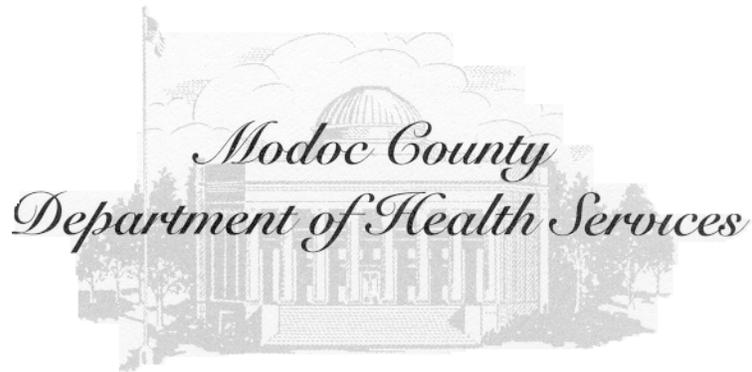


- Public Health Nursing Services
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- Mental Health Services
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- Alcohol & Drug Services
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Director of Health Services
Karen E. Stockton,
Ph. D, MSW, BSN

Public Health Officer
Edward P. Richert,
M.D.

July 22, 2008

Mental Health Services Oversight and Accountability Commission
Attention: Keely LeBas
1300 17th Street, Suite 1000
Sacramento, CA 95814

Attached is Modoc County's Request for Funding for the MHSA Prevention and Early Intervention Component for Fiscal Years 2007-08 and 2008-09. Thank you for your assistance in processing this request.

Sincerely,

Karen E Stockton

Karen E. Stockton, Ph.D., Director
Modoc County Mental Health Services

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

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

County Name: Modoc County Date: 7-22-08

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

Table with 2 columns: County Mental Health Director and Project Lead. Includes contact information for Karen Stockton and Tara Shepherd.

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 county has not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program 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.

Signature [Handwritten Signature] Date 7-22-08 County Mental Health Director

Executed at Alturas, California

PEI Community Program Planning Process, Form #2:

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

Karen Stockton, County Health Services Director was responsible for overall Community Program Planning.

b. Coordination and management of Community Program Planning

Karen Stockton, County Health Services Director, coordinated and managed Community Program Planning. Tara Shepherd is the PEI Program coordinator and will be facilitating the final planning and implementation processes

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

Karen Stockton, County Health Services Director, ensured that stakeholders have the opportunity to participate in Community Program Planning. This task was shared by Tara Shepherd, Deputy Director, County Alcohol and Drug Services, and De Funk, Prevention Coordinator, Modoc County Office of Education, in their roles as co-chairs of the Modoc County Prevention Collaborative. Additionally, Lloyd Powell and Nuri Jimenez have provided outreach to the Native American and Hispanic/Latino stakeholders around current the current PEI proposal.

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

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

The County began by identifying unserved and underserved populations that were identified in the county's Community Services and Supports planning process.

Hispanic children under 17 are disproportionately unserved. Although Native American children fare better statistically, the number of individuals served is small, making percentages of service virtually meaningless. Public input during the Community Services and Supports process indicated that both Native American and Hispanic children should be targets for our county's MHSA planning. Moreover, our service information indicates that children in general are underserved compared to adults.

Hispanic and Native American adults are also underserved. During the CSS planning process, both the Hispanic and Native American communities indicated that reaching both communities would be most effective with services that support and strengthen families. Older adults of all

ethnicities are underserved. We have addressed this population through our CSS commitment to development of an Older Adult System of Care.

Our CSS plan addressed these ethnic and cultural disparities by targeting service to rural areas where the Native American and Hispanic populations often live and work. The plan also proposed partnerships with Indian Health Services and Migrant Education. Together with staff recruitment with cultural and language competencies to serve these communities, our outreach and engagement have established service pathways in both Native American and Hispanic communities.

The county utilized our community partners and stakeholders to conduct an assessment of our service capacity. The findings of our Community Partnership group (including agency partners, community partners, family members and consumers) strengthened and developed additional information about unserved and underserved populations. A copy of our Community Partnership report is attached, including a list of members. Our findings include:

- Children age 10-18 are comparatively less well-served by existing prevention and early intervention programs;
- School counselors are gone or reduced in number and scope, significantly reducing the capacity of school to identify and address behavioral and emotional problems with children and their families;
- Teachers in school settings have few resources to meet the needs of troubled children, and none to serve their families;
- Isolated children and families, especially those in geographically remote areas and children who are home-schooled, are especially hard to reach;
- The needs of trauma-exposed children and/or families are often not addressed until problems are serious and fully developed.
- Services to co-occurring disorders should be a part of any program.

The county used the following mechanisms to include members of unserved and/or underserved populations in our planning process:

- Representatives from rural education and service providers participated in our Community Partnership process;
- Tribal health representatives participated in our Community Partnership process;
- Migrant education representatives participated in our Community Partnership process
- Consultations were held with key informants, including tribal and migrant education representatives, and education system representatives, and individuals conducting prevention and early intervention activities including Head Start, health services, after-school programs, and alcohol and drug services.
- Consultations were held with key informants serving individuals with serious problems, including Law Enforcement, Juvenile Dependency Court, Probation, and Alcohol and Drug programs, as well as County Mental Health staff conducting outreach and engagement to unserved and underserved populations.
- Training on MHSA and PEI was provided to our Community Partners and Stakeholders

- Newspaper notification and internet circulation of PEI proposals (in English and Spanish) was done to assure that PEI proposals were available to all portions of the community for comment
- Ethnic outreach was made to Native American and Hispanic communities using Tribal Health and Migrant Education systems to assure that proposals were available to unserved and underserved communities
- Geographic outreach to underserved rural communities, using newly established CSS outreach and engagement mechanisms to assure that proposals were available to unserved and underserved communities.

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

The county identified the following diversity in our county: geographic diversity in our rural, lightly populated county; ethnic diversity including Native American and Hispanic populations; and socioeconomic diversity.

We used the following mechanisms to assure that our planning process reached diverse audiences:

- Conducted planning activities designed to assure participation by diverse populations, specifically including leaders and cultural brokers from the Hispanic and Native American communities.
- Developed a Community Partnership that includes geographic representation through the school system and the non-profit service provider that both serve outlying communities.
- Circulated (English & Spanish) the resulting plan to geographic and cultural communities for comment and questions, using cover material intended to make our proposals accessible to diverse communities.

