

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

Form No. 1

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

County Name: **INYO**

Date: February 11, 2009

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

County Mental Health Director	Project Lead
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AUTHORIZING SIGNATURE

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

<to be signed prior to submittal to State>

Gail Zwier, Ph.D.

County Behavioral Health Director

_____ Date

Executed at Bishop, California

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PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

County: INYO**Date:** February 11, 2009

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

a. The overall Community Program Planning Process

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

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

b. Coordination and management of the Community Program Planning Process

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

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

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

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

The Leadership Committee began meeting as two Workgroups: one to address young children, the other to address older adults. The workgroups held several stakeholder meetings to address the issues specific to each priority population. Participants in the meetings about children

included adult consumers, family members, representatives from education and child welfare, mental health service providers, First Five, and Toiyabe Indian Health Services. Older adult stakeholder meetings included representatives from public health, senior services, the consumer population, and family members.

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

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

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

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

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

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

1) PATHS Preschool

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

2) PCIT Community Collaborative

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

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

3) Older Adult Prevention and Early Intervention Services

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

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

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

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

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

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

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

A total of 69 surveys were collected during this PEI planning process. The survey results show that the 69 individuals who completed the surveys reflected the following age groups: 13-17 (3%), 18-24 (6%), 25-45 (26%), 46-59 (46%), sixty years and older (15%), and unknown (4%). These respondents also reflected the cultural diversity of the county with 68% Caucasian, 7% Latino, 0% Asian, 1% African American/ Black, and 17% American Indian or Alaskan Native. This data shows that the individuals who completed the survey closely reflect the cultural composition of the county.

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

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

Several PEI stakeholder planning meetings were held at the Bishop Wellness Center site. These planning meetings were publicized at the Wellness Center and were announced at consumer groups. Adults with a serious mental illness, youth with a serious emotional disturbance, and family members were encouraged to attend and complete a survey.

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

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

- a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including, but not limited to:*
- Individuals with serious mental illness and/or serious emotional disturbance and/or their families*

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

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

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

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

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

- *Educators and/or representatives of education*

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

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

- *Representatives of law enforcement*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Our planning process was highly successful. We obtained a total of 69 surveys with broad representation from our clients, family members, community members, and county staff. Of the 69 surveys collected, 3% of the respondents were children; 6% were TAY; 72% were Adults; and 15% were Older Adults. We also involved stakeholders in the analysis of the data from the stakeholder input process, in finalizing the priorities for the PEI plan, and in providing input into the written PEI Plan.

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

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

- a. The date of the public hearing:*

The Public Hearing has been scheduled during the next Mental Health Board meeting on March 16, 2009.

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

The draft PEI Plan has been distributed to the MHSA Ad Hoc Committee for review and comment. The draft PEI Plan has also been made available across the county in locations consistent with the CSS Plan distribution. It is available for viewing on the Inyo County website. In addition, copies of the plan have been placed at Wellness Center, partner agencies, the public library, and a number of public facilities. The plan has also been made available to clients, family members, and other interested stakeholders.

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

Note: this section will be completed after the public review and hearing.

- d. The estimated number of participants:*

Note: this section will be completed after the public review and hearing.

PEI PROJECT SUMMARY – PATHS Preschool

Form No. 3

County: **Inyo County**

PEI Project Name: **PATHS Preschool**

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

1. PEI Key Community Mental Health Needs

Select as many as apply to PEI project:	Age Group			
	Children & Youth	TAY	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Youth Adult Populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2A. PEI Priority Populations

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

PEI PROJECT SUMMARY – PATHS Preschool

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

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

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

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

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

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

PEI PROJECT SUMMARY – PATHS Preschool, *continued*

3. PEI Project Description – PATHS Preschool.

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

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

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

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

PEI PROJECT SUMMARY – PATHS Preschool, *continued*

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

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

PEI PROJECT SUMMARY – PATHS Preschool, *continued*

4. Programs.

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
PATHS Preschool	Individuals: 60 Families:	Individuals: 20 Families:	3 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: 60 Families:	Individuals: 20 Families:	3 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 – PATHS Preschool, *continued*

