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

Form No. 1

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

County Name: **Glenn County**	Date: June 20, 2008 Revised: August 20, 2008 **Revised: September 8, 2008**

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

County Mental Health Director	**Project Lead**
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AUTHORIZING SIGNATURE

I HEREBY CERTIFY that I am the official responsible for the administration of Community Mental Health Services in and for said County; that the county has complied with all pertinent regulations, laws and statutes. The identified funding requirements (in all related programs budgets and the administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2007-08, 2008-09 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief the administration budget and all related program budgets in all respects are true, correct and in accordance with the law. I have considered non-traditional mental health settings in designing the County PEI component and in selecting PEI implementation providers. I agree to conduct a local outcome evaluation for at least one PEI Project, as identified in the County PEI component (optional for "very small counties"), in accordance with state parameters and will fully participate in the State Administered Evaluation.

County Mental Health Director

9/10/08
Date

Executed at Willows, California

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

County: Glenn County **Date: September 8, 2008**

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

a. The overall Community Program Planning Process

The overall community program planning process was managed by Kathy Montero, Mental Health Deputy Director, and Roxann Baillergeon, MHSA Program Coordinator. These two individuals provided vision and oversight to the planning process. This included obtaining stakeholder input, guiding the review of the input, developing the recommendations, and finalizing the PEI Plan for submission to the State Department of Mental Health.

The planning process included the distribution of a PEI survey to key stakeholders, analysis of the survey results, review of the findings, and stakeholder input into the identification of high priority populations and selection of programs for funding. This process involved 175 surveys being collected and a broad range of stakeholders providing input into the selection of PEI programs for funding.

b. Coordination and management of the Community Program Planning Process

The coordination and management of the community program planning process was conducted by Roxann Baillergeon, MHSA Program Coordinator. Ms. Baillergeon identified stakeholder groups, arranged meetings and focus groups with key stakeholders, and organized and managed the entire planning process. She was instrumental in ensuring that consumers, family members, staff, allied agencies, and community members had a voice in expressing their vision for PEI funding.

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

The Glenn County MHSA Prevention and Early Intervention (PEI) planning process was designed to facilitate meaningful participation from a broad range of stakeholders. The community planning process was conducted by Roxann Baillergeon, MHSA Coordinator, Sarah Parkerson, MHSA Administrative Assistant, and consumers who routinely participate in our adult drop-in center, Harmony House.

This planning process was quite comprehensive for a small county. The Glenn County MHSA Ad Hoc Committee developed a survey to obtain information from each stakeholder. This created a vehicle for obtaining input from individuals attending focus groups as well as individuals who were unable to attend an organized event. Input was obtained through a number of different focus groups, presentations, and broadly distributed PEI surveys. In addition, each

and every client who is currently receiving mental health services was invited to complete a PEI survey. In addition, a number of community stakeholder meetings were held. These included a brief explanation of the PEI funding and participants were asked to complete the survey.

Stakeholder meetings were held in easily-accessible community locations, and childcare and some transportation services were available, as needed. Glenn County Mental Health staff coordinated with other service agencies to publicize these meetings. This included education, health, social services, and law enforcement. Specific outreach as made to individuals with serious mental illness (as well as their families and caregivers), as well as traditionally underserved and unserved populations (Latino groups, family with young children, and youth). We also held a focus group for family members currently receiving Children's System of Care services. For greater detail, please refer to the "Prevention and Early Intervention Stakeholder Planning Groups" list, which is attached to this document. In addition, a focus group was held specifically for partner agencies and community organizations. This provided an opportunity for individuals who had expressed an interest in this MHSA funding opportunity to have a voice and input into the process.

The PEI surveys were collected and analyzed to help establish PEI priorities for use in planning and selecting the identified PEI programs and services. A total of 175 surveys were collected during this PEI planning process. The survey results show that the 175 individuals who completed the surveys reflected all age groups: ages 13-17 (10%), 18-24 (6%), 25-45 (38%), 46-59 (32%), and sixty years and older (11%). These respondents also reflected the cultural diversity of the county with 59% Caucasian, 22% Latino, 3% Asian, and 2% American Indian or Alaskan Native. Eleven percent declined to answer the question on race/ethnicity. This data shows that the individuals who completed the survey closely reflect the cultural diversity of the county.

A wide representation of the community completed the survey, including business/community members (21%), consumers (16%), family members (3%), county staff (36%), and other (7%). Eight percent of the respondents answered more than one category when answering this question and 9% did not select any answer.

Once the focus groups were completed and the survey results were analyzed, the final recommendations for the PEI plan were discussed and developed by the MHSA Ad Hoc Committee and additional representatives from the community. The MHSA Ad Hoc Committee is comprised of the Health Services Agency Director, Mental Health Deputy Director, MHSA Chief Deputy Director, MHSA staff, consumer and family representatives, and one of our Superior Court Judges.

