



COUNTY OF LAKE
Mental Health Department

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Kristy Kelly, MA, MFT
Mental Health Director

Date: June 1, 2011

To: Lake County Mental Health Services Act Stakeholders

From: Lake County Mental Health Department

Re: Update to the MHSA Plan for Fiscal Year 2010-2011

This notification to our stakeholders is intended to provide information regarding intended changes to the approved plan for the Prevention and Early Intervention (PEI) component. Lake County Mental Health received approval for this component on February 25, 2010 and is required to vet any changes to the plan through the Community Program Planning process. A community planning meeting was held on May 16, 2011 to address proposed changes in the use of PEI resources that were identified during the process of implementation. The meeting was well attended and the proposed changes to the PEI plan were met with consensus approval by the group. These changes included broadening the scope of the Prevention Mini-Grant Program with no changes to the allocation and increasing the allocation to the Postpartum Screening and Support Program contracted with First 5 Lake County to support the Mother-Wise program. The enclosed documentation is intended to illustrate these changes and will be posted for comment on the LCMH website beginning June 1, 2011 and ending June 30, 2011 as required by the Mental Health Services Act at which point the changes will be considered approved and will be enacted for fiscal year 2010-2011 and for proceeding years. Input is encouraged and any substantive recommendations will be considered.

PEI NEW PROGRAM DESCRIPTION

County: Lake

Program Number/Name: Prevention Mini-Grants

Date: 06/01/2011

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

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

Through the Community Planning Process, stakeholder input contributed to the identification of many unmet needs for the priority populations in Lake County. This program will be responsive in attempting to serve all priority populations including those cultural and ethnic populations identified as unserved or underserved in the ongoing planning process. It is intended to be flexible, allowing community groups to be creative in proposing prevention and early intervention activities that are small in scope and funding level.

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

Originally planned to focus on stigma and discrimination reduction and suicide risk for children and youth, this program will now make resources available to address any of the PEI eligible key community mental health needs and priority populations. Mini-grant applicants will be required to identify the need being addressed, the population to be served and as well, the intended outcomes for the activity. The program is intended to create the community-wide ability to identify a need and target population and apply for funding through an application process involving a panel evaluation to determine activities that will be funded.

PEI NEW PROGRAM DESCRIPTION

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention:			Number of months in operation through June 2011
		Prevention	Early Intervention	
Prevention Mini-Grants	Individuals: Families:	1200 600	100 50	12
	Individuals: Families:			
	Individuals: Families:			
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:			

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

This program will allow for and encourage extensive community involvement in activities focused on prevention and early intervention. It will promote a more involved community at large that will have the ability to identify those persons who have needs that are not being met. Referral and linkage to needed resources for these individuals and families is expected.

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

This program encourages participation, collaboration and a greater sense of responsibility to create a community that is prevention minded. It provides resources not available elsewhere to promote the identification and early intervention of potential mental health issues. By way of targeted promotion, these mini-grants are made available to our community partners, schools, and primary care as a way to engage them and enhance the ability to provide prevention activities.

7. Describe intended outcomes.

The intended outcomes for this program are dependent on the proposed PEI activity and will be a required component in the application process. Community level outcomes that increase awareness, promote healthy behavior and provide the ability to provide early intervention are expected. At the individual level, the intended outcomes will have a wellness orientation and result in a decrease in the stigma attached to seeking help for problems coping with mental health challenges.

8. Describe coordination with Other MHSA Components.

It is expected that many of the funded activities will be made available to consumers of community mental health. FSPs will be linked to these activities through service coordination, as will other consumers and families being served by the MHSA programming in Lake County. It will be stressed that all activities funded by a Prevention Mini-Grant be promoted and made available to the identified ethnic and cultural target populations in the community.

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

No changes to the previously approved costs.

10. Additional Comments (Optional)

PEI NEW PROGRAM DESCRIPTION

County: Lake

Program Number/Name: Postpartum Depression Screening and Support

Date: 06/01/2011

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

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" 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 and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

As stated in the initial program plan February 12, 2010:

Identified as an existing need during the community planning process, a postpartum depression screening program was suggested as a way to prevent early childhood (0-6 months) trauma, and support mothers through the depressive symptoms that often occur after the birth of a child. In severe cases of postpartum depression, the critical bonding that takes place between mother and child is jeopardized. In cases where family supports are not present, the outcomes are potentially tragic.