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

Our outreach to clients and family members included active involvement by Rays of Hope, the consumer group initiated by our county's CSS implementation. Family member representatives were also included, as the county does not have a NAMI chapter. The plan resulting from our Community Partnership was circulated to Rays of Hope and to our clinical sites, including contract sites operated by Siskiyou and Lassen counties in the distant corners of our county. We included cover material to this plan, in order to make our proposals accessible. We used members of our Community Partnership group to distribute the proposed plan to their constituency group members, providing a more user-friendly opportunity to participate.

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:

We assured the participation of required stakeholders, specifically:

1) Individuals with serious mental illness and/or serious emotional disturbance and/or their families:

Consumers and family members were included on the MHSA Community Partnership group and participated when Rays of Hope consumer group was used as a key informant. Special outreach to these individuals occurred when the proposed plan was circulated within the community.

2) Providers of mental health and/or related services such as physical health care and/or social services:

Providers were included on the MHSA Community Partnership group and participated when health services, alcohol and drug and social services provider agencies were used as key informants. Our single non-profit service provider participated in the Community Partnership group and circulated copies of the resulting plan.

3) Educators and/or representatives of education:

Educators were included on the MHSA Community Partnership group and participated when school leaders and representatives were used as key informants and partners in the concluding proposals.

4) Representatives of law enforcement:

Representatives of the Juvenile Dependency Court, Law Enforcement and Probation services were included on our MHSA Community Partnership group. Key informant conversations assured that the needs and findings of this group were included in our planning process.

5) Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families:

The following groups also participated in Community Partnership stakeholder planning and participated in key informant discussion: Family Resource Centers, senior center representatives, the single community nonprofit service organization (TEACH), and individuals with ties to youth clubs, parks and recreation were included in the Community Partnership stakeholder planning process.

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

The County Health Services Director and MHSA Consultant provided training for staff and stakeholders at our Community Partnership planning meetings, with an introduction to the MHSA and PEI guidelines and resource material. An outline of training material is attached.

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.

The county found the following tools and processes useful in conducting our CSS planning:

- Partnership meetings with leaders and partners in providing services in this small county
- Community meetings
- Key informant meetings
- Surveys circulated in service sites and with partner stakeholder leadership groups

We have utilized partnership meetings with leaders and brokers to underserved communities. We have used key informant discussions with spokespeople for communities and services throughout the county. We have added a Community Partnership structure to assure that communities and service systems participate in determining our PEI planning process. We circulated the resulting draft plan widely, using a survey-type outreach to assure that interested individuals and groups had an opportunity to comment and make recommendations.

The county experienced the following challenges in conducting our CSS Planning. In each case, we have attempted to address the challenges in our PEI Planning.

- Our CSS planning process resulted in unrealistic expectations about the impact of CSS on our public mental health program. We strengthened our training component by focusing on the total dollar amount available and the constraints of state-level guidelines.
- Some stakeholders did not feel adequately involved in implementation following our CSS planning process. We strengthened our Community Partnership structure by including those stakeholders and providing updates on our implementation. We used key informant discussions to assure that key participants were included in our process.

4) During our CSS planning process the community identified needs and/or recommended strategies and programs that are more appropriate to the PEI program. This was especially true of schools and the education community. We have acknowledged that gap in our CSS planning and addressed the needs, and community consensus about addressing vulnerable children and their families, in this PEI plan.

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

Our program planning process reached representatives from unserved/underserved communities. The following groups and individuals participated in our Community Partnership and Prevention Collaborative and/or Stakeholders processes.

| | |
|--|---|
| Mental Health Advisory Board | Rays of Hope |
| Modoc Dependency Court | Modoc Probation Department |
| Modoc Sheriff's Office | Modoc Senior Center |
| Canby Clinic | RISE-Resources for Indian Student Education |
| Cedarville Rancheria | California Tribal TANF Partnership |
| Fort Bidwell Tribe | Pit River Tribe |
| Tulelake Family Resource Center | Mountain View Foster Family Agency |
| SEALS After School Program | Rainbow Family Empowerment Center |
| Modoc 4-H Youth Development | Modoc County Social Services |
| Modoc County Child Protective Services | Modoc County Public Health |
| Modoc County Office of Education Prevention Services | |
| Modoc County Office of Education Independent Living Skills Program | |
| CalWorks Employment Program | Modoc County Alcohol and Other Drugs |
| CASA Program | Surprise Valley Unified School District |
| Tulelake Unified School District | Modoc Early Head Start |
| Strong Family Health Center (Indian Health) | First 5 Modoc |
| TEACH Child and Family Resource Center | Modoc High School |
| Modoc County Tobacco Education Program | Boy Scouts |
| California Highway Patrol | |

Lloyd Powell (Our MCMH Department Native American representative on CANY - Cultural Advocates for Native Youth) presented our draft proposal at a CANY meeting and asked for feedback along with initiating conversation regarding our workforce development planning process. Nuri Jimenez, our MCMH Department Hispanic MSW conducted outreach to the Migrant Education groups, and facilitated outreach to Hispanic stakeholders in the Alturas, Newell/Tulelake, and Big Valley areas as well as translation of the proposal to Spanish for distribution and electronic publication on our web-page.

The resulting plan received strong support from the Community Partnership members, and generally supportive and enthusiastic response during the outreach to the community to solicit comments and questions.

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

a. The date of the public hearing: 1) July 16, 2008 at 12 noon in the Health Services Building – Large Conference Room at 441 North Main Street, Alturas, CA

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 county circulated a description of the PEI Component to every attendee of a stakeholder or community group who requested it. The description together with the final plan was posted on the county's web site during the 30 day public comment, and placed in each mental health service site, including consumer wellness and recovery centers and day treatment programs. Copies were provided to each stakeholder partner group to circulate to their stakeholder participants. Copies were reviewed by members of the MHSA Steering Committee and the Mental Health Advisory Board. A copy of the description is attached.

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

No substantive recommendations were made during the public comment period.

Note: While no recommendations for revisions were made through our public comment period or at the public hearing, we did receive some feedback from our special outreach to key informants from our Hispanic and Native American communities.

Hispanic Stakeholder Input:

While supportive of the overall plan, our Hispanic stakeholders representatives reinforced the need to improve parental communication skills and to decrease parental conflict. They suggested that providing workshops in Spanish with co-presenters so that there could be same gender discussions would increase parental engagement - particularly for the men. They also articulated the connection between individual asset development and social capital as related to access to services and immigrant documentation, particularly difficult in isolated rural settings.