This group of individuals met to discuss the PEI Survey results, discuss the priority populations for the county, discuss options for prevention and early intervention programs, and identify and discuss the highest priorities for PEI funding. The PEI stakeholder/community input, results of the focus groups, survey results, and previous information obtained during the initial CSS planning process was used to identify these priorities and develop recommendations for PEI funding.

There were a number of different ideas and priorities identified during the planning process, as the Ad Hoc Committee reviewed the data and input and discussed the needs of the community. This group assessed and discussed the community capacity and strengths, identified existing strengths of the county and priority populations, and reviewed the amount of funding available from PEI. As these priorities and funding limitations were discussed, the group was able to identify the highest priority populations and subsequently selected the recommended programs. The results of the Ad Hoc Committee were then shared with the Mental Health and Substance Abuse Advisory Board for their input and approval.

There were several priorities identified through this process. These included:

1. **Newborn Home Visiting Program**: This program would build upon an existing home visiting program delivered by County Public Health Nurses. When the Public Health Nurse identifies a family who needs additional support and mental health services, the Public Health Nurse would refer the family to a Mental Health Case Manager to provide additional support and services in the homes of these high-risk newborns. This Team would assist families in creating nurturing and safe environments where newborns can optimally grow and develop, with a focus on improving mother – infant bonding, attachment, and parenting skills.
2. **Warm Phone Line**: This program would offer a welcoming phone line for individuals interested in accessing mental health services, obtaining information, and learning more about local services. This warm phone line would reduce the stigma of calling the mental health clinic, provide a supportive person who is willing to answer questions and provide information, and connecting the caller to services, as needed. This program would develop the capacity to have an individual answer a phone line between 10 a.m. and 7 p.m. for individuals who need someone to talk with, obtain information about local resources, and obtain support. The Case Manager answering the phone will be trained using ASSIST, an evidence-based practice, to develop applied suicide intervention skills to help recognize the signs and immediacy of risk for suicide.
3. **System-wide Early Screening**: Train all community agencies to utilize the Mental Health Screening Tool to identify mental health symptoms and individuals who could benefit from mental health services. This would be used by traditional county agencies as well as physicians, nurses, preschools, and law enforcement.
4. **Mental Health Screening for Youth in Placement**: To screen all children and youth placed through social services and probation. This would include a mental health screening as well as developing welcoming materials describing local resources.
5. **Clinician Training to develop skills in working with Trauma Exposed Clients**: Pay for training for clinicians to attend evidence-based training on Cognitive Behavior Therapy for Trauma Exposed individuals.
6. **Mental Health Training to work with individuals who have experienced trauma**: In addition to the above training, mental health staff would be trained to further develop skills in working with stressed families, domestic violence victims, co-occurring disorders (substance abuse), school violence, aggressive and violent children, and parents of difficult children.

While all six areas were considered high priority, the MHSA Ad Hoc Planning Committee selected the first two priorities (Newborn Home Visiting Program and the Warm Line) to develop through the PEI funding. Unfortunately, because we are a small, rural community, $100,000 does not fully support these two activities. As a result, we will supplement these programs with other MHSA funding, as available.

2. Explain how the county ensured that the stakeholder participation process accomplished the following objectives (please provide examples):

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

The MHSA Coordinator held focus groups and informational sessions across the county. This helped to ensure that the opinions of unserved and underserved populations were included in the planning process. We also strived to include family members of unserved and underserved populations. Of the 161 individuals who responded to the question, "Have you or a family member ever received mental health services," 88 (55%) responded 'Yes'. This clearly demonstrated that the planning process included the target population.

Staff directly and informally engaged under-represented citizens to solicit their input. To reach un/under-served adults, focus groups were held and surveys distributed to individuals who were living in supported housing situations, the jail population, physician's offices, Public Health office, the Women, Infants, and Children (WIC) program, and to individuals participating in substance abuse programs.

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

b. Provided opportunities to participate for individuals reflecting the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, race/ethnicity and language.

The 175 individuals who completed the surveys reflected all age groups: ages 13-17 (10%), 18-24 (6%), 25-45 (38%), 46-59 (32%), and sixty years and older (11%). These respondents also reflected the cultural diversity of the county: Caucasian (59%), Latino (22%), Asian (3%), and American Indian or Alaskan Native (2%). Eleven percent declined to answer the question on race/ethnicity. Surveys were available in English and Spanish, with 5% of the respondents utilizing the Spanish surveys. Seventy-three percent (73%) of the respondents were female. Focus groups were held in the three largest communities in the county.

A wide representation of the community completed the survey, including business/community members (21%), consumers (16%), family members (3%), county staff (36%), and other (7%). Eight percent answer more than one category and 9% did not select an answer to this question.

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

Small and personal focus groups were held with clients with a serious mental illness and youth with serious emotional disturbance. Focus groups were held at the adult drop-in center, Harmony House, and the transition age youth drop-in center. In addition, family members were included in focus group and planning activities and were asked to complete a survey.

Of the 161 individuals who responded to the question, "Have you or a family member ever received mental health services," 88 (55%) responded 'Yes'. This clearly demonstrated that the planning process included the target population.

