built in.

**6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.**

This program presents our county with the opportunity for collaboration with numerous entities that work with people, and have facilities where people already gather in every region of our community. They are also likely locations for interactive educational sessions and peer support groups. Many have staff members who could be trained to facilitate peer support groups or conduct the education modules, or adapt them to programs they already provide. Among the many possible collaborators are:

- Current contractors and organizational providers of the Mental Health Divisions;
- Other divisions in the Health and Human Services Agency;
- Community clinics and health centers;
- The local chapters of the National Alliance on Mental Illness (NAMI)
- Private non-profit community-based organizations such as the eight family resource centers;
- Schools, and community colleges;
- Tribal organizations;
- Senior Centers;
- Churches, granges and service clubs.

*PEI Projects previously approved are now called Previously Approved Programs

This project would enhance the mental health system in our county in several ways. First it provides an additional resource through peer support groups that are client-driven and recovery-oriented in the spirit of the Mental Health Services Act. The project would enhance the system also by developing architecture for mental health intervention and treatment that is similar in each region and understood by the community at large, and by human service providers at all levels. Lastly, it would enhance the system by inviting and encouraging mentally ill individuals and their families to take charge of their conditions early, and by mobilizing each community to engage with its members who have, or are at risk of developing mental illness, instead of seeing this as the task of the Mental Health Divisions alone.

**7. Describe intended outcomes.**

*For Individuals*

- Experience less stigma and discrimination;
- Decrease in untreated mental illness and risk of suicide;
- Improve ability to accept one's own mental health needs or those of family members and seek assistance;
- Receive ongoing encouragement and support from peers to accept a mental health condition and learn to manage it;
- Increase knowledge of local and other resources;
- Families and caregivers receive prompt information and assistance with individuals at the early onset of mental illness.

*For the System and Project*

- All sectors of the community have more *accurate* information about mental illness and suicide, and are more engaged in solutions;
- There is a decrease in untreated mental illness and suicides;
- Community members and clients know how to get help for various mental health issues, whom to contact, and how to make referrals;
- Peer support groups are established in every region and among them are those that focus on culturally appropriate and effective approaches for American Indians and Latinos, older adults, children and their parents, and individuals with co-occurring substance abuse disorders;
- An increase in the number of individuals and families who seek mental health assistance early, and a higher rate of recovery among those served.

Specific methods for tracking the above outcomes are included in the original PEI plan**.**

**8. Describe coordination with Other MHSA Components.**

Since this program includes providing information about local resources to address mental health issues, it would link to the projects included in Mendocino County's Community Services and Supports (CSS) Plan in that way. In addition, this program would be one of the components of the PEI Prevention Program for Older Adults (Program #3) which is an augmentation of Work Plan #5 of the County's CSS Plan. Also, this program could be an element in Program #4 of our PEI Plan.

**9. Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.**

The planning process for the PEI component was subject to considerable delays. Expeditious implementation of this program is of great importance to our community, our stakeholders, and our clientele. Therefore, we anticipate the work required to develop the program's materials and modules will be especially intense in 2009/2010 and 2010/2011. This means that much of the program's costs will be concentrated in those years, and that those costs will exceed the 15% limit required to request funding as a "Previously Approved Program". No changes have been made to this program other than the amount of funding needed.

A. Expenditures: **$125,000**

1. *Personnel*
   There are no expenses in this category. All personnel will be provided under contract with a provider or providers to be determined.

2. *Operating Costs*
   There are no expenses in this category. All operations will be covered under contract with provider or providers to be determined.

3. *Non-recurring Expenditures*
There are no expenses in this category as cost of reusable and replicable materials will be covered under contract with provider or providers to be determined.

3. *Subcontracts/Professional Services*
The funds requested will provide for a contracted vendor or vendors who will supply replicable interactive education modules across the county about mental illnesses, the signs and symptoms, red flags and intervention & treatment options. The modules will be such that they will be effective with all age groups and the American Indian and Latino communities. Vendor(s) will also train trainers to organize and facilitate interactive education modules that can be incorporated in their existing classes, groups and services. Vendor(s) will provide handouts in English and Spanish that list local resources and contacts. Vendor(s) will assist in the development of peer support groups for individuals with mental illness and their family members with the purpose of ongoing education and de-stigmatization about mental illness so that any needed treatment and support will be sought. This program will serve as a bridge between the community and the County Mental Health Branches as well as other mental health resources. The program will work in tandem with Program #3 and Program #4.

B. Other**-$0**

C. Total Proposed Expenditures: **$125,000**

**10. Additional Comments (Optional)**

Draft

**PREVIOUSLY APPROVED PROGRAM**

**County:** Mendocino

**Program Number/Name:** Early Onset, Early Intervention: TAY

**Date:** May 20, 2010

**Select one:**
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

**CSS and WET**

**Previously Approved**

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 26. | Is this an existing program with no changes? | ☐ | ☐ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 27. | Is there a change in the service population to be served? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #3 |
| 28. | Is there a change in services? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #4 |
| 29. | Is there a change in funding amount for the existing program? | ☐ | ☐ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |

| FY 09/10 funding | FY 10/11 funding | Percent Change |
|---|---|---|
| | | |

| | |
|---|---|
| 30. | **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.<br>**For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached. |

**Existing Programs to be Consolidated**

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 26. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 27. | Will all populations of existing program continue to be served? | ☐ | ☐ | If yes, answer question #3; If no, complete Exh. F1 |
| 28. | Will all services from existing program continue to be offered? | ☐ | ☐ | If yes, answer question #4<br>If no, complete Exh. F1 |
| 29. | Is the funding amount ± 15% of the sum of the previously approved amounts? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1 or E2 accordingly<br>If no, complete Exh. F1 |

| | |
|---|---|
| 30. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>p) The names of Previously Approved programs to be consolidated,<br>q) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and<br>r) Provide the rationale for consolidation. |

*PEI Projects previously approved are now called Previously Approved Programs

## PREVIOUSLY APPROVED PROGRAM

| Prevention and Early Intervention | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 26. | Is this an existing program with no changes? | ☐ | ☒ | If yes, complete Exh. E4; If no, answer question #2 |
| 27. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☒ | If yes, completed Exh. F4; If no, answer question #3 |
| 28. | Is the current funding requested greater than15% of the previously approved amount? | ☒ | ☐ | If yes, complete Exh. F4; If no, answer question #4 |
| 29. | Is the current funding requested greater than 35% less of the previously approved amount? | ☒ | ☐ | If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b |
| 30. | Describe the proposed changes to the Previously Approved Program and the rationale for those changes. | | | |

The description for this program has not changed from the original description in our approved PEI plan. However, our plans for implementing the program have changed, and we project serving more individuals than originally envisioned. These changes have increased the associated costs more than the allowable 15%. Therefore, we are including this PEI program as a "new program" rather than as a "previously approved" program.

This program will provide a comprehensive constellation of linked services for 15 to 20 individuals aged 16 through 25 who are suffering from the early onset of a serious psychiatric illness, and their families. It is founded on two best practice models for first break early intervention recommended by the State: Early Psychosis Prevention and Intervention Centre (EPPIC), Melbourne Australia, and the Early Diagnosis And Preventative Treatment of Psychosis Illness (EDAPT), Sacramento, California. The project will give priority to American Indians, Latinos, and newly incarcerated youth and young adults whose offenses would allow them to be released to partake of the project's services. The project will also include services to address those transition-age youth and young adults with co-occurring disorders. Services will be available to individuals from all regions of the County.

Project Components:

- *Dedicated psychiatry*.
  This service would be provided through the expansion of an existing contract with a pediatric psychiatrist who is interested in working with transition-age youth and young adults as well. There is also potential for providing tele-psychiatry through this contract and in collaboration with Yuki Trails Human Services of the Round Valley Indian Health Center that could be utilized for American Indians residing in the remote Round Valley reservation. The pediatric psychiatrist would be available to the Ft. Bragg office on the coast via tele-psychiatry as well. In addition we have contracts with two adult psychiatrists based in Ft. Bragg. This service would provide prompt, responsive psychiatric assessment and treatment.
- *Dedicated case management and counseling*,
  This service would be provided through 1 FTE Mental Health Rehabilitation Specialist (an increase over the .5 FTE originally envisioned in our PEI plan). The rehabilitation specialist will act as a Personal Services Coordinator for each client. Services would include an emphasis on psycho-social development and recovery and would link clients to existing social, vocational and education resources. Services would also include individualized education about the nature of the client's illness and its treatment, help with the reduction of disruption in the client's life, and promotion of well-being and hope.
- *Dedicated family therapy, and education*,
  This service would be provided through 1 FTE Mental Health Clinician (an increase over the .5 FTE originally envisioned in our PEI plan). The service would include helping the client and the client's loved ones make the adjustment *together*, to the realities and new circumstances occasioned by the client's illness and help them make health-promoting decisions for all family members.
- *Peer support*
  This service would be provided utilizing transition-age individuals who are over age 21, and parents of individuals who have serious psychiatric illnesses as volunteers. It will entail a contract for training these peer support facilitators. Peer support would be developed and provided in natural settings in the County, as determined by the needs of the TAY clients as they are identified for this program. In addition, this program would provide for a peer support person to work with the County's Crisis Unit when transition-age individuals are being served, as available.