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

As stated in the initial program plan February 12, 2010:

A successful means to assist mothers through the first 3-6 months of newborn care and to detect the severity of postpartum depression that the mother may be experiencing is to provide these mothers with “surrogate” grandmothers. These grandmothers can provide both emotional and physical support with respect to child rearing activities and the activities of daily living that mothers are also expected to perform. However, to ensure that these grandmothers have the confidence and knowledge, especially in detecting severity of depression through manifested symptoms; two essential program components are required, support/coordination and training. Support/Coordination – Successful program initiation requires, at a minimum, a program leader. This leader is responsible for ensuring that the critical and not-so-critical program details are managed and, wherever possible, routinized. The leader has the following duties without limit: receive and provide referrals; link grandmothers with moms; represent the program to therapists, counselors and the medical community; support grandmothers. Training – The primary subject for training is clear understanding of the psycho-physical attributes and

PEI NEW PROGRAM DESCRIPTION

manifestations of postpartum depression. While it is anticipated that some of the grandmothers themselves may have experienced postpartum depression, this would have occurred years ago, so the signs of depression related to severity may not have been understood or may not be remembered. In addition, it is important to keep in mind that these surrogate grandmothers will not have had a long-established familial relationship with the new mothers. Thus, the training will also help refine their interpersonal skills and provide them with the latest information on early child development, including the importance of breast feeding and newborn care. In addition, an evening orientation session is planned to present to prospective candidates the work and commitment involved in becoming a “surrogate” grandmother.

This program was allocated \$20,000 for FY10/11 (based on FY09/10 budget). The program encountered unanticipated challenges during implementation at this funding level and have requested an additional augmentation in the amount of \$15,000. See attached proposal for details.

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention:			Number of months in operation through June 2011
		Prevention	Early Intervention	
Mother-Wise Postpartum Depression Screening and Support	Individuals: Families:	36		12
	Individuals: Families:			
	Individuals: Families:			
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	36		12

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

As stated in the initial program plan February 12, 2010:

This project will be supported by County Mental Health as a resource to mothers with signs of depression. It is endorsed by 1st Five Lake County and the local Maternal Child and Adolescent Health Advisory Board. Linkage will be made to community mental health or other community providers as indicated.

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

As stated in the initial program plan February 12, 2010:

This project would be unique in the County and would work closely with faith-based organizations and volunteers as a source of support. After a two-year period, it is planned that the project will have matured to the point of becoming an organic part of the community, run by volunteers, and needing only funding, which is expected to come from a variety of sources, for occasional training.

7. Describe intended outcomes.

As stated in the initial program plan February 12, 2010:

The goal of this project is to optimize the bonding and attachment between a newborn child and its primary caregiver, i.e., mother. Research on attachment theory has clearly demonstrated that a clear and strong bond between child and mother is essential to balanced growth and development. Postpartum depression is the major impediment to creating this bond. Elimination or substantial reduction in the severity of depression is therefore seen as critical. For this to occur there has to be “an early warning system” in place by which mothers presenting mild depression can be gently yet positively supported, thus working through the depression, or in cases of severe onsets of depression, can be quickly referred to supportive therapy.

PEI NEW PROGRAM DESCRIPTION

8. Describe coordination with Other MHSAs Components.

As stated in the initial program plan February 12, 2010:

The existing culturally focused Outreach and Engagement programs would be able to provide support as well as a referral source for this program. The parent partners employed by Lake County Mental Health would be an additional resource to families.

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

See attached expansion proposal from contractor for changes to budget and narrative description.

10. Additional Comments (Optional)

PROPOSAL TO LAKE COUNTY DEPARTMENT OF MENTAL HEALTH
For
PREVENTION AND EARLY INTERVENTION FUNDING
For
MOTHER-WISE
A
POSTPARTUM DEPRESSION SCREENING & PREVENTION PROGRAM
Submitted by
First 5 Lake Commission as lead agency
For
The Maternal Child and Adolescent Health Advisory Board

PROBLEM:

The Mother-Wise program was launched in July, 2010. DMH's PEI support commenced in September. During this initial start-up period, the program has been successful in holding three training sessions, developing marketing materials promoting this new service, outreaching to key service providers seen as access points for pregnant moms or moms with newborns, recruiting the necessary cadre of volunteers and writing grants. What has been discovered during this time is that the hours provided to the Program Coordinator are insufficient to accomplish the tasks assigned. The time needed to recruit and sustain volunteers is far greater as is the time required to broker or match the right volunteer to a requesting mom. It has also been realized that the program's success depends upon the personal contact with key access points, such as the birthing centers at both ends of the lake and health practitioners that serve pregnant women and moms with newborns.

In addition, the original conceptual framework for the Mother-Wise program called for the creation and sustainment of support groups for moms with newborns. These groups guised as "playgroups" were seen as a strong secondary element to reducing the probability of depression. The literature well documents that social and emotional support through personal relationships among peers will have a significant contribution to developing a strong mental outlook. In addition, research documents that physical exercise can promote a positive hormonal balance that also leads to a healthy mental outlook.

This support group concept has been in a pilot stage for the last three months. Located in Lakeport, it operates one day a week on a "drop-in" basis. Moms come with newborn and toddlers. The moms meet for two-hours in a facilitated group around lunch. An hour of post natal yoga follows in which the moms gain both low-impact exercise and new ways to bond with their baby.