This input from the Hispanic community has resulted in the decision to offer parental communication and developmental asset training for Hispanic parents co-presented in Spanish by Hispanic trainers with the opportunity for same gender discussions. Additionally, we will incorporate training and/or facilitate improved processes to address the barriers to acquisition of migrant documentation through our CSS funding.

Native American Stakeholder Input:

Special outreach to our Native American stakeholders resulted in feedback related to lack of access to developmental asset building activities from the reservations/Rancherias, particularly in

the summer, and related to staffing for cultural specific asset building activities. The identification of this need resulted in setting aside a portion of the PEI – Developmental Asset-Building Project budget to leverage transportation resources and PEI & CSS staffing and CANY and/or Tribal resources for cultural developmental asset-building activities.

d. The estimated number of participants in the public hearing: 2 – the only participants present were the Modoc Mental Health Advisory Board Chair (Teresa Mills) and the Mental Health Director (Karen Stockton).

Form 3

County: Modoc PEI Project Name: Developing Youth and Family Assets In Modoc County

Date:

| 1. PEI Key Community Mental Health Needs | Age Group | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| Select as many as apply to this PEI project: | | | | |
| 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 Young Adult Populations | X | <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 projects must address underserved racial/ethnic and cultural populations. | Age Group | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Children and Youth | Transition-Age Youth | Adult | Older Adult |
| A. Select as many as apply to this PEI project: | | | | |
| 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 | X | <input type="checkbox"/> | | |
| 4. Children and Youth at Risk for School Failure | X | <input type="checkbox"/> | | |
| 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement | X | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <i>Underserved Cultural Populations</i> | | | | |

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

Our CSS plan identified the following community need and priority populations addressed in this PEI Project:

Community Needs:

- Disparities in Access to Mental Health Services
- At-Risk Children, Youth and Young Adult Populations, especially those with a limited ability to be in a mainstream school environment, those with peer and family problems, and those with involvement in the child welfare and/or juvenile justice system

Priority Populations:

- Children and Youth in Stressed Families
- Children and Youth at Risk for School Failure
- Children and Youth at Risk of or Experiencing Juvenile Justice Involvement
- Underserved Cultural Populations

Our CSS planning process utilized an extensive community survey that reached 400 respondents, 6% of the county's population. Our CSS survey respondents called for services to meet the needs of families concerned about children (63.5%); and services to improve family functioning (69.3%); or help parents communicate with their children (66.5%). Counseling for children, support groups for parents, safe places for children and suicide prevention and education all received support from more than 65% of respondents. Similar services were supported for youth and their families. Spanish-speaking respondents supported services to improve family functioning and help parents communicate with their children, support groups for parents, counseling for children and mental health services in schools. Young people (age 14-24) strongly supported services to improve family functioning, safe places for children, support for parents, counseling services and suicide prevention and education.

The CSS process also included significant discussions with school representatives throughout the county. These discussions took place against a backdrop of huge reductions in children's services due to the elimination of Children's System of Care services. The process generated community expectations that could not be met with the actual amount of CSS dollars allocated to Modoc County, and within the state-level constraints of CSS guidelines. Our PEI planning process has offered the opportunity to rebuild that partnership with the education community, and to meet the community's strong desire for services that prevent and intervene early in the cycle of emotional disturbance for children and youth.

Our CSS operations to date have underscored the needs to address disparities in access, among isolated communities and within underserved racial and cultural groups. Our implementation has also emphasized that the needs of children and youth are not only underserved, but represent the highest priority in our community. Children and youth in stressed families, at risk for school failure and at risk of or experiencing juvenile justice involvement are all of special interest to our community partners.

Our stakeholder process identified **At-Risk Children, Youth and Young Adult Populations** as the priority need for our Prevention and Early Intervention program. This need was verified through key informant discussions, as summarized in Form #2, Community Program Planning Process above.

To meet this priority need, our stakeholder process identified Children and Youth in Stressed Families, Children and Youth At Risk for School Failure and Children and Youth At Risk Of Or Experiencing Juvenile Justice Involvement as our priority populations. These populations were verified through key informant discussions, as summarized in Form #2, Community Program Planning Process above.

We reviewed the following information. In each case, they strengthened the choices of our Community Partnership and Prevention Collaborative to focus on activities to develop youth and family assets in Modoc County:

- Modoc County Healthy Kids Survey
- Modoc County Alcohol & Drug Services Strategic Prevention Plan
- First 5 Modoc Strategic Plan
- Modoc County SELPA census by school district

As a result of this input and analysis, we selected the priority population and age group that would be addressed by this PEI Project:

3. PEI Project Description:

Briefly describe the PEI project including the following:

a. Explain why the proposed PEI project, including key community need(s), priority population(s), desired outcomes and selected programs addresses needs identified during the community program planning process.

The Modoc County MHSA Prevention and Early Intervention project, *Developing Youth and Family Assets in Modoc County*, includes three programs: (1) a community asset-building process based on implementing projects to address the 40 Developmental Assets in various sites and community settings, utilizing public and private partners to identify asset-building settings and train and encourage child and family activities; (2) development of a Primary Intervention Program that extends local success with the Early Mental Health Initiative into grades 4-6; and (3) expansion of the Strengthening Families Program curriculum, which supports skill building with parents and children, to increase the frequency of programs for parents and children ages 6-12 and 13-18, and to add a curriculum for children ages 3-5 and their parents.

Community Asset Building

We selected this program based on research information on evidence-based practices, and a multi-year decision-making process through our Modoc County Prevention Collaborative that offers the opportunity to leverage PEI funds with funding available from the education system. The Prevention Collaborative has initiated and supported parenting education and other youth

activities, including 4-H, Boy Scouts, After School Programs, sports programs, and health-based prevention education programs. Our community seeks the unifying focus of a community-wide commitment to develop assets for our children and youth. During the PEI planning process, we reviewed the community needs and priority populations identified by our stakeholders and key community partners. We reviewed research to identify programs and practices that would work with our community and that would achieve our desired outcomes. We also consulted community stakeholders and key partners to identify proposed program strategies that would meet our community needs.

Our Prevention Collaborative arranged a half-day training and consultation session with the Search Institute in February 2007, to review in detail national experiences with a community-wide effort to build child, youth and family assets. Our community supports a prevention effort that focuses the widest deployment of community resources to build assets for children, youth and support their families. Based on all these activities, we identified training and coordination of programs and activities to build 40 Developmental Assets, as we have proposed in this project. In summary, our selection was based on stakeholder input, data analysis, cross-culture relevance, and program outcome information.