3. Explain how the county ensured that the Community Program Planning Process included the following required stakeholders and training:

a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including, but not limited to:

- *Individuals with serious mental illness and/or serious emotional disturbance and/or their families*

Of the 161 individuals who responded to the question, "Have you or a family member ever received mental health services," 88 (55%) responded 'Yes'. This clearly demonstrated that the planning process included the target population. Our MHSA Ad Hoc Committee also has a number of consumer and family member representatives. These committee members were involved in reviewing the data and survey results, discussing the findings, and making the final program selections and recommendations for funding.

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

Thirty-six percent of the survey respondents were county or state staff. Focus groups were held at the Health Services Agency (mental health, substance abuse, and public health), Health and Human Services Agency (social services), First Five, and probation.

- *Educators and/or representatives of education*

Focus groups included representatives from regular education, the Glenn County Office of Education (GCOE) Child and Family Service (Preschool Program), the SELPA Director and her staff, and teachers in local schools.

- *Representatives of law enforcement*

Surveys were handed out to law enforcement agencies and probation staff attended local focus groups. The presiding Superior Court Judge attended both the agency focus group as well as joined the MHSA Ad Hoc Committee to help review the findings and have a voice in selecting the recommended programs. His participation had two benefits: 1) he had a better understanding of the priorities of the community and, 2) he provided important input into the

discussion for prioritizing and selecting the key population priorities and appropriate PEI activities for individuals in Glenn County.

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

Family members from the Children's System of Care were asked to complete a survey. In addition, individuals attending Juvenile Drug Court, juvenile hall, and parents involved in Head Start programs completed a survey. Transition Age Youth were also asked to complete a survey and participated in a focus group to discuss their ideas and recommendations.

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

We had a small number of staff involved in facilitating focus groups and providing information on the PEI planning process. As a result, these individuals were highly trained. They had also attended state and regional MHSA training activities and PEI information sessions. The MHSA Program Coordinator, the Mental Health Deputy Director, and the MHSA Ad Hoc Planning Committee were involved in the MHSA CSS planning process and attended numerous training opportunities in the past two years. These individuals provided training for stakeholders during the planning process, during the focus groups, and during informational sessions.

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

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

We utilized the learning experiences gained in our initial CSS planning process to develop and implement the PEI planning process. The community is now familiar with MHSA planning activities. Our allied agencies and community organizations are willing participants in gathering stakeholders for meetings, distributing and collecting surveys, and providing feedback about proposed programs and services.

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

These individuals also have a better understanding of the unserved and underserved individuals in our community. This knowledge helps to improve our outreach efforts and ensure that we hold focus groups and distribute in an effort to obtain information on these key populations.

b. Measures of success that outreach efforts produced an inclusive and effective community program planning process with participation by individuals who are part of the PEI priority populations, including Transition Age Youth.

Our planning process was highly successful. We obtained a total of 175 surveys with broad representation from our clients, family members, community members, and county staff. We also involved consumers, community members, county staff, and the presiding Superior Court Judge in the analysis of the data from the stakeholder input process, in finalizing the priorities for the PEI plan, and in providing input into the written PEI Plan. In addition, we had open comment groups where recorders captured spoken input.

As noted above, we also held a focus group with our Transition Age Youth. We have a very active TAY program and these youth have been active participants in all MHSA planning activities. They provided excellent input during the CSS Planning process, and were extremely helpful during our PEI planning activities. In addition, they completed the PEI survey, providing input to the process and creating an opportunity to give youth a voice in the development of prevention and early intervention programs.

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

a. The date of the public hearing:

The Public Hearing took place during the Mental Health and Substance Abuse Advisory Board Meeting on Tuesday, May 13, 2008 at 6:00pm.

b. A description of how the PEI Component of the Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any other interested parties who requested it.

The draft PEI Plan was distributed across the county in locations consistent with the CSS plan distribution. It was available for viewing on the Glenn County website and it was copied and distributed to all members of the Mental Health and Substance Abuse Board. In addition, copies of the plan were placed at partner agencies, the public library, and a number of public facilities. The plan was placed at Harmony House and the Transition Age Youth Center, as well as available to clients and family members and other interested parties.

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

Individuals who attended the PEI Public Hearing provided the following input into the Prevention and Early Intervention Plan:

1) There was concern that the CSS Plan identified there was initially a plan to develop a "Warm" phone line was part of CSS plan – why put it into the new PEI plan? *Response: The warm line was originally planned for development using CSS funding. However, these funds were utilized to create Harmony House and expand services. There were insufficient CSS funds to adequately staff the warm line; as a result, we are planning on using PEI funding for developing this important service.*

2) Is this like a hot line? I need to be linked to the correct person. *A description of the Crisis Line and the Warm Line was discussed in order to provide a better understanding of the difference between these two services.*

3) Concern: We want a warm line to talk to someone right now, a current semi-emergency. That is what I'd like to see. The plan is not written in a way that says warm line. Are we building too much/too big a job for what it should be? *Response: The welcoming line is the same as the warm line. We plan to develop this welcoming line through the assistance of staff and consumers at the Wellness Center. This welcoming line will offer clients a supportive alternative when they need to talk to someone. While this will not replace the crisis line, it will complement it by offering a safe and supportive number to call when clients feel they need someone to talk to.*

