



C A L I F O R N I A D E P A R T M E N T O F
Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-2309

August 10, 2007

DMH INFORMATION NOTICE NO.: 07-17

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: COUNTY FUNDING REQUEST FOR MENTAL HEALTH
SERVICES ACT (MHSA) PREVENTION AND EARLY
INTERVENTION -- COMMUNITY PROGRAM PLANNING FUNDS

REFERENCE: IMPLEMENTATION OF THE MHSA, WELFARE AND
INSTITUTIONS CODE (WIC), DIVISION 5, PART 3.6

Introduction

This Information Notice provides instructions to counties¹ to request funding under the Mental Health Services Act (MHSA) for Community Program Planning for the Prevention and Early Intervention (PEI) component of the Three-Year Program and Expenditure Plan. The intent of funding for Community Program Planning is to provide counties with the resources necessary to develop their PEI component of the Plan. This process is consistent with MHSA regulations and proposed guidelines for PEI. This DMH Information Notice applies only to the PEI component.

The process described in this document will help counties to begin activities for community program planning for the PEI component in fiscal years (FY) 2007-08 and 2008-09. All activities initiated and funding allocated as a result of this DMH Information Notice will be included as part of each county's PEI component of the Program and Expenditure Plan for FY 2007-08 and 2008-09.

¹ "County" means the County Mental Health Department, two or more County Mental Health Departments acting jointly, and/or city-operated programs receiving funds per WIC Sections 5701.5 (California Code of Regulations, Section 3200.090).

PEI Component and Revenue and Expenditures Reporting

At the time the county submits its PEI component for FY 2007-08 and 2008-09, the county will describe its community program planning process. Counties should refer to the PEI draft proposed guidelines, released prior to this Information Notice. These draft proposed guidelines describe what is necessary for this activity. Counties will report actual PEI planning expenditures separately on the annual MHSA Revenue and Expenditure Report.

Community Program Planning Process

Counties must conduct a community program planning process consistent with California Code of Regulations, Title 9, Division 1, Chapter 14, Section 3300 (Enclosure 1). The county's PEI component of the Three-Year Program and Expenditure Plan must document how these regulatory requirements were met.

Through the planning process, counties will select Key Community Mental Health Needs and Priority Populations from those identified and approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC). (Available on the website at: <http://www.dmh.ca.gov/MHSOAC/docs/PolicyRecMHSAP EI.pdf>).

Similar to Community Services and Supports (CSS), the county's PEI component will be based on a logic model. The planning process informs each part of the logic model. The PEI logic model includes the following sequence:

- Identification and selection of Key Community Mental Health Needs and related PEI Priority Populations for PEI Programs and Interventions
- Assessment of Community Capacity and Strengths
- Selection of PEI Strategies (including programs, approaches, activities and policies) to achieve Desired Outcomes
- Development of PEI Projects with Timeframes, Staffing and Budgets
- Implementation of Accountability, Evaluation and Program Improvement Activities

Required Comment Period and Public Hearing

Consistent with MHSA statutory requirements (Welfare and Institutions Code Sections 5848 (a) and (b) and California Code of Regulations, Title 9, Division 1, Chapter 14, Section 3315 (Enclosure 1)), each county's draft PEI component shall be developed with local stakeholders and circulated for review and comment for at least 30 days to representatives of stakeholder groups and any interested party who has requested a copy of the component. The draft component should be widely circulated to all participants, communities, and agencies who were involved in the planning process. A public hearing then must be held by the local mental health board/commission. Concerns raised at the public hearing should be included in the final component, including the county's response.

Building on the CSS Planning Process

Following are some ideas that counties may consider as they develop their planning process. Many counties conducted extensive community planning processes for the CSS component and can build on that effort for the PEI planning process in a number of ways including:

- Use and build upon existing relationships and partnerships for outreach and seek out partnerships in underserved communities.
- Use developed and tested education materials, informational templates and communication methods.
- Obtain updated versions of demographic and service data files collected for the CSS process.
- Reassess information collected during the CSS process to determine applicability to the PEI planning process.
- Use venues identified as effective gathering places for meetings to encourage participation by historically underserved populations.
- Use procedural and facilitation methods found to be successful in public hearings.
- As appropriate, conduct meetings in the languages used by specific communities.