Primary Intervention Program Grades 4-6

We selected this program based on research information on evidence-based practices, and on our County Office of Education experience with the Early Mental Health Initiative in Grades K-3. We reviewed the community needs and priority populations identified by our stakeholders and key community partners. We reviewed research to identify programs and practices that would work with our community and that would achieve our desired outcomes. We also consulted community stakeholders and key partners to identify proposed program strategies that would meet our community needs. Our stakeholders want an early intervention program that can supplement the broad community asset building efforts based on 40 Developmental Assets, to meet the needs of children with early indications of trauma, school difficulties and family problems. Based on all these activities, we identified the Primary Intervention Program and propose an extension to Grades 4-6 in this project. In summary, our selection was based on stakeholder input, data analysis, and program outcome information.

Extend Strengthening Families programs and add curriculum for children ages 3-5

Parenting Education support for families has been a successful part of our collaborative activities for children ages 6 to 12 and 13 to 18. We have experienced both in our Prevention Collaborative and in the CSS implementation process, a need to provide early intervention and support for younger children and their parents. Moreover, our county's experience with the Strengthening Families Program curriculum has been good. This evidence-based practice receives significant support among our stakeholders and collaborative partners. Based on proven success and our local experience, we propose in this program to expand the frequency of Strengthening Families Program sessions for children ages 6-12 and children ages 13-18 and their families, and to add the curriculum for children ages 3-5 and their families. In summary, our selection was based on stakeholder input, data analysis, and program outcome information.

b. Implementation partners and type of organization/setting that will deliver the PEI program and interventions.

Our community has come together to identify a community-wide effort to build strong, healthy families, with a collaborative effort to build youth and family assets and an array of early intervention programs that can serve those with special needs. Our CSS implementation process has built a strong, diverse stakeholder group that includes school representatives, court and law enforcement personnel, child welfare and social services representatives, individuals from the community non-profit that provides many community services, and consumers and family members. The public agency representatives on this stakeholder group have participated in Crisis Intervention training as a part of our CSS implementation. The community non-profit, Migrant Education, Indian health services and school representatives have collaborated in the implementation of our outreach to underserved cultural and geographic communities under the CSS plan. These groups all participated in the selection of our priority community need and priority population for this PEI project, through the PEI Community Partnership group.

Specifically, Modoc County has developed the Modoc County Prevention Collaborative. Membership includes public, private and community representatives that meet monthly to ensure that prevention activities are coordinated, and that the activities are disseminated widely. The Prevention Collaborative has worked intensely to analyze and review demographic data from the PEI planning process, and the findings of the PEI Community Partnership group that augmented these ongoing meetings with consumer and family member representatives and focused specifically on MHSa guidelines and requirements.

Implementation Partners and Program Settings:

| | Asset Building | Primary Intervention | Strengthening Families Program |
|-------------------------|---|------------------------------------|--|
| Implementation Partners | * Prevention Collaborative * Tulelake Unified School District * Strong Family Health Center (Indian Health) | * Modoc County Office of Education | * Prevention Collaborative * Modoc County Health Services * Modoc Superior Court Drug Courts |
| Program Settings | * Tulelake Unified School District * Alturas * Countywide | *School districts to be determined | * Countywide, based on parent outreach and identification |

Community Asset Building: The goal of this effort is to involve all of Modoc County, including every geographic area of the county and public and private, faith community, recreational and civic groups in the development of activities and program to support asset building with children and youth. Initially, the Prevention Collaborative will begin with training in the Tulelake Joint Unified School District, in the northwest corner of the county. This initial training will be followed by a train-the-trainers effort in Alturas in the central part of the county. The Alturas

training will use members of the Prevention Collaborative to recruit individuals and groups that can participate in this community effort.

Specific demographic information is not available for the smaller portions of Modoc County. The Tulelake/Newell region is an isolated rural area with farming, ranching and some limited tourism activities. Hispanic and Native American families live in this two-county area, comprising both Siskiyou and Modoc counties. The area is poor and has historically had more limited access to services.

Primary Intervention Program Grades 4-6: The Modoc County Office of Education will operate this program through an Memorandum of Understanding, and will manage the program based on their operation of past and present Early Mental Health Initiative programs serving children in grades K-3. Early Mental Health Initiative programs have been based in Alturas, Surprise Valley and Tulelake. The Modoc County Office of Education will identify school locations willing to site the new program, based on the school district's willingness to provide space, child referrals, supervision and other in-kind management supports.

Strengthening Families Program: This program builds on the existing collaborative parenting/family communication skills education using facilitators based on availability. Facilitators for current programs include mental health staff, alcohol and drug staff, probation department staff, youth court staff, a retired deputy sheriff, child advocates, and individuals from Child Protective Services. We anticipate that the expanded programs will be managed in the same way by the Prevention Collaborative.

Strengthening Families Program child and parent support and education will occur wherever outreach activities identify the necessary 12-24 families willing to participate in the 15-week education process. We anticipate that the program will take place in Alturas most frequently, but CSS outreach and engagement in both Bieber/Adin and Tulelake/Newell have identified individuals and families likely to participate in this early intervention program. More importantly, we anticipate that the Community Asset Building activities, in Tulelake, Alturas and, we hope, throughout the county, will both identify individuals and families who could benefit from this program, but will also educate the broader community about the benefits of parent and child education and support.

c. Highlights of programs in this project

Building Community Assets

Program elements

- Part-time staff to provide outreach and engagement with schools, public and private agencies, faith-based organizations, civic organizations, recreational organizations, and others
- Training for trainers willing to participate in asset building, including training in Spanish and specific outreach to Hispanic and Native American groups and communities to identify cultural specific asset building activities

- Participation sites or groups: background and inspirational training on individual assets and their power to affect youth development; baseline survey of young people to identify assets; activities to identify target assets and strategies to improve assets in young people
- Continued operation of the Prevention Collaborative to support and encourage asset development
- Expanded outreach to identify isolated or high risk young people and individuals/communities that can support their asset development

Implementation Activities

- Hire part time staff to coordinate this program
- Plan initial training for Tulelake Joint Unified School District and broader Alturas community
- Identify non-traditional individual and community partners, including recreation programs, civic clubs, faith community leaders, private and charter schools, and others. Leverage or provide transportation and other resources to assure diverse cultural participation in asset building activities
- Identify tracking and monitoring tools that can assess the impact of asset-building activities, using Search Institute assistance and support