PROPOSAL:

A more effective programmatic implementation can be achieved via an augmentation of funding. These funds will be used to expand the following programmatic components.

- Support/Coordination – Increase the Mother-Wise Program Coordinator's (formerly called the program leader) position from 12 hours to 18 hours per week. The increased hours will be used to more effectively address outreach which has been determined to need a more face to face approach especially with personnel at key access points such as health practitioners' offices; have the time manage referrals effectively and broker the optimum match of mom to volunteer a process that is more iterative than originally envisioned; and, provide continued support to volunteers assisting in problem solving and creating each volunteer's network of support volunteers.
- Administration- Provide the Program coordinator with an assistant, 4 hours a week and shift some of the administrative tasks thereby providing the coordinator more time to focus on the above noted duties. Task to be assigned to include: assisting in the logistics attendant to the on-going volunteer training component, responding to program inquiries, finalizing outreach materials and grant applications and providing oversight to the new support group component.

- Moms with Newborns Support Group- Formalize not less than two nor more than three support groups. The first two to be established in Lakeport and Kelseyville with the latter having an emphasis on Spanish speaking moms. Clearlake will be the third target area subject to the successful implantation of the first two groups. Each group will meet one day a week and will include a two hour facilitated support group session followed by a one hour post natal yoga session. Ideally, the support session will be held over noon or lunch time with brown bag lunches brought by the moms. Specific topics, such as the importance of good nutrition; how to have a positive experience of breastfeeding; or baby massage techniques. In addition, there will be time for socializing and information exchange among participants. The low impact yoga exercise will include the newborns so there is the added benefit of learning new ways to bond with the child one of the two overall goals of the Mother-Wise program. Since many of the moms have children of toddler age, a early childhood educator will be retained to provide and enrichment experience for these children.

BACKGROUND:

The Maternal Child Adolescent Health Advisory Board (MCAH) will continue to provide oversight of this project. To date 13 volunteers have been trained as Saathis and 8 have received training and want to act in a support role to a Saathi and family. 6 moms have asked for a Saathi or companion. Three have been assigned Saathis and the assignment of Saathis for the other three are in process. The geographical and ethnic background of the volunteers and moms is:

Geographical												
	Lkpt	KV	Cobb	HV/MT	LL	Clrk	Clrk Oaks	Glnhvn	Lcrn	Nice	UL	Total
Volunteers	9	5	1	0	0	2	1	1	0	0	5	24
Moms	4	3	3	3	0	4	0	0	0	2	0	19
Totals	13	8	4	3	0	6	1	1	0	2	5	43

Ethnicity							
	White	Hispanic	Black	NA	Other	Unknown	Total
Volunteers	20	3	0	1	0	0	24
Moms	7	3	1	2	2	4	19
Totals	27	6	1	3	2	4	43

EXPANDED BUDGET:

January 1, 2011 – June 30, 2011 – 6 months

Program Coordinator – 6 hrs/week	\$ 3,744
Admn Assistance - 4 hrs/week	\$ 2,080
Support Group Facilitator – 6 hrs/week	\$ 2,808
Yoga Instructor - 3 hrs/week	\$ 1,950
Early Childhood Educator – 9hrs/week	\$ 3,042
Mileage	\$ 468

Total **Expanded** Budget (6 months only) **\$14,092**

TOTAL PROGRAM BUDGET (6 mos) \$32,092

It is anticipated that this level of funding will be needed for at least the following year. Ideally additional funds would be available to establish support groups in Upper Lake and Middletown. While not yet needed, it is anticipated that a few moms will need to receive therapeutic services to prevent a slide into severe depression. While some therapists have agreed to see such a mom in need on a pro-bono basis this should not be seen to mean a long term basis. Thus, funding for needed visits after two pro bono visits should be considered.

FUNDING:

The prior funders First 5 Lake and Lake County Children's Council continue to support this program.

RATIONALE FOR PEI FUNDS:

The goal of this project is to optimize the bonding and attachment between a newborn child and its primary care giver, i.e., mother. Research on attachment theory has clearly demonstrated that a clear and strong bond between child and mother is essential to balanced growth and development. Postpartum depression is the major impediment to creating this bond. Elimination or substantial reduction in the severity of depression is therefore seen as critical. For this to occur there has to be "an early warning" system in place by which mothers presenting mild depression can be gently yet positively supported, thus working through the depression, or in cases of severe onsets of depression, can be quickly referred to supportive therapy. Peer Support groups have also been proven to be a prevention mechanism that can reduce or prevent depression by providing the opportunity to establish new personal relationships while opening up an avenue out of the feeling of isolation that many moms with newborns feel in this county.

DMH Expansion Grant

EQUIPMENT	Cost
Computer	\$729.99
Software	\$509.96
Projector	\$679.98
Carry Case for Computer and Projector	\$99.98
Printer	\$159.98
Ink Supplies for Printer	\$108.96
Total Equipment Costs	\$2,288.85