Counties should assess and replicate what worked for CSS planning and make improvements as needed, including identifying and communicating to people who were not included or who expressed dissatisfaction with the CSS planning process.

Inclusive Planning Process for PEI

An effective PEI component depends on a community program planning process that includes meaningful involvement and engagement of diverse communities and potential individual participants, their families and other community stakeholders. Consistent with California Code of Regulations, Title 9, Division 1, Chapter 14, Section 3200.270 (Enclosure 1), the county must also include the key strategic service sectors, systems, organizations and people that contribute to particular mental health outcomes in successful prevention and early intervention programs. Partnerships should extend across sectors of the community, including, but not limited to, the list in Table 1. The PEI process may target outreach to expand participation by additional PEI constituency groups and collect data from additional service sectors.

Table 1: Required and Recommended Sectors and Partner Organizations for Prevention and Early Intervention Planning

Required Sectors	Recommended Partner Organizations
Underserved Communities	Community based organizations representing Native American, African American, Hispanic/Latino, Asian/Pacific Islander, Refugee, Immigrant, Lesbian/Gay/Bisexual/Transgender, and other underserved/unserved communities
Education	County offices of education, school districts, parent/teacher associations, Special Education Local Plan Areas, school-based health centers, colleges/universities, community colleges, adult education, First 5 Commissions
Individuals with Serious Mental Illness and/or their Families	Client and family member organizations
Providers of Mental Health Services	Mental health provider organizations
Health	Primary health care clinics, public health, specialist mental health services, specialist older adult care health services, Native American Health Centers, community clinics, alcohol and drug treatment centers, regional centers, emergency services, maternal child and adolescent health services
Social Services	Child and family welfare services, CalWORKs, child protective services, home and community care, disability services, adult protective services
Law Enforcement	County criminal justice, courts, juvenile and adult probation offices, judges and public defenders, sheriff/police
Recommended Additional Sectors	Recommended Partner Organizations
Community Family Resource Centers	Multipurpose family resource centers, faith centers, arts, sports, youth clubs/centers, parks and recreation, homeless shelters, senior centers, refugee assistance centers
Employment	Public and private sector workplaces, employee unions, occupational rehabilitation settings, employment centers, Work Force Investment Boards
Media	Radio, television, internet sites, print, and newspaper

Direct efforts to include individuals from historically underserved communities in the planning process are strongly encouraged. Outreach efforts could include meetings with key informants, leaders and other members of underserved communities with knowledge of

mental health needs. Input from key informants could be sought through focus groups and other appropriate methods regarding community perceptions of needs, priority populations, community assets relevant to PEI efforts, potential strategies, and evaluation methods. The goal of these efforts is the ongoing inclusion of community perspectives in PEI component implementation over the long term. Underserved community members should be involved in the drafting of county components. Successful outreach and engagement processes in the planning stage can be reflected in elements of the county components, demonstrating collaboration with community based organizations to address needs of underserved communities.

Instructions for Developing a Request for Funding for PEI Community Program Planning

The intent of funding for PEI Community Program Planning is to provide the resources to engage in activities necessary to develop a PEI component. In order to receive funding, counties should do the following:

- Submit a Request for Funding (Enclosure 2)
- Ensure that the proposed activities are consistent with the descriptions listed below for Community Program Planning

The following examples of allowable activities for Community Program Planning will help counties develop their Request for Funding:

Community Program Planning Allowable Activities and Expenditures

- Specific outreach and engagement to underserved racial, ethnic, and cultural communities (e.g., consultations with key informants; convening and obtaining input from focus groups; involving key informants in drafting the PEI components).
- Specific outreach to community based organizations and programs that serve or have contact with underserved racial, ethnic, and cultural members.
- Outreach to potential individual participants, their families, and other community stakeholders, including covering expenses for their participation.
- Meetings, conference calls, electronic media, focus groups, interpreter services, document translations, interviews, or other methods used to present the DMH proposed guidelines to stakeholders.
- Public hearing.
- Analysis of data from additional service sectors in order to assess needs and resources.
- Staff time and/or consultants to assist in facilitating the stakeholder process, outreach, and writing of the component. County mental health departments may designate a staff position to work as the PEI coordinator. Planning activities necessary to prepare for contracting with PEI providers.
- Development and management of contracts or memoranda of understanding with community organizations for planning and outreach activities.
- Planning activities necessary to recruit personnel for the proposed PEI programs and services.

- The costs of equipping new PEI staff with all necessary technology (cellular telephones, computer hardware and software, etc.) to coordinate planning activities for PEI and the cost of enhanced and/or increased space needs for these employees.
- Staff development on PEI content.

Request for Funding

To obtain Community Program Planning funds for PEI, county mental health departments will submit Enclosure 2, "Mental Health Services Act and Prevention and Early Intervention Request for Funding for Community Program Planning". The Request for Funding form provides space for county mental health programs to briefly describe the planned activities for Community Program Planning (suggested length: one to three pages). It also includes a certification by the county mental health director. All Requests for Funding should be consistent with the draft proposed guidelines for the PEI component of the Three-Year Program and Expenditure Plan for Fiscal Years 2007-08 and 2008-09.

The MHSOAC has approved the total funding for PEI Planning Estimates and the total portion of that amount that may be requested for PEI Community Program Planning. Enclosure 3, "MHSA Prevention and Early Intervention Planning Estimates," provides each county's total planning estimate for PEI and the maximum portion of the planning estimate that may be requested for Community Program Planning at this time.

The funding for Community Program Planning is part of the overall PEI Planning Estimate for FY 2007-08 and 2008-09. The amount approved for each county to embark on these activities will be subtracted from the total PEI Planning Estimate. Any funds not spent may be used for PEI implementation purposes after the county's full PEI component of the Three-Year Program and Expenditure Plan is approved and the contract amendment is executed.

A county may submit a Request for Funding at any time before submission of its initial PEI component of the Three-Year Program and Expenditure Plan Program, and may request funding up to the amount listed as available Community Program Planning funding for the county (MHSA Prevention and Early Intervention Planning Estimates, Enclosure 3.)

Some counties may find that they need additional funds to complete the program planning and PEI component preparation processes. A future DMH Information Notice will describe how counties will be able to request approval for a larger amount of their PEI Planning Estimate to be directed toward Community Program Planning activities.

Submission

Counties should submit a hard copy of the Request for Funding (Enclosure 2), which includes the original signature of the county mental health director, plus transmit an electronic copy to:

California Department of Mental Health
Prevention and Early Intervention Branch
1600 9th Street, Room 350
Sacramento, CA 95814
Attention: Caitlin Viscardi
Caitlin.viscardi@dmh.ca.gov

Review and Approval

The MHSOAC and DMH will coordinate the review process of Requests for Funding for Community Program Planning for PEI. Pursuant to Welfare and Institutions Code (WIC) Section 5846(a), the MHSOAC will review and approve expenditures. In addition, DMH will approve all requests to ensure consistency with all proposed regulations and proposed guidelines for PEI. The review process is expected to take a minimum of 30 days.

The MHSOAC will notify the county of the approval. DMH will initiate an amendment to the county's performance contract before funds are released.

For more information, please contact Diane Stidger, DMH PEI Branch, at 916-651-0690 or Diane.stidger@dmh.ca.gov .

Sincerely,

Original signed by:

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosures

cc: California Mental Health Directors Association
California Mental Health Planning Council
Mental Health Services Oversight and Accountability Commission