Primary Intervention Program Grades 4-6

Program elements

- Specific site selection and program monitoring of classroom aides by the Modoc County Office of Education
- Identification of school site in-kind resources to support Primary Intervention Program
- Development of referral protocols for services at the classroom site, that are culturally competent and that identify children at risk of school failure for Primary Intervention Program services
- Development of parent involvement efforts to assure that parents/guardians and teaching staff support children's participation and growth in the Primary Intervention Program
- Development of referral protocols with Modoc County Mental Health for students and families who need more intensive services
- Establishment of tracking and monitoring tools to determine effectiveness of the program

Implementation Activities

- Sign MOU with Modoc County Office of Education to manage and implement program
- Identify two elementary school locations for implementation of the program
- Hire and train paraprofessionals to provide services to students who are at risk of school failure or at risk of out of home placement
- Develop referral protocols for services from county mental health for students and families who appear to need and are willing to accept more intensive services
- Review existing Primary Intervention Program tracking and monitoring tools to determine if changes are needed to adapt to older children

Strengthening Families Program

Program Elements

- Outreach and engagement to identify parents, and referring entities, for families needing and wanting additional family education and support
- Expansion of existing list of Strengthening Families facilitators who can extend current family education modules for families with children ages 6-12 and ages 13-18 and their families and to include new curriculum for children ages 3-5 and their families
- Training of facilitators in new curriculum for children ages 3-5
- Arranging for meals for Strengthening Families Program sessions, using partners to arrange and provide family-style sit-down meals as a part of each training cycle
- Evaluation of training effectiveness using Strengthening Families pre- and post-tests

Implementation Actions

- Expand existing Strengthening Families Program parent education schedule for additional sessions beyond the current once per year
- Identify facilitators for expanded and new family education sessions, including presenters that can provide education in Spanish that is culturally appropriate and presenters that can co-present to promote same gender discussions
- Expand partner capacity to provide transportation and family meals
- Outreach to identify families to participate in the training, including isolated families

d. Key milestones and anticipated timeline for each milestone.

| | Building Assets | Primary Intervention | Strengthening Families |
|--|----------------------------------|--|------------------------|
| Convene Prevention Collaborative to provide policy and implementation guidance | Monthly | Monthly | Monthly |
| Sign Agreement to Manage | | 10/08, Modoc County Office of Education (MCOE) | |
| Hire staff | Modoc County Mental Health, 8/08 | MCOE 12/08 | |
| Identify facilitators/trainers | Collaborative, 8/08 | | Collaborative, 8/08 |
| Recruitment of participants | 9/08 and ongoing | MCOE 12/08 and ongoing | 9/08 and ongoing |
| Initiate activities | 8/08 Tulelake; 9/08 Alturas; | 1/09 | 9/08 |
| Data collection | 9/08 (surveys) and ongoing | 1/09 and ongoing | 9/08 and ongoing |
| Program review and reauthorization | 6/10 | 6/10 | 6/10 |

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 | |
| Community Asset Building | Individuals/ Families: 500 | Individuals: Families: | 11 months |
| Primary Intervention Program | Individuals: Families: | Individuals/ Families: 50- 100 | 9 months |
| Strengthening Families Program | Individuals: Families: | Individuals: Families: 16- 24 | 10 months |
| TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED | Individuals/ Families: 500 | Individuals/ Families: 66 - 124 | 11 months |

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

a. Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.

This PEI Project was designed in a planning process that included county and private providers of health, primary care, and mental health. We believe that these community partner agencies, including health and primary care providers, are key partners in the strengthened network of care we are building. As a result, our project implementation will include specific and formal referral linkages to assessment and treatment resources when participants believe that more extensive treatment is needed. These referral mechanisms will include access to primary care providers, private or public mental health service providers, or MHSA programs established under the CSS program.

Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment; community, domestic or sexual violence prevention and intervention; and basic needs.

This PEI Project will include specific and formal referral linkages to the following services. All these agencies have been involved in the PEI community planning process as key informants and stakeholders, and are interested in participating in the development of this strengthened network of care. All are members of the Prevention Collaborative that will provide oversight and monitoring to this PEI project.

- Modoc County Health Services Alcohol and Drug Program
- Strong Family Health Center (Indian Health Services)
- Modoc County Public Health Adolescent/Teen Programs
- First 5 Modoc
- MCOE Independent Living Skills Program
- RAINBOW Family Empowerment Center
- CalWORKS Employment Program
- TEACH CASA Program
- Modoc Early Head Start
- Modoc County Social Services, Adult and Child Protection
- Modoc County Social Services Benefit Programs
- Recreation Services, including Boy Scouts and 4-H Program
- Modoc Public Health, CHDP and Preventive Health Programs
- SEALS After School Program

Additionally, members of CANY have indicated a desire to continue to be involved in the PEI planning and delivery processes. The organizational members include Native American representatives from:

- California Tribal TANF Partnership
- Cedarville Rancheria
- Fort Bidwell Tribe
- Pit River Tribe
- RISE – Resources for Indian Student Education
- Strong Family Health Center
- Modoc County Mental Health

Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.

We have designed our programs using the models available in the research (Search Institute on Community Asset Building, and Strengthening Families Program, a SAMHSA Model Program) and on research and local experience (Primary Intervention Program). We have spent several years developing a collaborative structure that will leverage resources sufficient to meet the

research- and experience-based models we have selected for our system of preventive services. We have built our budgets using models from the research in each case. We are confident that as we implement the program with fidelity, we can achieve the outcomes identified in our planning process.

Because our program selection was based on a collaborative process with our partner stakeholders, we have begun to develop the implementation tools to accomplish our goals in a coordinated fashion once approval and funding has been achieved. For example, Modoc County Office of Education has leveraged tobacco education funds to pay for an initial half-day training session with the Search Institute to learn about community efforts to build community assets for children and young people. Tulelake Unified School District has volunteered to become an initial site for this community effort, and has identified staff training time and logistical support to begin the process of identifying trainers and surveying children. Search Institute research has demonstrated that initial surveys, collaboratively designed asset-building activities, and follow-up surveys can have a profound effect on young people.

Our Prevention Collaborative has a rich history of collaborative community activities. The Collaborative already provides some Strengthening Families parent and child education and support sessions. These sessions utilize volunteer facilitators from partner agencies, whose training and service time is sponsored by their own agencies. We have received support from the Environmental Health Department to assure that family-style meals that are a part of the program are healthy and prepared safely. Transportation and materials are often provided by agencies that refer families to this program.