*PEI Projects previously approved are now called Previously Approved Programs

**PREVIOUSLY APPROVED PROGRAM**

- *Alcohol and Other Drug rehabilitation services*
  This service would be provided through groups and individual rehabilitation services by Alcohol and Other Drug Treatment staff.
- *Supported housing*
  This program would expand the existing TAY Wellness program which is funded through CSS. It would add supported independent living for 12 more clients aged 18-24 who are participating in the TAY Early Onset, Early Intervention Program. This represents an increase of 6 beds over the number of beds envisioned in our PEI plan.

| | | | |
|---|---|---|---|
| 5a. | If the total number of Individuals to be served annually is different than previously reported please provide revised estimates<br><br>Total Individuals: _____ Total Families: _____ | | |
| 5b. | If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: | **Prevention** | **Early Intervention** |
| | **Total Individuals:** | | |
| | **Total Families:** | | |

**Existing Programs to be Consolidated**

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 1. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If no, answer question #3; If yes, complete Exh. F4 |
| 3. | Will the consolidated programs continue to serve the same estimated number of individuals? | ☐ | ☐ | If yes, answer question #4; If no, complete Exh. F4 |
| 4. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>p) The names of Previously Approved programs to be consolidated,<br>q) How the Previously approved programs will be consolidated; and<br>r) Provide the rationale for consolidation | | | |

**Innovation**

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 21. | Is this an existing program with no changes | ☐ | ☐ | If yes, complete Exh. E5; If no, answer question #2 |
| 22. | Is there a change in the essential purpose? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #3 |
| 23. | Is there a change to the learning goals? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #4 |
| 24. | Is the funding requested ±15% of previously approved amount? | ☐ | ☐ | If yes, complete Exh. F5; If no, complete Exh. E5 |

*PEI Projects previously approved are now called Previously Approved Programs

Draft

## PEI NEW PROGRAM DESCRIPTION

**County:** Mendocino

**Program Number/Name:** Early Onset, Early Intervention: TAY

**Date:** May 20, 2010

**Instructions:** Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices No.: 07-19 and 08-23. Complete this form for each new PEI Program and existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, and/or funding as described in the Information Notice.

| 2. PEI Key Community Mental Health Needs | Age Group | | | |
|---|---|---|---|---|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 6. Disparities in Access to Mental Health Services | ☐ | ☒ | ☐ | ☐ |
| 7. Psycho-Social Impact of Trauma | ☐ | ☐ | ☐ | ☐ |
| 8. At-Risk Children, Youth and Young Adult Populations | ☐ | ☒ | | |
| 9. Stigma and Discrimination | ☐ | ☒ | ☐ | ☐ |
| 10. Suicide Risk | ☐ | ☒ | ☐ | ☐ |

| 3. PEI Priority Population(s)<br>**Note: All PEI programs must address underserved racial/ethnic and cultural populations.** | Age Group | | | |
|---|---|---|---|---|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 7. Trauma Exposed Individuals | ☐ | ☐ | ☐ | ☐ |
| 8. Individuals Experiencing Onset of Serious Psychiatric Illness | ☐ | ☒ | ☐ | ☐ |
| 9. Children and Youth in Stressed Families | ☐ | ☒ | | |
| 10. Children and Youth at Risk for School Failure | ☐ | ☒ | | |
| 11. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement | ☐ | ☒ | | |
| 12. Underserved Cultural Populations | ☐ | ☒ | ☐ | ☐ |

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

In our PEI planning process, a subcommittee of our Stakeholders Work Group was dedicated to gathering data and creating our Community Mental Health Assessment Data Report which was Exhibit B of our PEI plan. We conducted 30 focus groups and consultations with key informants, and received 40 survey responses which are documented in Exhibits D1-D6 and F in the PEI plan as well. The data and the input from clients and the community spoke eloquently to the need for services for individuals at the early onset of a serious psychiatric illness. The human suffering caused by these illnesses and the soaring costs associated with an inadequate or delayed intervention were made clear. At the same time, information had become available about promising new approaches that could restore functioning and even afford a cure for some individuals experiencing the onset of serious psychiatric illnesses. This led the stakeholders to support utilizing PEI funding for the local implementation of such a new approach for individuals in the age group at which early onset is most common—Transition-Age Youth (TAY).

**7. PEI Program Description (attach additional pages, if necessary).**

The description for this program has not changed from the original description in our approved PEI plan. However, our plans for implementing the program have changed, and we project serving more individuals than originally envisioned. These changes have increased the associated costs more than the allowable 15%. Therefore, we are including this PEI program as a "new program" rather than as a "previously approved" program.

This program will provide a comprehensive constellation of linked services for 15 to 20 individuals aged 16 through 25 who are suffering from the early onset of a serious psychiatric illness, and their families. It is founded on two best practice models for first break early intervention recommended by the State: Early Psychosis Prevention and Intervention Centre (EPPIC), Melbourne Australia, and the Early Diagnosis And Preventative Treatment of Psychosis Illness (EDAPT), Sacramento, California. The project will give priority to American Indians, Latinos, and newly incarcerated youth and young adults whose offenses would allow them to be released to partake of the project's services. The project will also include services to address those transition-age youth and young adults with co-occurring disorders. Services will be available to individuals from all regions of the County.

*PEI Projects previously approved are now called Previously Approved Programs

Project Components:

- *Dedicated psychiatry*.
  This service would be provided through the expansion of an existing contract with a pediatric psychiatrist who is interested in working with transition-age youth and young adults as well. There is also potential for providing tele-psychiatry through this contract and in collaboration with Yuki Trails Human Services of the Round Valley Indian Health Center that could be utilized for American Indians residing in the remote Round Valley reservation. The pediatric psychiatrist would be available to the Ft. Bragg office on the coast via tele-psychiatry as well. In addition we have contracts with two adult psychiatrists based in Ft. Bragg. This service would provide prompt, responsive psychiatric assessment and treatment.
- *Dedicated case management and counseling*,
  This service would be provided through 1 FTE Mental Health Rehabilitation Specialist (an increase over the .5 FTE originally envisioned in our PEI plan). The rehabilitation specialist will act as a Personal Services Coordinator for each client. Services would include an emphasis on psycho-social development and recovery and would link clients to existing social, vocational and education resources. Services would also include individualized education about the nature of the client's illness and its treatment, help with the reduction of disruption in the client's life, and promotion of well-being and hope.
- *Dedicated family therapy, and education*,
  This service would be provided through 1 FTE Mental Health Clinician (an increase over the .5 FTE originally envisioned in our PEI plan). The service would include helping the client and the client's loved ones make the adjustment *together*, to the realities and new circumstances occasioned by the client's illness and help them make health-promoting decisions for all family members.
- *Peer support*
  This service would be provided utilizing transition-age individuals who are over age 21, and parents of individuals who have serious psychiatric illnesses as volunteers. It will entail a contract for training these peer support facilitators. Peer support would be developed and provided in natural settings in the County, as determined by the needs of the TAY clients as they are identified for this program. In addition, this program would provide for a peer support person to work with the County's Crisis Unit when transition-age individuals are being served, as available.
- *Alcohol and Other Drug rehabilitation services*
  This service would be provided through groups and individual rehabilitation services by Alcohol and Other Drug Treatment staff.
- *Supported housing*
  This program would expand the existing TAY Wellness program which is funded through CSS. It would add supported independent living for 12 more clients aged 18-24 who are participating in the TAY Early Onset, Early Intervention Program. This represents an increase of 6 beds over the number of beds envisioned in our PEI plan.

**8. Activities**

| Activity Title | Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention: | | | | Number of months in operation through June 2011 |
|---|---|---|---|---|---|
| | | Universal Prevention | Selective* Prevention | Early Intervention | |
| Dedicated Psychiatry | Individuals:<br>Families: | | | 15<br>0 | 12 |
| Dedicated Case Management & Counseling | Individuals:<br>Families: | | | 15<br>0 | 12 |
| Dedicated Family Therapy & Education | Individuals:<br>Families: | | | 15<br>15 | 12 |
| Peer Support | Individuals:<br>Families: | | | 15<br>15 | 12 |
| Alcohol and Other Drug Rehabilitation Services | Individuals:<br>Families | | | 8<br>0 | 12 |
| Supported Housing | Individuals:<br>Families: | | | 15<br>0 | 12 |
| Total PEI Program Estimated Unduplicated Count of Individuals to be Served | Individuals:<br>Families: | | | **15**<br>**15** | **12** |

* Previously referred to as "Selected/Indicated"

*PEI Projects previously approved are now called Previously Approved Programs

## PEI NEW PROGRAM DESCRIPTION

**9. Describe how the program links PEI participants to County Mental Health and providers of other needed services**

This program will link with a community outreach and education component provided through PEI Program #1 which will inform the community about this program, other PEI programs as well as other behavioral health and related services. Program staff will provide information to any screened-out clients and their families about alternative services available to them and will facilitate referrals to these services as needed through existing entities such as our Interagency Case Management Team (IACMT), the Multi Provider Screening Team (MPST), and through direct contacts with service providers. In addition, Mendocino County will be utilizing some of its Training Technical Assistance and Capacity Building funds to provide county-wide training about this program and its promise. The training is designed to reach the full spectrum of medical, behavioral, educational and human services providers and the community at large. It will include instruction about how to use a screening survey to identify individuals who may be at the early onset of a serious psychiatric illness or at risk of suicide.

**10. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.**

This program is itself an enhancement to our system in that it will provide *a cohesive package of services that did not exist previously.* It will provide these at a critical point in the trajectory of individuals' lives and in the trajectory of serious mental illnesses. If successful, it will change the profile of Mendocino County's mental health services so that more of its resources are used on truly effective, recovery-based, client-driven approaches, and on prevention services. If successful, it will engender optimism in the community about the outlook for people experiencing the early onset of mental illness, so that the community will engage energetically in assisting them. The following are examples of the ways the program will build upon existing relationships and develop new collaborations that could enhance current systems:

- Dedicated psychiatry will strengthen our relationship with Yuki Trails Human Services, part of Round Valley Indian Health Center in a remote area of Mendocino County, which is home to a chronically underserved population...
- Dedicated case management will utilize and strengthen our collaborations with the community college, the Arbor on Main Youth Resource Center, and other family resource centers where clients may avail themselves of classes, get help with utility bills, obtain food, access on-line job search sites, and socialize.
- Dedicated family therapy and education supports the families and loved ones who were previously left alone to face a confounding crisis with little or no guidance. This part of the program provides the potential for closer collaboration with local chapters of the National Alliance on Mental Illness (NAMI) to develop the specific education components and supports that will help families. These services will ideally be offered in natural settings that could be provided through collaboration with a variety of community organizations such as clinics, resource centers and schools.
- The peer support component will extend our collaboration with the Arbor on Main and its parent organization, Redwood Children's services, with Manzanita Recovery Services, and will also lead to additional collaborations with entities in our coastal and outlying communities as they begin offering peer support through PEI Program #1.
- In our effort to give priority to transition-age youth and young adults who have been incarcerated, we hope to strengthen our communication and collaboration with Juvenile Probation, the County Sheriff, and other law enforcement entities.

**11. Describe intended outcomes.**

<u>For individuals</u>

Significant and measurable increase in wellness, recovery and hope among participating individuals and their families when having been confronted with a first break;
Measurable decrease in acute psychiatric hospital bed days due to first breaks;
Reduction in placements in long-term, out-of-county locked facilities.

<u>For systems and programs</u>

Earlier referrals to the Mental Health Division from schools, community health centers, physicians, private therapists, organizational providers and parents;
A decrease in acute hospital bed days due to first breaks;
A decrease in placements in out-of-county locked facilities
Evidence of greater collaboration between Probation, Law Enforcement, Education and community health providers.