4) One part should be triage on the phone and assisting the caller. One part is to get a proper referral. *Response: The welcoming line will be used for this purpose.*

5) People need to call to have contact with another human being. They don't have anyone to talk to sometimes. *Response: The warm line will be used for this purpose.*

6) Crisis lines – one person can get burned out but if they are answering it all the time. Can we hire two people and split job responsibilities between them to avoid burnout? *Response: We will assess the feasibility of this recommendation as we develop the warm line.*

7) Jim Bettencourt is a member of the Mental Health Advisory Board and Chair of Not In Our Town. He may be interested in volunteering with the warm line. *Response: We will consider this recommendation.*

8) Several priorities were identified. It's frustrating that we can't fund other programs. *Response: Identifying all of the priorities helps us be ready to go if other funding becomes available.*

After reviewing the public comments, we are not making any substantive changes to our PEI plan at this time.

d. The estimated number of participants:

Approximately forty individuals attended the PEI Stakeholder Meeting on May 13, 2008.

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

PEI PROJECT SUMMARY

Form No. 3

County: Glenn County PEI Project Name: Welcoming Families

Date: September 8, 2008

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

1. PEI Key Community Mental Health Needs

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

2A. PEI Priority Populations

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

PEI PROJECT SUMMARY – Welcoming Families

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

Our planning process was quite comprehensive for a small county. The Glenn County MHSA Ad Hoc Committee developed a survey to obtain information from each stakeholder. This created a vehicle for obtaining input from individuals attending focus groups as well as individuals who were unable to attend an organized event. Input was obtained through a number of different focus groups, presentations, and broadly distributed PEI surveys. In addition, each and every client who is currently receiving mental health services was invited to complete a PEI survey. In addition, a number of community stakeholder meetings were held. These included a brief explanation of the PEI funding and participants were asked to complete the survey.

Once the focus groups were completed and the survey results were analyzed, the final recommendations for the PEI plan were discussed and developed by the MHSA Ad Hoc Committee and additional representatives from the community. The MHSA Ad Hoc Committee is comprised of the Health Services Agency Director, Mental Health Deputy Director, MHSA Chief Deputy Director, MHSA staff, consumer and family representatives, and one of our Superior Court Judges.

This group of individuals met to discuss the PEI Survey results, discuss the priority populations for the county, discuss options for prevention and early intervention programs, and discuss and identify the highest priorities for PEI funding. The PEI stakeholder/community input, results of the focus groups, survey results, and previous information obtained during the initial CSS planning process was used to identify these priorities and develop recommendations for PEI funding.

The survey results showed that there were 175 individuals who completed the PEI survey (see Appendix A). The PEI Ad Hoc Committee, comprised of consumers, family members, staff, and our judge, discussed the results of the planning process and selected two priority areas for funding with PEI dollars. Because we only have $100,000 per year for PEI, we will utilize funds from Public Health to support these priorities. The Welcoming Families project will be funded in part with Public Health money. Two positions will be funded: a Public Health Nurse (1.0 FTE, Public Health funds) and a Mental Health Case Manager (.4 FTE, PEI funds).

There were a number of different ideas and priorities identified during the planning process, as the Ad Hoc Committee reviewed the data and input and discussed the needs of the community. This group assessed and talked about the community capacity and strengths, identified existing strengths of the county and priority populations, and reviewed the amount of funding available from PEI. As these priorities and funding limitations were discussed, the group was able to identify the highest priority populations and

subsequently selected the recommended programs. The results of the Ad Hoc Committee were then shared with the Mental Health and Substance Abuse Advisory Board for their input and approval.

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

The highest priority population for PEI funding was to promote healthy families by building upon the foundation of an existing Public Health program. By utilizing our existing Public Health Visiting Nurse Program, the Committee decided to fund a Mental Health Case Management position to work closely with the Public Health nurse. The Welcoming Families Program will pair mental health services with the Visiting Public Health Nurse Program to support new mothers during the first year of the newborn's life. The Public Health Nurse Program is an effective program where a Public Health Nurse visits all mothers with a newborn while in the hospital, or shortly after returning home. The Public Health Nurse offers information and support to new mothers, discussing typical infant behavior and developmental milestones, including sleeping and eating patterns, and crying behavior. The Nurse discusses the newborn's weight, Apgar scores, bathing, and cord care. She is available to answer any questions.

Following the home visit, the Nurse completes a health and mental health screening tool, which assesses the mother's attachment, bonding, and mother-infant behavior and interactions. This screening tool will indicate when there is a need for linkage with the Mental Health Case Manager with the Welcoming Families Program. Once the referral is made, the Welcoming Families Case Manager will accompany the Public Health Nurse during a scheduled visit to the home. This coordination of services will help reduce the stigma of a mental health referral and improve disparities in accessing mental health services.