Our Prevention Collaborative has sponsored additional prevention activities. The Collaborative has supported development of a Nurturing Parent program, providing entry-level parenting skills for participants with limited skills. Leadership for this effort is provided by the RAINBOW Family Empowerment Center with support from other collaborative partners. First 5 Modoc provides funding for a Healthy Beginnings home visiting program that utilizes staff from Mental Health, Public Health and Alcohol and Drug programs. Child abuse prevention activities, bicycle safety activities, and a prevention directory are among the many activities that have utilized resources from multiple agencies and a collaborative management and community evaluation mode.

7. Collaboration and System Enhancements

Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc., the partnerships that will be established in this PEI project and the roles and activities of other organizations that will be collaborating on this project.

Community Asset Building

Modoc County Office of Education has provided funds for initial training and orientation on 40 Developmental Assets, and has contracted for specific training with Tulelake Unified School District and the Alturas community under the auspices of the Prevention Collaborative. Tulelake Unified School District has committed to provide staff to be trained as facilitators, and classroom

time for surveys and activity development. Every member of the Prevention Collaborative has committed to expand collaborative partnerships to include a wider range of recreation providers, faith community leaders, and civic organizations that can identify facilitators, participate in site-based surveys of children and youth, and participate in the identification and implementation of asset-building activities.

Primary Intervention Program

Modoc County Office of Education has committed to providing management and supervision to identify classrooms, leverage administrative and supervision resources from selected school sites, hire classroom aide staff, and administer pre- and post-tests to participating children. MCOE has experience with managing Early Mental Health Initiative programs and will utilize this experience to assure that our program meets research-based program guidelines. This program will utilize a formal MOU between Modoc County Mental Health and MCOE.

Strengthening Families Program Parent and Child Education and Support

This program builds upon current experience operating the Strengthening Families Program once a year for children ages 6-12 and their families and children ages 13-18 and their families. The program uses facilitators from Modoc County Alcohol and Drug, Modoc County Mental Health, Modoc County Public Health, Modoc County Probation, Modoc County Dependency Court, a retired Deputy of the Modoc County Sheriff's Office, Modoc County Child Protective Services and the CASA program. Facilitator time is most often provided by the home agency; transportation and some materials costs are donated by participating agencies. Environmental Health provides training and supervision to assure that family-style meals are safe and healthy.

The most significant leveraged resource we anticipate is outreach and community education. The Prevention Collaborative is committed to developing a community-wide, public-private commitment by the residents of Modoc County to build the assets of our young people. At the heart of that commitment is the Community Asset Building program, beginning in Tulelake and Alturas. Every existing agency is committed to identify public and private individuals and organizations that can participate in the identification of asset-building sites (recreation activities, schools, faith organizations), and to identifying and accessing resources to support asset building as identified site by site in this effort.

The community asset building will identify children and families living with stress, trauma or other challenges and participating members of the Collaborative will be able to refer and support these children and families to benefit from the Primary Intervention Program, Strengthening Families Program, and the other prevention and intervention activities provided by the Collaborative and its members. In a community this size, referral rarely needs to occur through a formal protocol. However, formal referrals will occur through the school sites to the Primary Intervention Program. And, in some cases, referral to Strengthening Families Program will be formally made through Dependency Court, Probation, Drug and Alcohol Services.

Monitoring of outcomes will be done in a community process initiated by the Prevention Collaborative. This process will allow us to consider future extension of this project or other programs to achieve desirable individual, system and community outcomes.

Describe how the PEI component will strengthen and build upon the local community-based mental health and primary care system including community clinics and health centers.

Our project will include referrals from mental health service sites to Strengthening Families Program and other prevention and early intervention activities supported by the Prevention Collaborative. Primary Intervention Program staff and Strengthening Families staff will include referrals to County Mental Health when children or families appear to need and want more intensive services.

Our Prevention Collaborative includes representatives from the Strong Family Health Clinic – Indian Health Services and representatives from the primary care clinics serving Bieber/Adin and Tulelake. These programs will provide services to referrals from the prevention activities and will refer individuals to prevention services where appropriate.

Describe how the programs in this PEI project will be sustained.

We believe that the Community Asset Building activity will be self-sustaining, once groups and settings have become familiar with the identification of assets and development of asset-building activities. We will utilize the Prevention Collaborative to determine whether this self-sustaining point has been reached by June, 2010. We anticipate that the Primary Intervention Program and Strengthening Families will be ongoing PEI projects, depending on community review at periodic intervals, and assessment of the extent to which these projects meet the identified individual, system and community outcomes.

8. Intended Outcomes

Because of our small size, Modoc County is not required to develop a formal outcome evaluation. Regardless, our Prevention Collaborative is committed to outcome monitoring to determine the effectiveness of these scarce resources.

Describe intended individual outcomes:

Community Asset Building: The most important measure for individual outcomes will be the assets identified in the Healthy Kids Survey. Our review of past Surveys indicates that the areas we need to address are:

- Do you feel safe at school?
- Do you feel safe outside of school?
- Have you been hit or pushed or had rumors spread about you? Have you hit or pushed other kids or spread rumors about other kids?
- Does the child experience meaningful participation at home and in school?

Primary Intervention Program: We will administer the Walker-McConnell Scale pre- and post-program and expect improvement in the child's ability to participate in school and with friends.

Strengthening Families Program: We will administer the Strengthening Families Program Pre- and Post Tests. We expect improvement in family communication, reduction in risky behaviors, and improved positive connection of the child with family, school and friends.

Describe intended system and program outcomes: Answer this question separately for each program

We anticipate that this PEI program will result in the following system outcomes:

Community Asset Building: We anticipate adoption of a commitment to improving the assets of Modoc children and youth, measured by an improvement in assets as measured by the Healthy Kids Survey. We anticipate a strengthened Prevention Collaborative by the addition of private and civic groups that can expand the community resources and activities supporting the development of children and youth. We expect that resources devoted to children and youth in our community will increase.

Primary Intervention Program: We anticipate an improvement in the capacity of schools to meet the needs of children in stressed families, as measured by the numbers of children whose problems are addressed early. We expect an increase in County Mental Health services to children, through the early identification and referral of children and families needing more intensive treatment.

Strengthening Families Program: We anticipate an improvement in family functioning in 16-24 families, and a corresponding reduction in negative outcomes including: school failure, delinquent behavior, and child welfare or juvenile justice interventions.