*PEI Projects previously approved are now called Previously Approved Programs

**12. Describe coordination with Other MHSA Components.**

Through our Community Services and Support (CSS) Plan, groundwork has been laid for mental health services for transition age youth and young adults. Mendocino County implemented a Transition Age Young Adult System of Care (TSOC) built on its Children's System of Care (CSOC) which was established years earlier. The TSOC brings together multiple agencies and service providers for this population to solve problems, coordinate efforts, and create more effective responses through collaboration. The CSS Plan includes serving 24 transition age youth and young adults through Full Service Partnerships (similar to wraparound services) in its TAY Wellness Program or through its Transitional Housing Plus Program. Through these programs, these young adults receive individual therapy and rehabilitation services, as well as services to gain independent living skills, permanent housing, and access to employment, education and career development. Among the priority groups for these services are American Indians and Latinos. The CSS Plan also takes advantage of the County's newly established young adult resource center, The Arbor on Main. This resource center pulls in the services and expertise of multiple community-based organizations, education partners and County agencies and provides active peer support to this age group—including teen and young parents. The CSS Plan also provides for a "clinical coach" at Mendocino Community College who can help transition age youth and young adults who suffer from mental illness re-enter and succeed in the college-level education system, as well as identify and refer students who may need mental health assessments and services.

Program #2 will extend these MHSA components to include a focus on the transition-age youth and young adults at the early onset of a serious psychiatric illness. The program will also establish reliable referral and communication linkages between these projects and the Early Onset, Early Intervention Program to prevent any service or treatment delays.

Another MHSA component that is part of our CSS Plan includes recovery services through Manzanita Recovery Services and the County's wellness center (Redhouse Recovery Center). These centers provide life skills, job assistance, coping skills, and general support in Ukiah, Willits and Ft Bragg. They help clients build connections with their communities through relationships and the services of other community-based agencies so that they can find their place in the local area and live in a safe and stable environment. Some TAY early onset clients may find these recovery centers a good fit for peer support and for ongoing maintenance of recovery. Therefore, we expect to establish effective collaboration with these MHSA entities to ensure a smooth interface for TAY early onset clients who are at the older end of the TAY spectrum, are aging out of the TAY population, or are simply more comfortable with the peer support and other services offered through these centers.

**13. Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.**

Mendocino County's planning process for the PEI component was subject to considerable delays. Expeditious implementation of this program is of great importance to our community, our stakeholders, and our clientele. Therefore, we anticipate the work required to develop and implement the program's components will be especially intense in 2009/2010 and 2010/2011. This means that much of the program's costs will be concentrated in those years. In addition, because of the compelling need for the services, we intend to serve more clients than we originally projected. For these reasons, our anticipated costs will exceed the 15% limit required to request funding as a "Previously Approved Program". Other than costs and numbers served, no changes have been made to the program as described in our approved PEI Plan.

A. Expenditures:**$529,980**

*1. Personnel Expenditures*

Total personnel costs will be **$170,000**. This amount is the sum of the salary, taxes and benefits of 1 FTE Clinician II and 1 FTE Mental Health Rehabilitation Specialist (both increased from .5FTE projected in our approved PEI plan).

*2. Operating Expenditures*

Operating expenditures are estimated at **$46,500.** This cost is calculated as a percentage of the salary and benefits of the 1 FTE Clinician II and the 1 FTE Mental Health Rehabilitation Specialist above. This percentage includes a portion of facility costs and equipment such as a personal computer and network connections, laser printer, and telephone and County vehicle use and maintenance associated with these positions.

3. *Non-recurring Expenditures*

There are no expenses in this category as the cost of any non-recurring expenditures will be covered under contracts with providers.

*4. Subcontracts/Professional Services*

Subcontract/Professional Services expenditures are estimated at **$313,480.** The funds requested will provide for the following: 1) expansion of a current contract with a pediatric psychiatrist, and an increase in the psychiatrist's available services for this program over what was anticipated in the original approved PEI Plan. The pediatric psychiatrist will provide dedicated psychiatry to transition-age youth and young adults at the early onset of a serious psychiatric illness ($40,000); 2) expansion of contracts with local private clinicians for therapeutic services for youth who are not eligible for Medi-Cal. We have projected an increase in the number of clients falling into this category over that anticipated in the original approved PEI Plan($50,000); 3) contract for AOD services for the participating individuals with co-occurring disorders—increased to full time ($64,480); 4) contract for 12 supported housing beds and related services and start-up costs—twice the increase anticipated in the original approved PEI Plan ($144,000); 5) contract to provide training for transition-age mental health clients and family members to prepare them to provide peer support specifically for youth participating in this project, and their families—increased estimate to accommodate increased numbers served and attrition.

B. Other--**$0**

**C.** Total Proposed Expenditures**: $529,980**

**14. Additional Comments (Optional)**

Draft

## PREVIOUSLY APPROVED PROGRAM

**County:** Mendocino

**Program Number/Name:** Prevention-Older Adults

**Date:** May 20, 2010

**Select one:**
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

| CSS and WET | | | | |
|---|---|---|---|---|
| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 31. | Is this an existing program with no changes? | ☐ | ☐ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 32. | Is there a change in the service population to be served? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #3 |
| 33. | Is there a change in services? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #4 |
| 34. | Is there a change in funding amount for the existing program? | ☐ | ☐ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |
| 35. | **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.<br>**For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached. | | | |

| FY 09/10 funding | FY 10/11 funding | Percent Change |
|---|---|---|
| | | |

| **Existing Programs to be Consolidated** | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 31. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 32. | Will all populations of existing program continue to be served? | ☐ | ☐ | If yes, answer question #3; If no, complete Exh. F1 |
| 33. | Will all services from existing program continue to be offered? | ☐ | ☐ | If yes, answer question #4<br>If no, complete Exh. F1 |
| 34. | Is the funding amount ± 15% of the sum of the previously approved amounts? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1 or E2 accordingly<br>If no, complete Exh. F1 |
| 35. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>s) The names of Previously Approved programs to be consolidated,<br>t) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and<br>u) Provide the rationale for consolidation. | | | |

*PEI Projects previously approved are now called Previously Approved Programs

**PREVIOUSLY APPROVED PROGRAM**

| Prevention and Early Intervention | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 31. | Is this an existing program with no changes? | ☐ | ☒ | If yes, complete Exh. E4; If no, answer question #2 |
| 32. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☒ | If yes, completed Exh. F4; If no, answer question #3 |
| 33. | Is the current funding requested greater than15% of the previously approved amount? | ☒ | ☐ | If yes, complete Exh. F4; If no, answer question #4 |
| 34. | Is the current funding requested greater than 35% less of the previously approved amount? | ☒ | ☐ | If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b |
| 35. | Describe the proposed changes to the Previously Approved Program and the rationale for those changes. | | | |

The description for this program has not changed from the original description in our approved PEI plan. However, our plans for implementing the program have changed, and we project serving more individuals than originally envisioned. These changes have increased the associated costs more than the allowable 15%. Therefore, we are including this PEI program as a "new program" rather than as a "previously approved" program.

This program will build on and expand existing services included in Mendocino County's Community Services and Supports Plan (CSS), Work Plan 5. Like CSS Work Plan 5, this Prevention and Early Intervention program will also give priority to older adults who are American Indians and Latinos, and those who are isolated. The expansion supported by PEI funds will provide prevention, early intervention and ongoing support for seniors at risk of depression and other debilitating Axis I mental health diagnoses. It would provide, across the county, senior peer counseling for an additional 120 older adults (140 total), mental health case management for an additional 80 older adults, and bring direct mental health-related prevention services through senior center outreach to an additional 400 adults and older adults in our community. The need for education about, and de-stigmatization of mental illness in older adults will be addressed by providing education and outreach to the community at large, and to physicians, key medical and social services staff and other professionals across the county as well. Funding for the outreach & education activities is incorporated in PEI Program #1 and Mendocino County's approved Training, Technical Assistance & Capacity-Building funding. This program will also allow for an additional 20 hours of clinical supervision per week for senior peer counselors—an increase over the number of hours of clinical supervision projected in our approved PEI plan. Finally, it will provide a *full time* social work assistant to coordinate the services and training of the senior peer counselors and outreach workers, and complete other tasks essential to organizing and evaluating the effectiveness of our services to the older adult population and the program overall (increased from .5FTE for this function envisioned in the approved PEI plan).

| | | | |
|---|---|---|---|
| 5a. | If the total number of Individuals to be served annually is different than previously reported please provide revised estimates<br><br>Total Individuals: _____ Total Families: _____ | | |
| 5b. | If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: | **Prevention** | **Early Intervention** |
| | **Total Individuals:** | | |

*PEI Projects previously approved are now called Previously Approved Programs

## PREVIOUSLY APPROVED PROGRAM

| | Total Families: | | |
|---|---|---|---|

| Existing Programs to be Consolidated | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If no, answer question #3; If yes, complete Exh. F4 |
| 3. | Will the consolidated programs continue to serve the same estimated number of individuals? | ☐ | ☐ | If yes, answer question #4; If no, complete Exh. F4 |
| 4. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>s) The names of Previously Approved programs to be consolidated,<br>t) How the Previously approved programs will be consolidated; and<br>u) Provide the rationale for consolidation | | | |

| Innovation | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 25. | Is this an existing program with no changes | ☐ | ☐ | If yes, complete Exh. E5; If no, answer question #2 |
| 26. | Is there a change in the essential purpose? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #3 |
| 27. | Is there a change to the learning goals? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #4 |
| 28. | Is the funding requested ±15% of previously approved amount? | ☐ | ☐ | If yes, complete Exh. F5; If no, complete Exh. E5 |

*PEI Projects previously approved are now called Previously Approved Programs

Draft

## PEI NEW PROGRAM DESCRIPTION

**County:** Mendocino

**Program Number/Name:** Prevention—Older Adults

**Date:** May 20, 2010

**Instructions:** Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices No.: 07-19 and 08-23. Complete this form for each new PEI Program and existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, and/or funding as described in the Information Notice.