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

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

7. Collaboration and System Enhancements.

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

8. Intended Outcomes.

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

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

PEI PROJECT SUMMARY – PATHS Preschool, *continued*

9. Coordination with Other MHSA Components.

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

10. Additional Comments.

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

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

Form No. 3

County: **Inyo County**

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

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

1. PEI Key Community Mental Health Needs

Select as many as apply to PEI project:	Age Group			
	Children & Youth	TAY	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth, and Youth Adult Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2A. PEI Priority Populations

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

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

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

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

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

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

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

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

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

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

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

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

Currently, ICBH offers PCIT at one location in the county: our mental health clinic in Bishop. An ICBH mental health clinician is trained in PCIT and receives supervision and support approximately one (1) hour each week through a contract with a certified PCIT trainer. We serve 12 families through our current program and anticipate that the need for PCIT across the county is approximately 24 families.

Our PCIT Community Collaborative program plans to expand PCIT delivery in the public mental health system and into the community. We intent to train up to four (4) mental health clinicians, targeting both ICBH staff and personnel from local community-based organizations. PEI funding will allow us to contract with the University of California, Davis, for PCIT instruction and follow-up, as well as fund the clinicians' time spent in training. Funding will also enable us to contract with a .25 FTE clinical supervisor who will support the PCIT Community Collaborative program.

PEI funding will allow us to purchase a second suite of PCIT equipment and set up an additional PCIT delivery site at the ICBH mental health clinic in Lone Pine. This equipment will be “mobile” and available to our trained partner organizations in the community. In addition, as an incentive for participation in this intensive and lengthy program, ICBH will utilize PEI funding to offer scholarships to families for each stage of PCIT that is completed. Distribution of scholarship monies will occur on a step scale, with

larger payments occurring as the therapy progresses. Families who successfully complete the entire PCIT program will be given a bonus. If possible, we also plan to offer PCIT services in Spanish to meet the needs of our underserved Latino community.

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

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

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

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

4. Programs.

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Parent-Child Interaction Therapy (PCIT)	Individuals: Families:	Individuals: 18 Families: 12	3 months
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families:	Individuals: 18 Families: 12	

5. Alternate Programs.

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

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

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

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

7. Collaboration and System Enhancements.

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

8. Intended Outcomes.

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

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

9. Coordination with Other MHSA Components.

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

10. Additional Comments.

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

PEI PROJECT SUMMARY – Older Adult Prevention and Early Intervention

Form No. 3

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

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

1. PEI Key Community Mental Health Needs

Select as many as apply to PEI project:	Age Group			
	Children & Youth	TAY	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. At-Risk Children, Youth and Youth Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2A. PEI Priority Populations

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

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

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

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

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

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

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

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

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

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

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

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

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

The Mental Health Nurse will also offer or link caregivers to caregiver support groups to provide support and early intervention to family members who are caring for an elderly relative. Being a caregiver can be very overwhelming and isolating. Attending a caregiver support group once or twice a month provides the caregiver with some time out of the home and develops supportive

relationships with others who are experiencing the same situation. Through recognition of signs of caregiver stress and the warning signs of early symptoms, the likelihood of diagnosable depression, other health problems, and isolation are reduced.

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

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

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

4. Programs.

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Older Adult Prevention and Early Intervention	Individuals: 5 Families: 5	Individuals: 5 Families: 5	3 months
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 5 Families: 5	Individuals: 5 Families: 5	

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 – Older Adult Prevention and Early Intervention, *continued*

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

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

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

7. Collaboration and System Enhancements.

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

8. Intended Outcomes.

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

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

9. Coordination with Other MHSa Components.

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

10. Additional Comments.

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