The Case Manager and Nurse will visit with the mother and newborn and observe parenting behaviors, assess for stressors in the home, and provide immediate support to the family. By pairing this team, we will be able to offer services to infants in stressed families, identify at risk children, siblings, and families, and reduce the stigma of accessing mental health services, and improve access for all families.

The Welcoming Families program will greatly enhance and expand the Public Health Visiting Nurse program by offering extended, home-based services to these high-risk families. The Mental Health Case Manager will be available to offer supportive services to the new mothers and link them to other community services. For example, all mothers who deliver babies with a positive toxicology screen will be linked to our Intensive Substance Abuse Program for Mothers at our Discovery House.

Teen mothers will be referred to our MHSA Transition Age Youth (TAY) Program, which offers a Teen Parenting Class. A teen dad's support group is also available to teen fathers at the TAY Center. Women with newborns who have ongoing mental health

needs (for example, post partum depression) will be referred to our MHSA Wellness Center, Harmony House. This center offers bilingual, bicultural services, including a Spanish Speaking Women's Group, individual and group therapy, and a strong social support network. In addition, referrals to Nurturing Parent Support groups, Little Learners Play Group, and our Parent Child Interactive Therapy (PCIT) program will be made, as appropriate.

The frequency of visits by the Welcoming Families Case Manager will vary depending on the needs of the family and the time required to establish a trusting relationship with the new mothers. It is estimated that the Welcoming Families Case Manager will make visits as needed for up to three months with an expected range from 1 to 12 visits.

The Welcoming Families Program will reduce disparities in Glenn County by providing a safe entry through the program's partnership with public health and by providing services in families' homes. A large number of underserved Latino families currently utilize public health services but do not utilize mental health services. It is expected that the link through public health will be especially effective in reaching these families. This program is also positioned to reach currently underserved mothers with risk or early indications of post partum depression, who are much more likely to make use of services introduced through public health and provided in their own homes.

The Welcoming Families Program will promote healthy parenting for at-risk families. It will provide immediate support, referral and linkage to needed services, and ongoing opportunities to create healthy and resilient children and families.

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

Activity	Time from Initiation of Program (signed contract, budget authority to hire staff)
Hire staff	2 months
Train staff	3 months
Develop materials, handouts, etc.	3 months
Start visits	4 months
Evaluation	6 months and annually

PEI PROJECT SUMMARY – Welcoming Families

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	**Early Intervention**	
	Individuals: Families:	Individuals: Families:	
Welcoming Families (Public Health and Mental Health visiting new mothers and their infants; no EBP)	Individuals: Families: 20	Individuals: Families: 5	9 Months
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: **Families: 20**	Individuals: **Families: 5**	9 Months

5. Alternate Programs

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

PEI PROJECT SUMMARY – Welcoming Families

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

The Public Health Nurse will visit new families in the hospital or at home in the first months after birth. When there is an identified need, an immediate referral to the Mental Health Case Manager will be made. The Public Health Nurse and the Mental Health Case Manager will visit the home together to improve access to services. This will provide the opportunity to assess the parent(s) for attachment, bonding, and caregiver strain. The Welcoming Families team will identify families that need additional services and link them to the appropriate resource, including but not limited to mental health, substance abuse, benefits, and parent support groups.

We will utilize other MHSA programs including the Adult Wellness Center, Harmony House, and the TAY Center. Women who abuse substances will be referred to an intensive program at the Discovery House. Families will be referred to parenting classes, mental health services, and other programs, as appropriate.

The Welcoming Families program will create stronger, healthy families, by improving access to mental health services, reducing disparities by pairing mental health services with public health services, and developing strong parent skills to reduce the incidence of child abuse and neglect.

Mothers will be provide support and early intervention to help reduce isolation and the negative consequences of post partum depression. An increased understanding of infant behavior and improved parenting skills will reduce the likelihood of child abuse and neglect.

7. Collaboration and System Enhancements

This project builds collaboration between public health and mental health services. It provides wellness and linkages to services for young families who are often isolated and with minimal resources. As noted above, this is a collaborative project that combines an excellent, early intervention Public Health program with additional mental health resources to meet the needs of new families. Through this coordination, families will receive enhanced services and achieve positive outcomes.

8. Intended Outcomes

Families will greatly benefit from this program by receiving early support, intervention, and linkage to community resources. New mothers will have supportive services in a timely manner to help them with their newborn child. They will have a support person who is available to talk to, offer advice, and assist them to learn to manage their child's developmental behaviors, including feeding, developing positive sleep patterns, and managing crying. These women will have the opportunity to develop skills to promote healthy babies, attend parenting classes, and be linked to supportive community resources. These in-home services will reduce disparities, improve access to mental health services, and reduce the incidence of child abuse and neglect in our community.

9. Coordination with Other MHSA Components

As noted above, we will utilize other MHSA programs to provide supportive services to meet the needs of teen parents and adults with newborn infants.