| 3. PEI Key Community Mental Health Needs | Age Group | | | |
|---|---|---|---|---|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 11. Disparities in Access to Mental Health Services | ☐ | ☐ | ☐ | ☒ |
| 12. Psycho-Social Impact of Trauma | ☐ | ☐ | ☐ | ☒ |
| 13. At-Risk Children, Youth and Young Adult Populations | ☐ | ☐ | | |
| 14. Stigma and Discrimination | ☐ | ☐ | ☐ | ☒ |
| 15. Suicide Risk | ☐ | ☐ | ☐ | ☒ |

| 4. PEI Priority Population(s)<br>**Note: All PEI programs must address underserved racial/ethnic and cultural populations.** | Age Group | | | |
|---|---|---|---|---|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 13. Trauma Exposed Individuals | ☐ | ☐ | ☐ | ☒ |
| 14. Individuals Experiencing Onset of Serious Psychiatric Illness | ☐ | ☐ | ☐ | ☐ |
| 15. Children and Youth in Stressed Families | ☐ | ☐ | | |
| 16. Children and Youth at Risk for School Failure | ☐ | ☐ | | |
| 17. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement | ☐ | ☐ | | |
| 18. Underserved Cultural Populations | ☐ | ☐ | ☐ | ☒ |

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

In our PEI planning process, a subcommittee of our Stakeholders Work Group was dedicated to gathering data and creating our Community Mental Health Assessment Data Report which was Exhibit B of our PEI plan. We conducted 30 focus groups and consultations with key informants, and received 40 survey responses which are documented in Exhibits D1-D6 and F in the PEI plan as well. The data we were able to gather, the input of focus groups, surveys and key informant interviews, the growing numbers of the older adult population and the potential for leveraging funds led us to select Prevention Services for Older Adults as our third program to fund with PEI dollars. Focus groups and survey responses related concern about the manifold mental health risks for older adults and the obstacles to their obtaining effective treatment. Substance abuse and misuse came up frequently. Cultural and language barriers came up as additional concerns for American Indian and Latino older adults, as well. Respondents asserted strongly that outreach and in-home services are important tactics to employ in helping older adults. Another essential ingredient expressed in virtually every forum was the need for education about mental illness along with de-stigmatization. Peer support was also closely aligned with these two issues as means of encouraging anyone experiencing mental illness to accept assistance and achieve lasting recovery. Those who focused on the older adult population reiterated the need for these strategies as well. Lastly, there was strong support for providing outreach, education, peer support and other mental health services in or through the "natural settings" frequented by senior citizens.

**11. PEI Program Description (attach additional pages, if necessary).**

The description for this program has not changed from the original description in our approved PEI plan. However, our plans for implementing the program have changed, and we project serving more individuals than originally envisioned. These changes have increased the associated costs more than the allowable 15%. Therefore, we are including this PEI program as a "new program" rather than as a "previously approved" program.

This program will build on and expand existing services included in Mendocino County's Community Services and Supports Plan (CSS), Work Plan 5. Like CSS Work Plan 5, this Prevention and Early Intervention program will also give priority to

*PEI Projects previously approved are now called Previously Approved Programs

older adults who are American Indians and Latinos, and those who are isolated. The expansion supported by PEI funds will provide prevention, early intervention and ongoing support for seniors at risk of depression and other debilitating Axis I mental health diagnoses. It would provide, across the county, senior peer counseling for an additional 120 older adults (140 total), mental health case management for an additional 80 older adults, and bring direct mental health-related prevention services through senior center outreach to an additional 400 adults and older adults in our community. The need for education about, and de-stigmatization of mental illness in older adults will be addressed by providing education and outreach to the community at large, and to physicians, key medical and social services staff and other professionals across the county as well. Funding for the outreach & education activities is incorporated in PEI Program #1 and Mendocino County's approved Training, Technical Assistance & Capacity-Building funding. This program will also allow for an additional 20 hours of clinical supervision per week for senior peer counselors—an increase over the number of hours of clinical supervision projected in our approved PEI plan. Finally, it will provide a *full time* social work assistant to coordinate the services and training of the senior peer counselors and outreach workers, and complete other tasks essential to organizing and evaluating the effectiveness of our services to the older adult population and the program overall (increased from .5FTE for this function envisioned in the approved PEI plan).

**12. Activities**

| Activity Title | Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention: | | | | Number of months in operation through June 2011 |
|---|---|---|---|---|---|
| | | Universal Prevention | Selective* Prevention | Early Intervention | |
| **Senior Peer Counseling & Outreach Coordination** | Individuals:<br>Families: | | 120<br>0 | | **12** |
| **Clinical Supervision** | Individuals:<br>Families: | | 80 | | **12** |
| Total PEI Program Estimated Unduplicated Count of Individuals to be Served | Individuals:<br>Families: | | **120** | | **12** |

- Previously referred to as "Selected/Indicated"

Draft

*PEI Projects previously approved are now called Previously Approved Programs

## PEI NEW PROGRAM DESCRIPTION

**13. Describe how the program links PEI participants to County Mental Health and providers of other needed services**

Linking seniors to County Mental Health and providers of other needed services is a big part of the purpose this project is intended to achieve. The social work assistant works hand-in-hand with OASOC clinicians and case managers, while coordinating the activities of senior peer counselors and senior center outreach workers, and tracking referrals and services. These tasks and connections will ensure that older adults who qualify for the psychiatric emergency services, specialty case management, and Full Service Partnerships available through the Mental Health Division of OASOC, receive these services in a timely manner. Some older adults who need mental health services would be linked to the many community health clinics that provide both mental health and medical services on a sliding scale, and accept MediCal and other insurances. Naturally, this project will also link closely to the Senior Center network in Mendocino County which includes 6 senior centers spread across the county. Older adults can obtain a variety of goods and services through these centers, including low cost meals and socialization opportunities.

**14. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.**

Besides the collaborations noted above with community clinics, health centers, the Senior Center network and Community Care, the outreach and education component of this program lends itself to additional collaborations. Since sessions would be conducted in a variety of environments throughout the county, we will have the opportunity to connect with local granges and churches, service groups such as Soroptimists, and organizations serving the American Indian and Latino members of the county. Furthermore these sessions should establish important links with physicians and other key medical personnel. Outreach and education about the services offered and the nature of mental illness among the elderly should strengthen our ongoing collaboration with other branches of the Health and Human Services Agency and other professionals who come in contact with older adults.

This program establishes a coordinating entity for many of the services our community offers to older adults. This, in itself, enhances the system for this population by providing an organizing structure to clarify what services are available and to expedite the provision of those services. Its evaluation and quality control aspects will work toward additional enhancements to the system over time. Finally, the incorporation of outreach and education to professionals and the community will provide vital information about signs and symptoms, and de-stigmatize mental illness so that troubled older adults and those who know, care for, and work with them will seek out help sooner.

**15. Describe intended outcomes.**

Individuals

- Decrease in risk factors for depression
- Decrease in isolation
- Increase in social contacts
- Decrease in the number of emergency room visits

*System & Program Outcomes*

- 24 additional senior peer counselors trained with emphasis on recognition of suicidality
- At least 50 physicians receive one-on-one visits for training and education on mental health issues among older adults
- The number of visits by case managers, senior peer counselors and/or senior outreach workers to OASOC clients increases
- Strong link established between OASOC outreach coordinator and the senior center outreach workers, evidenced by at least 4 trainings for senior center outreach workers per year, and participation in regular outreach meetings.
- Older adults in the program have a better quality of life as evidenced by the individual outcomes listed above, and are satisfied with the assistance they have received as evidenced by client satisfaction surveys.
- Success will be measured as follows:
    - A database that includes all client assessments (Global Assessment of Functioning--GAF, Mini Mental Status Exam, Sense of Wellbeing, Depression Scale)
    - An additional data base that tracks the number of socialization opportunities since the start of the program, the number of emergency room visits, the number of crisis interventions, and the number of linkages to other services.

**16. Describe coordination with Other MHSA Components.**

As noted previously, this program provides an enhancement of Work Plan 5 of Mendocino County's CSS Plan and will also coordinate with Program #1 of the PEI plan.

*PEI Projects previously approved are now called Previously Approved Programs

**PEI NEW PROGRAM DESCRIPTION**

**17. Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.**

Mendocino County's planning process for the PEI component was subject to considerable delays. Anxiety about seeing our planning come to fruition is heightened, as are demands for solutions to long-standing concerns. Expeditious implementation of this program is of great importance to our community, our stakeholders, and our clientele. Therefore, we anticipate concentrating efforts to develop and implement the program's components in 2009/2010 and 2010/2011. This means that program costs will be higher in those years than we envisioned in our original, approved PEI Plan. We intend to train more senior peer counselors and senior center outreach workers, and serve more clients up front than we originally projected. For these reasons, our anticipated costs will exceed the 15% limit required to request funding as a "Previously Approved Program". Other than costs and numbers served, no changes have been made to the program as described in our approved PEI Plan.

A. EXPENDITURES: **$97,760**

1. *Personnel Expenditures:*
Total personnel costs will be **$64,480.** This amount is the sum of the salary, taxes, and benefits of 1 FTE Social Work Assistant, increased from .5FTE social work assistant projected in our approved PEI plan.

2. *Operating Expenditures:*
Total operating expenditures will be **$18,280.** This cost is calculated as a percentage of the salary & benefits of 1FTE Social Work Assistant II. This percentage includes a portion of facilities costs and equipment such as a personal computer and network connections, laser printer, telephone, and County vehicle use and maintenance associated with this position.

3. *Non-recurring Expenditures:*
There are no expenses in this category.

4. *Subcontracts/Professional Services:*
Subcontracts/Professional Services costs are estimated at **$15,000.** The requested funds will provide for up to 20 hours a week of clinical supervision of senior peer counselors and the social work assistant who coordinates senior per counseling and senior center outreach services. This is an increase from the four hours per week projected in the approved PEI Plan.