We anticipate that this PEI program will result in the following program outcomes:

Community Asset Building: We anticipate asset building activities in one school district and two or more youth settings in the first year. We anticipate that 500 children will participate in 40 Developmental Assets surveys to establish their asset development. We anticipate planned activities to address specified assets in each location in the first year.

Primary Intervention Program: We anticipate Primary Intervention Programs in two schools, serving children in grades 4-6 in the first year. We anticipate that the program will serve 50-100 children in the first year.

Strengthening Families Program: We anticipate an additional 15-week family education and support session each for families with children 6-12 and with children 13-18 in the first year. We anticipate a 15-week family education and support session for families with children 3-5 in the first year.

What will be different as a result of the PEI project and how will you know?

We anticipate that this PEI project will result in positive community outcomes, specifically an improvement in children's assets in Modoc County, as measured by the Healthy Kids Survey. We expect that some children in grades 4-6 will improve their functioning in school and social environments. We expect that some families will improve their ability to communicate, to reduce risky behaviors, and to function confidently in school and social settings.

9. Coordination with Other MHSA Components

Describe coordination with CSS, if applicable

Our coordination with CSS includes the following mechanisms:

- Protocols for referral from this PEI project to CSS programs are under development.
- Individuals identified by the Outreach and Engagement portion of this program who can appropriately be served by this project will be referred.
- Staff from this program will meet regularly with the implementation staff of other MHSA components.

Describe intended use of Workforce Education and Training funds for PEI projects, if applicable.

Our Workforce Education and Training plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

Describe intended use of Capital Facilities and Technology funds for PEI projects if applicable.

Our Capital Facilities and Technology plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.

Appendix A
Training Content Outline

MHSA PREVENTION AND EARLY INTERVENTION STATE GUIDELINES

MHSA Components:

- Community Services and Supports
- Workforce Education and Training
- Capital Facilities and Technology
- Prevention and Early Intervention
- Innovation

Prevention and Early Intervention Required Elements:

- Community Collaboration
- Cultural Competence
- Individual/family-driven programs and interventions, with attention to individuals from underserved communities
- Wellness focus, including resilience and recovery
- Integrated service experience for individuals and their families
- Outcomes-based program design

Priority Populations:

- Underserved cultural populations
- Individuals experiencing onset of serious psychiatric illness
- Children/youth in stressed families
- Trauma-exposed individuals
- Children/youth at risk for school failure
- Children/youth at risk of or experiencing juvenile justice involvement

Prevention:

- Involves reducing risk factors or stressors
- Builds protective factors and skills
- Promotes positive cognitive, social and emotional development

Early Intervention:

- Addresses a condition early in its manifestation
- Is of relatively low intensity
- Is of relatively short duration (usually less than one year)
- Has the goal of supporting well-being in major life domains and avoiding the need for more extensive mental health services

Required Planning Process:

- Identify key community mental health needs and related Prevention and Early Intervention priority populations
- Assess community capacity and strengths
- Select PEI programs to achieve desired outcomes
- Develop projects with timeframes, staffing and budgets
- Community review and public hearing

Funding:

- **Modoc County: \$200,000 for 2007-08 and 2008-09 (\$75,000 of this available for planning)**
- Non-supplanting: cannot be used to replace other state or county funds required to be used to provide mental health services; must be used on programs that were not in existence in the county at the time of enactment of MHSA or to expand the capacity of existing services
- Leveraging of cash or in-kind is actively encouraged

Accountability and Evaluation:

- Evaluate improved mental health status and reduced risk for emotional and behavioral problems at the individual/family level
- Report how PEI money is spent; what programs show promise and/or evidence of being effective; identify impacts on the mental health system and other agencies and systems

Appendix B
Stakeholder Process Documentation

(emailed to Stakeholders on September 12, 2007)

From: Karen Stockton [mailto:karen_stockton@modocounty.us]
Sent: Wednesday, September 12, 2007 7:05 PM
To: Jennifer_slinkard@modocounty.us
Subject: Mental Health Services Act - Prevention & Early Intervention plan workgroup meeting - September 19

Hello Everyone,

The Prevention & Early Intervention Planning Guidelines are out. Planning money is available and we have a planning estimate of \$200,000. For the next 2 years for Modoc County (this includes the maximum planning allowance of \$75,000.) While there may be some small county accommodations yet to be released, it is time to get started drafting our county plan. For your convenience, I've attached the web sites for the detailed guidelines, the Department of Mental Health letter, and suggested best practices:

<http://www.dmh.ca.gov/DMHDocs/default.asp?view=notices> (07-17 letter)

<http://www.dmh.ca.gov/DMHDocs/docs/notices07/07-17.pdf>

<http://www.dmh.ca.gov/mhsa/PreventionEarlyIntervention.asp>

The meeting is scheduled on September 19th from 9 am to 11 am in the Social Services conference room.

We hope to see you or your designee there. If you are unable to attend but would like to be involved, please let me know and we'll be happy to include you in any further discussions.

Karen E. Stockton, Ph.D., M.S.W., B.S.N
Director
Modoc County Health Services
441 N. Main Street
Alturas, CA

Main Office (530) 233-6312
Fax (530) 233-5311

From: Karen Stockton [mailto:karen_stockton@modocounty.us]
Sent: Tuesday, November 27, 2007 5:06 PM
To: gjelliott@canbyclinic.org; ccallaghan@teachinc.org; lizvarney@sisqtel.net;
lloyd_Powell@modocounty.us; bbrown@modocSFHC.org; emartin@modoccoe.k12.ca.us;
pauline_cravens@modocounty.us; dstemills@frontiernet.net;
mgallardo@modocounty.us; lfernandez@modocounty.us; gmorris@teachinc.org;
gwill547@frontiernet.net; htufits@modoccoe.k12.ca.us; kcrosby@modocounty.us;
pcurrer@modoccoe.k12.ca.us; rwise@modoccoe.k12.ca.us; sfletcher@chp.ca.gov;
kgentry@modocounty.us; GJONES@modoccoe.k12.ca.us;
Jennifer_slinkard@modocounty.us; tshepherd@modocounty.us;
dchapman@modocounty.us; dfogle@modocounty.us; dboissineau@modocSFHC.org;
jfredrick@teachinc.org; kdavis@modoccoe.k12.ca.us; lane_bates@modoc.k12.ca.us
Cc: catherinecamp@earthlink.net
Subject: Date and Schedule for the PEI Workgroup Planning meeting

Hi PEI Stakeholders,

Based on the feedback from most of you, the only date that seemed feasible is Tuesday, December 18th (Sorry about the confusion in the previous message, somehow I must have looked at October!).