10. Additional Comments (optional)

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

PEI PROJECT SUMMARY – Welcoming Line

Form No. 3

County: Glenn County **PEI Project Name: Welcoming Line** **Date: September 8, 2008**

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

1. PEI Key Community Mental Health Needs

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

2A. PEI Priority Populations

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

PEI PROJECT SUMMARY – Welcoming Line

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

Our planning process was quite comprehensive for a small county. The Glenn County MHSA Ad Hoc Committee developed a survey to obtain information from each stakeholder. This created a vehicle for obtaining input from individuals attending focus groups, as well as individuals who were unable to attend an organized event. Input was obtained through a number of different focus groups, presentations, and broadly distributed PEI surveys. In addition, each and every client who is currently receiving mental health services was invited to complete a PEI survey. In addition, a number of community stakeholder meetings were held. These included a brief explanation of the PEI funding and participants were asked to complete the survey.

Once the focus groups were completed and the survey results were analyzed, the final recommendations for the PEI plan were discussed and developed by the MHSA Ad Hoc Committee and additional representatives from the community. The MHSA Ad Hoc Committee is comprised of the Health Services Agency Director, Mental Health Deputy Director, MHSA Chief Deputy Director, MHSA staff, consumer and family representatives, and one of our Superior Court Judges.

This group of individuals met to discuss the PEI Survey results, discuss the priority populations for the county, discuss options for prevention and early intervention programs, and discuss and identify the highest priorities for PEI funding. The PEI stakeholder/community input, results of the focus groups, survey results, and previous information obtained during the initial CSS planning process was used to identify these priorities and develop recommendations for PEI funding.

The survey results showed that there were 175 individuals who completed the PEI survey (see Appendix A). The PEI Ad Hoc Committee, comprised of consumers, family members, staff, and our judge, discussed the results of the planning process and selected two priority areas for funding with PEI dollars.

There were a number of different ideas and priorities identified during the planning process, as the Ad Hoc Committee reviewed the data and input and discussed the needs of the community. This group assessed and talked about the community capacity and strengths, identified existing strengths of the county and priority populations, and reviewed the amount of funding available from PEI. As these priorities and funding limitations were discussed, the group was able to identify the highest priority populations and subsequently selected the recommended programs. The results of the Ad Hoc Committee were then shared with the Mental Health and Substance Abuse Advisory Board for their input and approval.

Survey results also showed that individuals were interested in having services delivered in the community and to provide early screening, diagnosis, and treatment for mental illness (65%). Other priorities include children and youth in stressed families (87%), those whose parents have drug and alcohol problems (88%), and those who are abused or neglected (88%). These populations were also a factor in the decision to develop a team to visit families with newborns.

The stakeholder data showed strong support for developing a welcoming line to provide a support line for talking with people, linking them to services, and providing a resource to help address suicidal ideation behavior. Eighty-three percent (83%) of the survey respondents identify people who have attempted or might attempt suicide as the greatest need for PEI funding.

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

The Welcoming Line will provide a live answering service which provides a warm, welcoming response to all callers. This "warm line" will offer preventative services, responding to caller's questions about services, and linking the individual to services, when appropriate. The Welcoming Line will be located at our MHSA adult wellness center, Harmony House, and will be staffed by trained individuals who are case managers / consumer coaches.

Glenn County Health Services Agency also operates a Crisis Line, which is available to the community 24/7. The Crisis Line responds to mental health emergencies.

The Welcoming Line is not a crisis line. It is designed to improve access to unserved and underserved populations by offering a person to talk to, who is knowledgeable about resources, and is willing to listen, validate the caller, and determine if there is a need for services. The Welcoming Line will link the caller to available services, and/or offer to meet the caller if that is what is needed to reduce barriers to services.

The Welcoming Line staff will develop flyers, create Public Service Announcements, and write newspapers articles and ads to help promote the use of the Welcoming Line and inform the community of this new service. Flyers will also be distributed to partner agencies, the library, grocery stores, and other public locations. All materials and notices will be in Spanish and English.

The Welcoming Line will reach unserved and underserved individuals and improve access to mental health services. We anticipate that the Welcoming Line will be utilized by many different high risk populations, including stressed parents, lesbians, gay, bisexual, transsexual, questioning, and undecided (LGBTQU) individuals, and older adults. We will ensure that our flyers will be distributed to

the elderly population in Glenn County. Older adults are especially vulnerable and are excellent candidates for our Welcoming Line. By offering immediate interactions and supportive responses to callers, we will help prevent people from getting sicker.

Welcoming Line staff will also help link callers to additional services. While this program is targeting individuals who do not currently receive mental health services, it will also provide a needed resource for isolated mental health clients who could benefit from a responsive, welcoming interaction.

The Welcoming Line will be operational from 10 a.m. to 7 p.m., Monday through Friday. This line would be staffed by a 1.0 FTE Case Manager/Consumer Coach and will be located at Harmony House, with support from Harmony House staff. The individual answering the Welcome Line will be trained using the Evidence-Based Practice ASIST (Applied Suicide Intervention Skills Training). This is a two-day training which provides skills in recognizing signs of suicide and immediacy of risk and intervening to prevent the immediate risk of suicide. The Welcoming Line will focus on engagement and simplify access to mental health services, and link the caller to other community services and resources. After 7 p.m. and on weekends and holidays, the Welcoming Line will be answered by Crisis staff. The program will also train coaches, who are consumer employees hired through Community Services and Supports, to provide support and back-up for the Welcoming Line.