B. OTHER: **$0**

C. TOTAL PROPOSED EXPENDITURES:**$97,760**

**18. Additional Comments (Optional)**

Draft

*PEI Projects previously approved are now called Previously Approved Programs

**PREVIOUSLY APPROVED PROGRAM**

**County:** Mendocino

**Program Number/Name:** Prevention Collaboration-Children & Youth

**Date:** May 20, 2010

**Select one:**
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

| CSS and WET | | | | |
|---|---|---|---|---|
| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 36. | Is this an existing program with no changes? | ☐ | ☐ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 37. | Is there a change in the service population to be served? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #3 |
| 38. | Is there a change in services? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #4 |
| 39. | Is there a change in funding amount for the existing program? | ☐ | ☐ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |
| | | | | **FY 09/10 funding** \| **FY 10/11 funding** \| **Percent Change** |
| | | | | \| \| \| |
| 40. | **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.<br>**For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached. | | | |
| | | | | |
| **Existing Programs to be Consolidated** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 36. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 37. | Will all populations of existing program continue to be served? | ☐ | ☐ | If yes, answer question #3; If no, complete Exh. F1 |
| 38. | Will all services from existing program continue to be offered? | ☐ | ☐ | If yes, answer question #4<br>If no, complete Exh. F1 |
| 39. | Is the funding amount ± 15% of the sum of the previously approved amounts? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1 or E2 accordingly<br>If no, complete Exh. F1 |
| 40. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>v) The names of Previously Approved programs to be consolidated,<br>w) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and<br>x) Provide the rationale for consolidation. | | | |

*PEI Projects previously approved are now called Previously Approved Programs

Draft

**PREVIOUSLY APPROVED PROGRAM**

| Prevention and Early Intervention | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 36. | Is this an existing program with no changes? | ☐ | ☒ | If yes, complete Exh. E4; If no, answer question #2 |
| 37. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☒ | If yes, completed Exh. F4; If no, answer question #3 |
| 38. | Is the current funding requested greater than15% of the previously approved amount? | ☒ | ☐ | If yes, complete Exh. F4; If no, answer question #4 |
| 39. | Is the current funding requested greater than 35% less of the previously approved amount? | ☒ | ☐ | If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b |
| 40. | Describe the proposed changes to the Previously Approved Program and the rationale for those changes. | | | |

The description for this program has not changed from the original description in our approved PEI plan. However, our plans for implementing the program have changed to allow us to begin to provide services as quickly as possible. These changes have increased the associated costs through June 30, 2011 more than the allowable 15%. Therefore, we are including this PEI program as a "new program" rather than as a "previously approved" program.

Six school districts in our county have high concentrations of Latino or American Indian students. This program will provide prevention services to pre-kindergarten and school-aged children and their parents as appropriate, in the catchment area of two of these school districts. The program will consist of collaboration among two of the school districts having high concentrations of American Indian or Latino students, a local community clinic or other behavioral health provider, and a local community-based organization such as a family resource center (FRC). Most direct services to students will be provided on campus by paraprofessionals, though some students would be referred to a clinic, private nonprofit behavioral health provider or the County's Mental Health Division for more extensive services as needed. Services to parents. children under five or extended family members can be provided on school campuses, but can also be provided in other natural settings conducive to participation by American Indian and Latino families—a FRC, tribal facility, preschool or other community environment. The project will be provided through contracts that result from a RFP. An important aspect of any proposal will be a close collaboration between the school and a behavioral health provider and/or community-based organization that can offer culturally appropriate services and services in Spanish as needed. Specific components are as follows:

*School/Community-based screening and prevention services*

This component will operate in Elementary, Junior High, Middle or High schools in the two selected school districts. Direct services on campus will be provided one-on-one or in peer groups by paraprofessionals under the supervision of a mental health clinician working at a local community clinic, tribal organization or through another behavioral health provider operating in the community. Specific services will vary by child and age group, but will include:

- Providing general information about and de-stigmatization of mental illness
- Screening, assessing and identifying issues with the students and referring to behavioral health providers if needed;
- Working one-on-one or in groups with students to increase awareness of mental health stressors and build resiliency and protective factors;
- Developing suicide awareness & prevention approaches;
- Fostering tolerance and understanding of diversity, one-on-one or in groups;
- Developing approaches to prevent and respond to bullying, aggression and violence;
- Establishing peer support or student empowerment groups as needed on campus that serve as forums for addressing topics of concern to the students and related to behavioral health (such as substance abuse, cutting, gang violence, relationships with parents and peers); and/or
- referring students to existing peer support groups in the local community.

*Community-based family support services*

This component will operate in natural settings that encourage the participation of American Indian and Latino families. Such settings might be a community clinic, or a family resource center, a tribal facility, or a school campus. The intention of this component is to enable culturally effective services to be provided to the parents, and to other family members as an inter-generational approach to promoting the behavioral health and academic success of the children participating in the school-based screening and prevention component. Children under age five who are in the catchment area of the selected schools will be included in community-based

services as needed. Specific services will include:

- Outreach and education to increase awareness of mental health issues and reduce stigma and discrimination;
- Screening pre-school-aged siblings of participants;
- Parenting education about effective discipline and communication approaches;
- Assistance with access to services that would address other issues in the family—such as substance abuse, domestic violence, mental health issues of family members;
- Assistance with access to mental health services for children or other family members as needed;
- Opportunities to exchange information about the issues and services on the school campus, and ways for family members to work effectively with the school to support their children;
- Other culturally appropriate services or events that promote the involvement of the Latino and Native American communities the school success of their children and in the mental health of their communities.

| | | | |
|---|---|---|---|
| 5a. | If the total number of Individuals to be served annually is different than previously reported please provide revised estimates<br><br>Total Individuals: _____ Total Families: _____ | | |
| 5b. | If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: | **Prevention** | **Early Intervention** |
| | **Total Individuals:** | | |
| | **Total Families:** | | |

**Existing Programs to be Consolidated**

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 1. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If no, answer question #3; If yes, complete Exh. F4 |
| 3. | Will the consolidated programs continue to serve the same estimated number of individuals? | ☐ | ☐ | If yes, answer question #4; If no, complete Exh. F4 |
| 4. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>v) The names of Previously Approved programs to be consolidated,<br>w) How the Previously approved programs will be consolidated; and<br>x) Provide the rationale for consolidation | | | |

*PEI Projects previously approved are now called Previously Approved Programs



Draft

## PREVIOUSLY APPROVED PROGRAM

| Innovation | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 29. | Is this an existing program with no changes | ☐ | ☐ | If yes, complete Exh. E5; If no, answer question #2 |
| 30. | Is there a change in the essential purpose? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #3 |
| 31. | Is there a change to the learning goals? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #4 |
| 32. | Is the funding requested ±15% of previously approved amount? | ☐ | ☐ | If yes, complete Exh. F5; If no, complete Exh. E5 |

Draft

*PEI Projects previously approved are now called Previously Approved Programs

## PEI NEW PROGRAM DESCRIPTION

**County:** Mendocino

**Program Number/Name:** Prevention Collaboration—Children & Youth

**Date:** May 20, 2010

**Instructions:** Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices No.: 07-19 and 08-23. Complete this form for each new PEI Program and existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, and/or funding as described in the Information Notice.

| 4. PEI Key Community Mental Health Needs | Age Group | | | |
|---|---|---|---|---|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 16. Disparities in Access to Mental Health Services | ☒ | ☐ | ☐ | ☐ |
| 17. Psycho-Social Impact of Trauma | ☐ | ☐ | ☐ | ☐ |
| 18. At-Risk Children, Youth and Young Adult Populations | ☒ | ☐ | | |
| 19. Stigma and Discrimination | ☒ | ☐ | ☐ | ☐ |
| 20. Suicide Risk | ☒ | ☐ | ☐ | ☐ |

| 5. PEI Priority Population(s)<br>**Note: All PEI programs must address underserved racial/ethnic and cultural populations.** | Age Group | | | |
|---|---|---|---|---|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| 19. Trauma Exposed Individuals | ☐ | ☐ | ☐ | ☐ |
| 20. Individuals Experiencing Onset of Serious Psychiatric Illness | ☐ | ☐ | ☐ | ☐ |
| 21. Children and Youth in Stressed Families | ☒ | ☐ | | |
| 22. Children and Youth at Risk for School Failure | ☒ | ☐ | | |
| 23. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement | ☐ | ☐ | | |
| 24. Underserved Cultural Populations | ☒ | ☐ | ☐ | ☐ |

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

In our PEI planning process, a subcommittee of our Stakeholders Work Group was dedicated to gathering data and creating our Community Mental Health Assessment Data Report which was Exhibit B of our PEI plan. We conducted 30 focus groups and consultations with key informants, and received 40 survey responses which are documented in Exhibits D1-D6 and F in the PEI plan as well. In the past several years, the Mental Health Division of the Children & Family System of Care (CFSOC) Branch of the Health and Human Services Agency along with several community and agency partners have worked to provide services to address the needs of troubled children and their families. However, the data we were able to gather about children, and the input we received from many focus groups and conversations with key informants still pointed to great concerns about the behavioral and emotional health of children in our community. Respondents to focus groups, surveys and interviews advocated for mental health interventions of many types and at many stages of childhood, and often emphasized that help is needed for the family system as much as for the child. Respondents frequently cited the role of substance abuse among youth and their families. There was much concern expressed in these groups and surveys about children who "fall through the cracks". Similarly, there was concern for isolated children and families. Many respondents from many sectors of the community advocated for school-based prevention services. Along those lines, many educators and others advocated for bringing back the Primary Intervention Program (PIP) which allowed for clinical supervision of paraprofessionals to work with troubled children on school campuses. Another common theme among respondents was the provision of mental health screening and evaluation of children and youth. The need for suicide prevention was also raised in most focus groups and many surveys and interviews concerning children and youth. Respondents called for information about recognizing symptoms and red flags, and about steps to take on behalf of children who appear to be at risk.

During discussions about strategies for Prevention and Early Intervention for children and youth, a myriad of excellent ideas were raised. The available PEI funding, however, precluded implementation of all of them. Instead, we chose to develop a project which would combine some of the suggested strategy ideas, but focus services on the two major underserved cultural groups, and in two especially needy areas of the community.

*PEI Projects previously approved are now called Previously Approved Programs

**PEI NEW PROGRAM DESCRIPTION**

**15. PEI Program Description (attach additional pages, if necessary).**

The description for this program has not changed from the original description in our approved PEI plan. However, our plans for implementing the program have changed to allow us to begin to provide services as quickly as possible. These changes have increased the associated costs through June 30, 2011 more than the allowable 15%. Therefore, we are including this PEI program as a "new program" rather than as a "previously approved" program.

Six school districts in our county have high concentrations of Latino or American Indian students. This program will provide prevention services to pre-kindergarten and school-aged children and their parents as appropriate, in the catchment area of two of these school districts. The program will consist of collaboration among two of the school districts having high concentrations of American Indian or Latino students, a local community clinic or other behavioral health provider, and a local community-based organization such as a family resource center (FRC). Most direct services to students will be provided on campus by paraprofessionals, though some students would be referred to a clinic, private nonprofit behavioral health provider or the County's Mental Health Division for more extensive services as needed. Services to parents. children under five or extended family members can be provided on school campuses, but can also be provided in other natural settings conducive to participation by American Indian and Latino families—a FRC, tribal facility, preschool or other community environment. The project will be provided through contracts that result from a RFP. An important aspect of any proposal will be a close collaboration between the school and a behavioral health provider and/or community-based organization that can offer culturally appropriate services and services in Spanish as needed. Specific components are as follows:

*School/Community-based screening and prevention services*

This component will operate in Elementary, Junior High, Middle or High schools in the two selected school districts. Direct services on campus will be provided one-on-one or in peer groups by paraprofessionals under the supervision of a mental health clinician working at a local community clinic, tribal organization or through another behavioral health provider operating in the community. Specific services will vary by child and age group, but will include:

- Providing general information about and de-stigmatization of mental illness
- Screening, assessing and identifying issues with the students and referring to behavioral health providers if needed;
- Working one-on-one or in groups with students to increase awareness of mental health stressors and build resiliency and protective factors;
- Developing suicide awareness & prevention approaches;
- Fostering tolerance and understanding of diversity, one-on-one or in groups;
- Developing approaches to prevent and respond to bullying, aggression and violence;
- Establishing peer support or student empowerment groups as needed on campus that serve as forums for addressing topics of concern to the students and related to behavioral health (such as substance abuse, cutting, gang violence, relationships with parents and peers); and/or
- referring students to existing peer support groups in the local community.

*Community-based family support services*

This component will operate in natural settings that encourage the participation of American Indian and Latino families. Such settings might be a community clinic, or a family resource center, a tribal facility, or a school campus. The intention of this component is to enable culturally effective services to be provided to the parents, and to other family members as an inter-generational approach to promoting the behavioral health and academic success of the children participating in the school-based screening and prevention component. Children under age five who are in the catchment area of the selected schools will be included in community-based services as needed. Specific services will include:

- Outreach and education to increase awareness of mental health issues and reduce stigma and discrimination;
- Screening pre-school-aged siblings of participants;
- Parenting education about effective discipline and communication approaches;
- Assistance with access to services that would address other issues in the family—such as substance abuse, domestic violence, mental health issues of family members;
- Assistance with access to mental health services for children or other family members as needed;
- Opportunities to exchange information about the issues and services on the school campus, and ways for family members to work effectively with the school to support their children;
- Other culturally appropriate services or events that promote the involvement of the Latino and Native American communities the school success of their children and in the mental health of their communities.

## PEI NEW PROGRAM DESCRIPTION

**16. Activities**

| Activity Title | Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention: | | | | Number of months in operation through June 2011 |
|---|---|---|---|---|---|
| | | Universal Prevention | Selective* Prevention | Early Intervention | |
| School/Community-based Screening & Prevention | Individuals:<br>Families: | | 246<br>0 | | **12** |
| Community-based Family Support | Individuals:<br>Families: | | 164<br>82 | | **12** |
| Total PEI Program Estimated Unduplicated Count of Individuals to be Served | Individuals:<br>Families: | | **329**<br>**82** | | **12** |

* Previously referred to as "Selected/Indicated"

**17. Describe how the program links PEI participants to County Mental Health and providers of other needed services**

Proposals for this program will be required to demonstrate how individuals served will be linked with the Mental Health Division of the C&FSOC as needed, and with other needed services in the community. Further, the details of such linkages will be included in contracts with successful candidates, which in turn will include a requirement to track and report them. In Mendocino County, we make use of our Multi-provider Screening Team (MPST), as well. This body meets weekly to review referrals for mental health services and to determine whether or not the client should be served by the Mental Health Division, or one of its contracted providers. This serves as another way to keep track of how well providers of prevention services for children and youth are linking to the Mental Health Division. Also, the program itself requires important linkages between schools and community-based organizations that provide both behavioral health services and other individual and family support services.

**18. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.**

This program has collaboration built in. It calls for decentralized services that take place on school campuses, in community clinics, at family resource centers or other natural settings. By its very nature it will establish and strengthen collaborations with schools, tribal and Latino organizations, and other community-based organizations. An important enhancement will be its potential to reach those children who might otherwise "fall through the cracks" because they do not qualify for traditional Mental Health services and other programs that could address their behavioral health, or because of cultural, language and transportation barriers. This program will enhance the system by inviting and encouraging young individuals and their families to take charge of their emotional health early, and by mobilizing the American Indian and Latino communities to engage with their young people who are at risk of developing mental illness in ways that honor their culture and heritage.

**19. Describe intended outcomes.**

*For individuals*

- Children and parents are aware of the causes of all kinds of mental illness and ways to avoid or treat these conditions;
- Children are screened for their risk of mental illness;
- Parents/family members of troubled children and youth seek assistance;
- Parents/family members learn ways to promote the behavioral health and school success of their children;
- Children receive appropriate mental health interventions earlier;
- Children have improved their ability to make healthy choices and develop positive relationships with peers and families;
- Children have developed harm reduction skills and coping strategies;
- Children avoid abusing substances and developing concurrent disorders;

*For the System & Program*

- More American Indian and Latino children and parents are aware of the causes of all kinds of mental illness and ways to avoid or treat these conditions;
- More families, children and professionals in the selected communities are aware of the signs and symptoms of suicide and how to respond;
- More children are screened for their risk of mental illness and suicide;
- More parents of troubled children and youth seek assistance;
- More children receive appropriate mental health interventions earlier;
- More children have improved their ability to make healthy choices and develop positive relationships with peers and families;

*PEI Projects previously approved are now called Previously Approved Programs

- More children have developed harm reduction skills and coping strategies;

- Fewer children abuse substances, engage in violence and develop concurrent disorders;
- The American Indian and Latino communities in the two target school districts are more engaged in the prevention of mental illness;
- More resources to prevent and address mental health issues are available, accessible, and effective for American Indians and Latinos in the two target school districts.

**20. Describe coordination with Other MHSA Components.**

This program will interface with Work Plan 2 of the CSS Plan for Mendocino County which includes

- screenings of children age 0-5,
- wraparound and parent partner services for families of children at risk of placement in high level group homes because of their emotional and behavioral issues,
- bilingual therapy services, and
- out-reach, engagement and counseling services for tribal members at Consolidated Tribal Health in Round Valley.

Care will be taken to avoid screening children under age 5 who have already been screened through Work Plan #2 of Mendocino County's CSS Plan. The Prevention Collaboration Program screenings would increase the number of children screened by expanding this service to school-aged children in the targeted school districts. In addition, some of the children and parents served by the Prevention Collaboration Program for Children and Youth may have conditions and circumstances that warrant the other interventions included in CSS Work Plan #2, and will therefore be referred to those services. However, the Prevention Collaboration Program is meant to avoid the need for those services and would not duplicate them.

**21. Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.**

Mendocino County's planning process for the PEI component was subject to considerable delays. Anxiety about seeing our planning come to fruition is heightened, as are demands for solutions to long-standing concerns. Expeditious implementation of this program is of great importance to our community, our stakeholders, and our clientele. We intend to respond by concentrating efforts to develop and implement the program's components as quickly as possible in 2009/2010 and 2010/2011regardless of the availability of matching funds as originally anticipated. This means that program costs will be higher in those years than we envisioned in our original, approved PEI plan. We also plan to serve more children & families up front than we originally projected. For these reasons, our anticipated costs will exceed the 15% limit required to request funding as a "Previously Approved Program". Other than costs and numbers served, no changes have been made to the program as described in our approved PEI Plan.

A. EXPENDITURES: **$150,800**

*1. Personnel Expenditures:*
There are no expenses in this category. All personnel will be provided under contract with providers to be determined.

*2. Operating Expenditures:*
There are no expenses in this category. All operations will be covered under contracts with providers to be determined.

*3. Non-recurring Expenditures:*
There are no expenses in this category. Any non-recurring expenses will be covered under contracts with providers to be determined.

*4. Subcontracts/Professional Services:*
Subcontract/Professional Services expenditures are estimated at **$150,800**—an increase over the $64,056 annual cost envisioned in the approved PEI plan. The funds will provide for contractors who will provide clinical supervision of paraprofessionals who screen and work on campus with children at risk of school failure in two school districts with high concentrations of American Indian and Latino students. The contractors will also provide culturally effective support services to the families of these children at local community-based organizations, and will refer children and family members to mental health services as needed. The contracted services provided through this

program will bridge schools, community-based organizations, the County Mental Health Divisions and other mental health providers, and will improve access to services for two underserved cultural groups in our community. We anticipate that the increased funding requested will enable contractors to provide more hours of service to more individuals and families than projected in our approved PEI Plan.

*5. Other*
None

B. Total Proposed Expenditures: **$150,800**

**22. Additional Comments (Optional)**

Draft

*PEI Projects previously approved are now called Previously Approved Programs

FY 2010/11

EXHIBIT E4

**PEI BUDGET SUMMARY**

**County:** _____ **Date:** _____

| | PEI Programs | | FY 10/11 Requested MHSA Funding | Estimated MHSA Funds by Type of | | | Estimated MHSA Funds by Age Group | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | Name | | Universal Prevention | Selected/ Indicated Prevention | Early Intervention | Children and Youth | Transition Age Youth | Adult | Older Adult | |
| | | **Previously Approved Programs** | | | | | | | | | |
| 1. | | | $0 | | | | | | | | |
| 2. | | | $0 | | | | | | | | |
| 3. | | | $0 | | | | | | | | |
| 4. | | | $0 | | | | | | | | |
| 5. | | | $0 | | | | | | | | |
| 6. | | | $0 | | | | | | | | |
| 7. | | | $0 | | | | | | | | |
| 8. | | | $0 | | | | | | | | |
| 9. | | | $0 | | | | | | | | |
| 10. | | | $0 | | | | | | | | |
| 11. | | | $0 | | | | | | | | |
| 12. | | | $0 | | | | | | | | |
| 13. | | | $0 | | | | | | | | |
| 14. | | | $0 | | | | | | | | |
| 15. | | | $0 | | | | | | | | |
| 16. | Subtotal: Programs | | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | Percentage |
| 17. | Plus up to 15% County Administration | | | | | | | | | | #VALUE! |
| 18. | Plus up to 10% Operating Reserve | | | | | | | | | | #VALUE! |
| 19. | Subtotal: Previously Approved Programs/County Admin./Operating Reserve | | $0 | | | | | | | | |
| | **New Programs** | | | | | | | | | | |
| 1. | #1 | Education, Destigmatization & Peer Support | $125,000 | $101,250 | $0 | $23,750 | $28,750 | $15,000 | $55,000 | $26,250 | |
| 2. | #2 | Early Onset/Early Intervention--TAY | $529,980 | $0 | $0 | $529,980 | $0 | $529,980 | $0 | $0 | |
| 3. | #3 | Prevention--Older Adults | $97,760 | $0 | $97,760 | $0 | $0 | $0 | $0 | $97,760 | |
| 4. | #4 | Prevention Collaboration--Children & Youth | $150,800 | $0 | $150,800 | $0 | $150,800 | $0 | $0 | $0 | |
| 5. | | | $0 | | | | | | | | |
| 6. | Subtotal: Programs | | $903,540 | $101,250 | $248,560 | $553,730 | $179,550 | $544,980 | $55,000 | $124,010 | Percentage |
| 7. | Plus up to 15% County Administration | | $25,511 | | | | | | | | 2.8% |
| 8. | Plus up to 10% Operating Reserve | | $69,240 | | | | | | | | 7.5% |
| 9. | Subtotal: New Programs/County Admin./Operating Reserve | | $998,291 | | | | | | | | |
| 10. | **Total MHSA Funds Requested for PEI** | | $998,291 | | | | | | | | |

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, and/or funding as described in the Information Notice are considered New.