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

Activity	Time from Initiation of Program (signed contract, budget authority to hire staff)
Hire staff	2 months
Install equipment	2 months
Train staff	3 months
Develop materials, handouts, etc.	3 months
Outreach and engagement	Ongoing
Open Welcoming Line to calls	4 months
Evaluation	6 months and annually

PEI PROJECT SUMMARY – Welcoming Line

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	**Early Intervention**	
Welcoming Line	Individuals: Families:	Individuals: Families:	
ASIST (Applied Suicide Intervention Skills Training) EBP: Training	Individuals: 100 Families:	Individuals: 100 Families:	9 Months
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 100** Families:	**Individuals: 100** Families:	9 Months

5. Alternate Programs

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

PEI PROJECT SUMMARY – Welcoming Line

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

The Welcoming Line staff will be co-located with MHSA staff at the adult drop-in center: Harmony House. MHSA staff will provide support and supervision to the person(s) answering the phone. When individuals call into the welcoming line and need additional mental health services, the welcoming line staff will immediately link the caller to mental health crisis staff and/or the mental health clinic for an appointment for a clinical assessment. The welcoming line staff will be knowledgeable of community resources and will assist the caller in linking to needed services.

7. Collaboration and System Enhancements

Glenn County has a crisis line for individuals to call in an emergency. The development of a welcoming line is greatly needed. This service will be available to community members to call in and talk, get support, and obtain information about services. The development of this capacity will support our community and offer a warm, welcoming environment for individuals seeking assistance.

8. Intended Outcomes

People who call the Welcoming Line will feel accepted and connected. They will have timely access to a friendly, caring individual who is knowledgeable of community resources and is able to make the person comfortable when asking for information.

We will obtain information on the number of phone calls, the time of the calls, the information requested, and the outcome of the call so we can align the need for the service with the service offered. This will help improve the service and provide appropriate and timely response to the community. We will also conduct a short survey with some of the callers to assess the quality of the service and ensure we are offering the right service at the right time. The quality survey may ask the following questions:

How were you treated?
Were services responsive to your needs?
Did you receive a time response to your call?
Did the services you received help you get what you needed?

9. Coordination with Other MHSA Components

This program will be closely coordinated with our MHSA program. The welcoming line staff will be co-located at Harmony House and will be supervised by the Mental Health Coordinator. Other Harmony House staff will provide back-up at the welcoming line when staff are at lunch or out sick.

10. Additional Comments (optional)

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

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: Glenn County Date: 8/18/08

PEI Project Name: Welcoming Families

Provider Name (if known):

Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 25

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

Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 25

Months of Operation: FY 07-08 0 FY 08-09 12

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	$0	$0	$0
HS Case Manager I (.40 FTE) step 1	$0	$13,903	$13,903
	$0	$0	$0
	$0	$0	$0
b. Benefits and Taxes @ 76 %	$0	$10,566	$10,566
c. Total Personnel Expenditures	$0	$24,469	$24,469
2. Operating Expenditures			
a. Facility Cost	$0	$734	$734
b. Other Operating Expenses	$0	$2,447	$2,447
c. Total Operating Expenses	$0	$3,181	$3,181
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Evaluation	$0	$2,100	$2,100
	$0	$0	$0
	$0	$0	$0
a. Total Subcontracts	$0	$2,100	$2,100
4. Total Proposed PEI Project Budget	$0	$29,750	$29,750
B. Revenues (list/itemize by fund source)			0
	$0	$0	$0
	$0	$0	$0
		$0	$0
1. Total Revenue	$0	$0	$0
5. Total Funding Requested for PEI Project	$0	$29,750	$29,750
6. Total In-Kind Contributions	$0	$84,274	$84,274

Form No. 4

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

County Name: Glenn County Date: 8/18/08

PEI Project Name: Welcoming Line

Provider Name (if known):

Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09	300
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09	
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	0	FY 08-09	300
Months of Operation:	FY 07-08	0	FY 08-09	12

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	$0	$0	$0
HS Case Manager II (1.0 FTE)	$0	$46,696	$46,696
	$0	$0	$0
	$0	$0	$0
b. Benefits and Taxes @ 64 %	$0	$29,885	$29,885
c. Total Personnel Expenditures	$0	$76,581	$76,581
2. Operating Expenditures			
a. Facility Cost	$0	$2,297	$2,297
b. Other Operating Expenses	$0	$6,954	$6,954
c. Total Operating Expenses	$0	$9,252	$9,252
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Evaluation	$0	$12,900	$12,900
	$0	$0	$0
	$0	$0	$0
a. Total Subcontracts	$0	$12,900	$12,900
4. Total Proposed PEI Project Budget	$0	$98,733	$98,733
B. Revenues (list/itemize by fund source)			0
	$0	$0	$0
	$0	$0	$0
		$0	$0
1. Total Revenue	$0	$0	$0
5. Total Funding Requested for PEI Project	$0	$98,733	$98,733
6. Total In-Kind Contributions	$0	$26,240	$26,240