Draft

**PREVIOUSLY APPROVED PROGRAM**

**County:** Mendocino

**Program Number/Name:** Workforce Education and Training Coordinationand Support

**Date:** May 20, 2010

**Select one:**
- ☐ CSS
- ☒ WET
- ☐ PEI
- ☐ INN

| CSS and WET | | | | |
|---|---|---|---|---|
| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 41. | Is this an existing program with no changes? | ☒ | ☐ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 42. | Is there a change in the service population to be served? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #3 |
| 43. | Is there a change in services? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #4 |
| 44. | Is there a change in funding amount for the existing program? | ☐ | ☐ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |
| 45. | **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.<br>**For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached. | | | |

| FY 09/10 funding | FY 10/11 funding | Percent Change |
|---|---|---|
| | | |

**Description:**
Funds from this action will provide one 0.50 FTE WET Coordinator position (Program Administrator) and one 1.0 FTE WET Clerical Support position (Office Assistant III) to coordinate the planning and development of the WET component, including implementation of Actions in the WET Plan, reporting requirements, and evaluation of impact of workforce Actions on identified needs.

**Objectives:**
WET Coordinator

- Provide ongoing development and operation of workforce programs
- Promote the integration of wellness, recovery, and resiliency concepts throughout the mental health delivery system at all levels of service
- Develop cultural competence of staff throughout the mental health system
- Increase capacity and capability for the provision of clinical supervision (mentoring, coaching, etc.)
- Improve coordination of training efforts throughout the mental health system
- Coordinate continuing education and ongoing training opportunities for workforce to ensure professional skills
- Partner with community college staff on workforce development opportunities
- Provide outreach to high school and community college students regarding available mental health careers, educational requirements and resources, and 4-year university transfer requirements
- Ensure that consumers, family members, and underserved and underrepresented populations are included as both trainers and participants
- Incorporate consumer and family member viewpoints and experiences in all training and educational programs

*PEI Projects previously approved are now called Previously Approved Programs

**PREVIOUSLY APPROVED PROGRAM**

- Design training interventions to meet the needs of a multidisciplinary workforce
- Coordinate and disseminate information on federal, state, and local loan forgiveness programs
- Enhance collaboration with community-based organizations (CBOs)
- Integrate WET Plan with other MHSA components
- Collaborate with Human Resources staff to recruit and support consumers and family members as employees
- Oversee all activities of Workforce Development program (WET Action #2) and Scholarship program (WET Action #3)
- Participate in statewide trainings as required or recommended in relation to carrying out WET activities

WET Clerical Support

- Develop agendas and take minutes for WET Workgroup meetings
- Manage and interface with the e-Learning module of Trilogy
- Serve as a liaison to Consolidated Tribal Health, Nuestra Casa, Round Valley, and other community partners to facilitate their use of e -Learning tools
- Ensure that e-Learning trainings include trainings available in Spanish and trainings to enhance cultural competence
- Assist with maintenance of the Mental Health website, especially the MHSA and Mental Health Board topic areas
- Assist with required WET reporting and annual renewals
- Provide support to Workforce Development program (WET Action #2) and Scholarship program (WET Action #3), such as:
  - Publicize availability of programs
  - Maintain a library of training materials
  - Schedule and coordinate with trainers and speakers
  - Coordinate all aspects of hosting trainings, including site reservations, food and coffee, copying training materials, etc.
  - Organize scholarship applications and coordinate selection process

**Existing Programs to be Consolidated**

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 41. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 42. | Will all populations of existing program continue to be served? | ☐ | ☐ | If yes, answer question #3; If no, complete Exh. F1 |
| 43. | Will all services from existing program continue to be offered? | ☐ | ☐ | If yes, answer question #4<br>If no, complete Exh. F1 |
| 44. | Is the funding amount ± 15% of the sum of the previously approved amounts? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1 or E2 accordingly<br>If no, complete Exh. F1 |
| 45. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>y) The names of Previously Approved programs to be consolidated,<br>z) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and<br>aa) Provide the rationale for consolidation. | | | |

**Prevention and Early Intervention**

*PEI Projects previously approved are now called Previously Approved Programs



Draft

## PREVIOUSLY APPROVED PROGRAM

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 41. | Is this an existing program with no changes? | ☐ | ☐ | If yes, complete Exh. E4; If no, answer question #2 |
| 42. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If yes, completed Exh. F4; If no, answer question #3 |
| 43. | Is the current funding requested greater than15% of the previously approved amount? | ☐ | ☐ | If yes, complete Exh. F4; If no, answer question #4 |
| 44. | Is the current funding requested greater than 35% less of the previously approved amount? | ☐ | ☐ | If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b |
| 45. | Describe the proposed changes to the Previously Approved Program and the rationale for those changes. | | | |
| | | | | |
| 5a. | If the total number of Individuals to be served annually is different than previously reported please provide revised estimates<br><br>Total Individuals: _____ Total Families: _____ | | | |

| 5b. | If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: | **Prevention** | **Early Intervention** |
|---|---|---|---|
| | **Total Individuals:** | | |
| | **Total Families:** | | |

**Existing Programs to be Consolidated**

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 1. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If no, answer question #3; If yes, complete Exh. F4 |
| 3. | Will the consolidated programs continue to serve the same estimated number of individuals? | ☐ | ☐ | If yes, answer question #4; If no, complete Exh. F4 |
| 4. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>y) The names of Previously Approved programs to be consolidated,<br>z) How the Previously approved programs will be consolidated; and<br>aa) Provide the rationale for consolidation | | | |
| | | | | |

*PEI Projects previously approved are now called Previously Approved Programs

Draft

## PREVIOUSLY APPROVED PROGRAM

| Innovation | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 33. | Is this an existing program with no changes | ☐ | ☐ | If yes, complete Exh. E5; If no, answer question #2 |
| 34. | Is there a change in the essential purpose? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #3 |
| 35. | Is there a change to the learning goals? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #4 |
| 36. | Is the funding requested ±15% of previously approved amount? | ☐ | ☐ | If yes, complete Exh. F5; If no, complete Exh. E5 |

Draft

*PEI Projects previously approved are now called Previously Approved Programs

**PREVIOUSLY APPROVED PROGRAM**

**County:** Mendocino

**Program Number/Name:** Workforce Development and Collaborative Partnership Training

**Date:** May 20, 2010

**Select one:**
- ☐ CSS
- ☒ WET
- ☐ PEI
- ☐ INN

| CSS and WET | | | | |
|---|---|---|---|---|
| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 46. | Is this an existing program with no changes? | ☒ | ☐ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 47. | Is there a change in the service population to be served? | ☐ | ☒ | If yes, complete Exh. F1; If no, answer question #3 |
| 48. | Is there a change in services? | ☐ | ☒ | If yes, complete Exh. F1; If no, answer question #4 |
| 49. | Is there a change in funding amount for the existing program? | ☐ | ☒ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☒ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |
| 50. | **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.<br>**For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached. | | | |

| FY 09/10 funding | FY 10/11 funding | Percent Change |
|---|---|---|
| | | |

**Description:**
Funds from this action will provide consultant and training resources to improve the capacity of Mendocino County public mental health staff, consumer and family member partners, and partner agencies to better deliver services consistent with the fundamental principles of the Mental Health Services Act. These include expanding our capacity to provide services that support wellness, recovery and resilience; that are culturally and linguistically competent; that are client-driven and family-driven; that provide an integrated service experience for clients and their family members; and that are delivered in a collaborative process with our partners. This action was prompted by our identified need to "grow our own" qualified and diverse staff with the capacity to respond to the community's service needs.

**Objectives:**
- Provide education and training for all individuals who provide or support services in the Public Mental Health System.
- Develop and implement a system of cross-training for Mendocino County Mental Health staff, partner agencies, stakeholders, consumers, and family members on topics including:

1. **Consumer/Family Member-Driven Services**
   - Development of peer support programs
   - Accessing training resources through eLearning website

2. **Cultural Competency and Sensitivity**
   - Cross-cultural communication (incl. self-awareness)

*PEI Projects previously approved are now called Previously Approved Programs



Draft

- Issues related to all special populations (e.g. LGBT, rural poor, older adults, TAY, racial/ethnic minorities)
- Spirituality Initiative

**3. Community Partnerships and Collaborations**

- First responder training (e.g. Crisis Intervention Team)
- Forensic services and collaboration with criminal justice
- Suicide prevention/risk identification
- Tarasoff, confidentiality, and mandated reporting
- Recognition of early onset mental health behavior in educational settings

**4. Wellness, Resiliency, and Recovery**

- Tools for effective case management (e.g. Assertive Community Treatment, Person-in-Environment)
- Pre-crisis recognition and intervention training
- Harm reduction

**5. Evidence-Based Practices**

- Interviewing techniques (e.g. motivational interviewing)
- Co-occurring disorders
- Violence de-escalation training (e.g. Professional Assault Crisis Training)
- Quality assurance support and technical assistance

- Utilize eLearning technology to make training resources available to a broad audience of professionals and community members on topics such as:
  - Recognizing symptoms of mental illness
  - What is mental health recovery?
  - What is case management?
  - Substance abuse and harm reduction
- Continue to seek input from staff, community partners, consumers, and family members about annual priorities for staff training.

**Existing Programs to be Consolidated**

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 46. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 47. | Will all populations of existing program continue to be served? | ☐ | ☐ | If yes, answer question #3; If no, complete Exh. F1 |
| 48. | Will all services from existing program continue to be offered? | ☐ | ☐ | If yes, answer question #4<br>If no, complete Exh. F1 |
| 49. | Is the funding amount ± 15% of the sum of the previously approved amounts? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1 or E2 accordingly<br>If no, complete Exh. F1 |
| 50. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>bb) The names of Previously Approved programs to be consolidated,<br>cc) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and<br>dd) Provide the rationale for consolidation. | | | |

*PEI Projects previously approved are now called Previously Approved Programs



Draft

## PREVIOUSLY APPROVED PROGRAM

| Prevention and Early Intervention | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 46. | Is this an existing program with no changes? | ☐ | ☐ | If yes, complete Exh. E4; If no, answer question #2 |
| 47. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If yes, completed Exh. F4; If no, answer question #3 |
| 48. | Is the current funding requested greater than15% of the previously approved amount? | ☐ | ☐ | If yes, complete Exh. F4; If no, answer question #4 |
| 49. | Is the current funding requested greater than 35% less of the previously approved amount? | ☐ | ☐ | If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b |
| 50. | Describe the proposed changes to the Previously Approved Program and the rationale for those changes. | | | |
| | | | | |
| 5a. | If the total number of Individuals to be served annually is different than previously reported please provide revised estimates<br><br>Total Individuals: _____ Total Families: _____ | | | |
| 5b. | If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: | **Prevention** | | **Early Intervention** |
| | **Total Individuals:** | | | |
| | **Total Families:** | | | |

| **Existing Programs to be Consolidated** | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If no, answer question #3; If yes, complete Exh. F4 |
| 3. | Will the consolidated programs continue to serve the same estimated number of individuals? | ☐ | ☐ | If yes, answer question #4; If no, complete Exh. F4 |
| 4. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>bb) The names of Previously Approved programs to be consolidated,<br>cc) How the Previously approved programs will be consolidated; and<br>dd) Provide the rationale for consolidation | | | |
| | | | | |

*PEI Projects previously approved are now called Previously Approved Programs

Draft

## PREVIOUSLY APPROVED PROGRAM

| Innovation | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 37. | Is this an existing program with no changes | ☐ | ☐ | If yes, complete Exh. E5; If no, answer question #2 |
| 38. | Is there a change in the essential purpose? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #3 |
| 39. | Is there a change to the learning goals? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #4 |
| 40. | Is the funding requested ±15% of previously approved amount? | ☐ | ☐ | If yes, complete Exh. F5; If no, complete Exh. E5 |

Draft

*PEI Projects previously approved are now called Previously Approved Programs

**PREVIOUSLY APPROVED PROGRAM**

**County:** Mendocino

**Select one:**
- ☐ CSS
- ☒ WET
- ☐ PEI
- ☐ INN

**Program Number/Name:** Scholarships and Loan Assistance in Support of Education Related to Public Mental Health Services

**Date:** May 20, 2010

| CSS and WET | | | | |
|---|---|---|---|---|
| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 51. | Is this an existing program with no changes? | ☒ | ☐ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 52. | Is there a change in the service population to be served? | ☐ | ☒ | If yes, complete Exh. F1; If no, answer question #3 |
| 53. | Is there a change in services? | ☐ | ☒ | If yes, complete Exh. F1; If no, answer question #4 |
| 54. | Is there a change in funding amount for the existing program? | ☐ | ☒ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☒ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |

| FY 09/10 funding | FY 10/11 funding | Percent Change |
|---|---|---|
| | | |

| | |
|---|---|
| 55. | **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.<br>**For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached. |

**Action #3 – Title: Scholarships and Loan Assistance in Support of Education Related to Public Mental Health Services**

**Description**:
Funds from this action will provide scholarships and loan assistance to those willing to make a commitment to work with the public mental health system. Funded coursework must be applicable to a certificate or degree related to the mental health field (e.g. human services, counseling, social work, psychology, etc.) Students receiving scholarships or loan assistance will commit to seeking work with the County Health and Human Service Agency, Consolidated Tribal Health Project, Inc., Round Valley Indian Health Center, Nuestra Casa or with a nonprofit contracted with the County to provide mental health consumer services. Internships required for the degree will be accomplished in one of the settings mentioned above. Anyone from Mendocino County may apply for assistance, with priority given to consumers and family members, persons of Latino or Native American descent, and current employees of the public mental health system. The WET Coordinator and Clerical Support will manage the scholarship/loan assistance program, with oversight provided by a Scholarship Committee that includes representatives from each of the three priority populations listed above. Scholarships may be renewed annually until graduation upon committee approval. This action was prompted by our identified need to encourage local people to enter and advance in fields related to public mental health.

**Objectives:**
- Expand the public mental health system in a manner that supports cultural competency, the involvement of consumers and family members, and the promotion of staff from within the system.
- Establish a scholarship program including procedures for application, selection, payment, follow-up, and tracking the fulfillment of student obligations.
- Provide outreach and publicity about scholarship availability

*PEI Projects previously approved are now called Previously Approved Programs

**PREVIOUSLY APPROVED PROGRAM**

- Convene a Scholarship Committee and facilitate regular meetings
- Provide financial assistance to at least 5 students annually

**Existing Programs to be Consolidated**

| No. | Question | Yes | No | |
|---|---|---|---|---|
| 51. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 52. | Will all populations of existing program continue to be served? | ☐ | ☐ | If yes, answer question #3; If no, complete Exh. F1 |
| 53. | Will all services from existing program continue to be offered? | ☐ | ☐ | If yes, answer question #4<br>If no, complete Exh. F1 |
| 54. | Is the funding amount ± 15% of the sum of the previously approved amounts? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1 or E2 accordingly<br>If no, complete Exh. F1 |
| 55. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>ee) The names of Previously Approved programs to be consolidated,<br>ff) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and<br>gg) Provide the rationale for consolidation. | | | |

| Prevention and Early Intervention | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 51. | Is this an existing program with no changes? | ☐ | ☐ | If yes, complete Exh. E4; If no, answer question #2 |
| 52. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If yes, completed Exh. F4; If no, answer question #3 |
| 53. | Is the current funding requested greater than15% of the previously approved amount? | ☐ | ☐ | If yes, complete Exh. F4; If no, answer question #4 |
| 54. | Is the current funding requested greater than 35% less of the previously approved amount? | ☐ | ☐ | If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b |
| 55. | Describe the proposed changes to the Previously Approved Program and the rationale for those changes. | | | |
| | | | | |
| 5a. | If the total number of Individuals to be served annually is different than previously reported please provide revised estimates<br><br>Total Individuals: _____ Total Families: _____ | | | |

| | | | |
|---|---|---|---|
| 5b. | If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: | **Prevention** | **Early Intervention** |
| | **Total Individuals:** | | |
| | **Total Families:** | | |

*PEI Projects previously approved are now called Previously Approved Programs

## PREVIOUSLY APPROVED PROGRAM

| Existing Programs to be Consolidated | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this a consolidation of two or more existing programs? | ☐ | ☐ | If yes, answer question #2; If no, answer questions for existing program above |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☐ | If no, answer question #3; If yes, complete Exh. F4 |
| 3. | Will the consolidated programs continue to serve the same estimated number of individuals? | ☐ | ☐ | If yes, answer question #4; If no, complete Exh. F4 |
| 4. | Description of Previously Approved Programs to be consolidated. Include in your description:<br>ee) The names of Previously Approved programs to be consolidated,<br>ff) How the Previously approved programs will be consolidated; and<br>gg) Provide the rationale for consolidation | | | |
| | | | | |

| Innovation | | | | |
|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | |
| 41. | Is this an existing program with no changes | ☐ | ☐ | If yes, complete Exh. E5; If no, answer question #2 |
| 42. | Is there a change in the essential purpose? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #3 |
| 43. | Is there a change to the learning goals? | ☐ | ☐ | If yes, complete Exh. F5; If no, answer question #4 |
| 44. | Is the funding requested ±15% of previously approved amount? | ☐ | ☐ | If yes, complete Exh. F5; If no, complete Exh. E5 |

Draft

*PEI Projects previously approved are now called Previously Approved Programs

**County:** Mendocino Date: 5/20/2010

| Workforce Education and Training | | | FY 10/11 Requested MHSA Funding | Estimated MHSA Funds by Category | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | **No.** | **Name** | | **Workforce Staffing Support** | **Training and Technical Assistance** | **Mental Health Career Pathway** | **Residency and Internship** | **Financial Incentive** | |
| | | **Previously Approved Programs** | | | | | | | |
| 1. | A | Workforce Staffing Support | $119,051 | $119,051 | | | | | |
| 2. | B | Training and Technical Assistance | $2,500 | | $2,500 | | | | |
| 3. | C | Mental Health Career Pathway Programs | $0 | | | | | | |
| 4. | D | Residency, Internship Programs | $0 | | | | | | |
| 5. | E | Financial Incentive Programs | $28,000 | | | | | $28,000 | |
| 6. | | | $0 | | | | | | |
| 7. | | | $0 | | | | | | |
| 8. | | | $0 | | | | | | |
| 9. | | | $0 | | | | | | |
| 10. | | | $0 | | | | | | |
| 11. | | | $0 | | | | | | |
| 12. | | | $0 | | | | | | |
| 13. | | | $0 | | | | | | |
| 14. | | | $0 | | | | | | |
| 15. | | | $0 | | | | | | |
| 16. | Subtotal: Previously Approved Programs | | $149,551 | $119,051 | $2,500 | $0 | $0 | $28,000 | Percentage |
| 17. | Plus up to 15% County Administration | | | | | | | | #VALUE! |
| 18. | Plus up to 10% Operating Reserve | | | | | | | | #VALUE! |
| 19. | Subtotal: Previously Approved Programs/County Admin./Operating Reserve | | $149,551 | | | | | | |
| | | **New Programs** | | | | | | | |
| 1. | | | $0 | | | | | | |
| 2. | | | $0 | | | | | | |
| 3. | | | $0 | | | | | | |
| 4. | | | $0 | | | | | | |
| 5. | | | $0 | | | | | | |
| 6. | Subtotal: WET New Programs | | $0 | $0 | $0 | $0 | $0 | $0 | Percentage |
| 7. | Plus up to 15% County Administration | | | | | | | | #VALUE! |
| 8. | Plus up to 10% Operating Reserve | | | | | | | | #VALUE! |
| 9. | Subtotal: New Programs/County Admin./Operating Reserve | | $0 | | | | | | |
| 10. | **Total MHSA Funds Requested** | | $149,551 | | | | | | |

**Note**: Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered New.

Draft