Form No. 5

County: Glenn County Date: 8/18/2008

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator					$0
b. PEI Support Staff		0.14	$0	$14,147	$14,147
c. Other Personnel (list all classifications)					$0
					$0
					$0
					$0
					$0
d. Employee Benefits			$0	$4,669	$4,669
e. Total Personnel Expenditures			$0	$18,816	$18,816
2. Operating Expenditures					
a. Facility Costs					$0
b. Other Operating Expenditures				$5,698	$5,698
c. Total Operating Expenditures			$0	$5,698	$5,698
3.County Allocated Administration					
a. Total County Administration Cost			$0	$2,304	$2,304
4. Total PEI Funding Request for County Administration Budget			$0	$26,817	$26,817
B. Revenue					
1 Total Revenue			$0	$0	$0
C. Total Funding Requirements			$0	$26,817	$26,817
D. Total In-Kind Contributions			$0	$0	$0

Form No. 6

Instruction: Please provide a listing of all PEI projects submitted for which PEI funding is being requested. This form provides a PEI project number and name that will be used consistently on all related PEI project documents. It identifies the funding being requested for each PEI project from Form No. 4 for each PEI project by the age group to be served, and the total PEI funding request. Also insert the Administration funding being requested from Form No.5 (line C).

County:	Glenn County
Date:	8/18/2008

		Fiscal Year			Funds Requested by Age Group			
#	List each PEI Project	**FY 07/08**	**FY 08/09**	**Total**	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	Welcoming Families	$0	$29,750	$29,750	$14,280	$7,140	$8,330	$0
2	Warm Line	$0	$98,733	$98,733	$ 6,582	$ 19,747	$ 59,240	$ 13,164
				$0				
				$0				
				$0				
				$0				
				$0				
				$0				
				$0				
	Administration	$0	$26,817	$26,817				
	Total PEI Funds Requested:	$0	$155,300	$155,300	$20,862	$26,887	$67,570	$13,164

Prevention and Early Intervention Plan
Fiscal Year 2008-09 Budget Narrative

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

Project: Welcoming Families

A. Expenditures:

1. Personnel – This line item includes salaries and benefits for a 0.40 FTE Health Services Case Manager I. The county benefit package for full-time employees covered under the General Bargaining Unit is the same regardless of the position held. The benefit rate for the Case Manager I position equals 76% of salaries.
2. Operating Expenditures – This line item includes Facility Costs such as rent. Other Operating Expenses include communications, copier lease, office expenses, utilities, janitorial costs, and travel and training expenses such as mileage, registrations, hotel costs, etc.
3. Subcontracts/Professional Services – This line item includes cost for an Evaluator. We contract with IDEA Consulting to assist us with writing our PEI plans, conduct surveys, and lead the local evaluation efforts.

B. Revenues: We are not projecting any revenues at this time. The beginning year will be focused on hiring staff, training, and beginning implementation of the program. We will, however, have In Kind Contributions in the form of a full time Public Health Nurse who will work with the Health Services Case Manager I in this program.

Project: Welcoming Line

A. Expenditures:

1. Personnel – This line item includes salaries and benefits for a 1.0 FTE Health Services Case Manager II. The county benefit package for full-time employees covered under the General Bargaining Unit is the same regardless of the position held. The benefit rate for the Case Manager II position equals 64% of salaries.
2. Operating Expenditures – This line item includes Facility Costs such as rent. Other Operating Expenses include communications, copier lease, office expenses, utilities, janitorial costs, and travel and training expenses such as mileage, registrations, hotel costs, etc.
3. Subcontracts/Professional Services – This line item includes cost for an Evaluator. We contract with IDEA Consulting to assist us with writing our PEI plans, conduct surveys, and lead the local evaluation efforts.

B. Revenues: We are not projecting any revenues at this time. The beginning year will be focused on hiring staff, training, and beginning implementation of the program. We will, however, have In Kind Contributions in the form of a 0.15 FTE Health Services Coordinator

who will supervise the Case Manager II and a 0.15 additional Case Manager located at Harmony House who will cover staff leave time.

Administration Budget

A. Expenditures:

1. Personnel – This line item includes salaries and benefits for a 0.14 FTE Administration Support position that will be responsible for budgets, monthly expenditure reports, the annual MHSA Revenue & Expenditure Report, annual Cash Flow Statement, and any other financial information necessary to the program.
2. Operating Expenditures – This line item includes Other Operating Expenses such as communications, copier lease, office expenses, and travel and training expenses such as mileage, registrations, hotel costs, etc.
3. County Allocated Administration includes A-87 costs attributable to the program.

B. Revenues: We are not projecting any revenues at this time. The beginning year will be focused on hiring staff, training, and beginning implementation of the program.