Catherine Camp, our consultant, will be here to facilitate the meeting. The details are as follows:

When: December 18th from 8 am to 1 pm
Where: Health Services - Large Conference Room

Schedule

8:00 am - Continental Breakfast
8:30 am - Workgroup Activities
12:00 pm - Working Lunch (if necessary)
Lunch will be provided

Please RSVP to this email so that we can plan for materials and FOOD (except those who have already confirmed your attendance).

Please feel free to delegate if you are unable to attend and/or invite other key stakeholders who you feel should be included (just let us know if they are coming so that we can plan for them).

I'm looking forward to working together to develop a plan that will accomplish our shared goals for prevention and early intervention.

Thank you for your ongoing interest, participation, and support!

Karen Stockton, Ph.D., M.S.W.
Director, Modoc County Health Services & Mental Health Services Act Coordinator

From: Karen Stockton [mailto:karen_stockton@modocounty.us]

Sent: Wednesday, January 23, 2008 11:57 AM

To: Alisha Romesha; Amanda Hoy; Angel Williams; Carol Callaghan; Carol Griffin; Catherine Camp; Dave Boissineau; De Funk; Debra Chapman; Elisa Robertson; Emily Martin; Gary Jones; Greta Elliott; Hannah Curcio; Heather Tufts; Jennifer Slinkard; Jessica Fredrick; Kathleen Davis; Kelly Crosby; Kim Gentry; Lane Bates; Leo (Elias) Fernandez JR; Liz Varney; Lloyd Powell; Lola Hurtado; Maria Martinez; Michelle Baldrige (mbaldrige@modocSFHC.org); Nuri Jimenez; Pauline Cravens; Peter Curren; Randy Wise; Seth Fletcher; Steve Bratton; Susan Kathleen Varesko; Tara Shepherd; Teresa Mills

Subject: Scheduling a Prevention & Early Intervention Stakeholders Meeting - 2/5/07

Dear PEI Stakeholders,

Please find attached our draft report of our planning meeting on December , 2007. We plan to contact the appropriate individuals to complete our prevention map in the meantime. Thank you for the significant contribution each of you have already made to prevention initiatives in our community. I look forward to the difference we can make as we leverage our efforts in the future!

If possible, we would like you to attend a follow-up informational and planning meeting on February 5th from 2:30 to 5:00 PM in the Health Services Large Conference Room. As you will notice, a major decision of our last planning meeting was to propose the community-wide implementation of Search Institutes "40 Developmental Assets" program. De Funk has arranged for Clay Roberts (Search Institute's staff) to do a presentation to the Superintendents at 1 pm and to be available for a meeting with us following that meeting. We thought it would be an excellent opportunity to have him available for an informational planning meeting. We hope to see you at the meeting!

Karen E. Stockton

Karen E. Stockton, Ph.D., M.S.W., B.S.N
Director
Modoc County Health Services
441 N. Main Street
Alturas, CA

Main Office (530) 233-6312
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**Modoc County Mental Health Services Act
Prevention and Early Intervention Component
Community Partnership Meeting Minutes
December 18, 2007**

1. Modoc County Mental Health Services Act Update

- Community Services and Supports: **Approved Plan for \$318,000** (Additional expansion planning estimates for FY 2007-08 \$104,000, plus \$124,400 available for housing proposal)
- Workforce Education and Training: Planning estimate \$225,000 (\$33,800 planning allowance approved)
- Capital Facilities and Technology (Planning estimate has not been released)
- Prevention and Early Intervention (Planning estimate \$200,000 for FY 2007-08, FY 2008-09 – up to \$75,000 allowed for plan development)
- Innovation (Planning estimate has not been released)

The Community Services and Supports Plan currently approved includes the following elements:

Programs serving all ages

- Outreach and engagement, including in rural areas, with specific targets of establishing improved access to Hispanic and Native American communities; plan includes joint services with Lassen and Siskiyou counties in outlying areas
- Develop telepsychiatry resources
- Develop crisis and respite housing for a safe haven for individuals and families in crisis
- Develop a Multiagency Response Team to respond to emergencies and crises to reduce the necessity for services out of the county

Adults and Older Adults

- Establish a Consumer Operated Warm Line
- Strengthen an Older Adult Peer Support program
- Work with the Multiagency Team to serve older adults at risk of losing independence

Children, Youth and Transition Age Youth

- Work with the Multiagency Team to serve children, youth and their families at risk of being unable to remain at home
- Identify an evidence-based family skill-building program to support children, youth and their families to assure children and youth are safe and at home

**2. MHSA Prevention and Early Intervention State Guidelines Training
Prevention and Early Intervention Required Elements:**

- Community Collaboration
- Cultural Competence
- Individual/family-driven programs and interventions, with attention to individuals from underserved communities

- Wellness focus, including resilience and recovery
- Integrated service experience for individuals and their families
- Outcomes-based program design

Priority Populations:

- Underserved cultural populations
- Individuals experiencing onset of serious psychiatric illness
- Children/youth in stressed families
- Trauma-exposed individuals
- Children/youth at risk for school failure
- Children/youth at risk of or experiencing juvenile justice involvement

Prevention:

- Involves reducing risk factors or stressors
- Builds protective factors and skills
- Promotes positive cognitive, social and emotional development

Early Intervention:

- Addresses a condition early in its manifestation
- Is of relatively low intensity
- Is of relatively short duration (usually less than one year)
- Has the goal of supporting well-being in major life domains and avoiding the need for more extensive mental health services

Required Planning Process:

- Identify key community mental health needs and related Prevention and Early Intervention priority populations
- Assess community capacity and strengths
- Select PEI programs to achieve desired outcomes
- Develop projects with timeframes, staffing and budgets
- Community review and public hearing

Funding:

- **Modoc County: \$200,000 for 2007-08 and 2008-09 (\$75,000 of this available for planning)**
- Non-supplanting: cannot be used to replace other state or county funds required to be used to provide mental health services; must be used on programs that were not in existence in the county at the time of enactment of MHSA or to expand the capacity of existing services
- Leveraging of cash or in-kind is actively encouraged

Accountability and Evaluation:

- Evaluate improved mental health status and reduced risk for emotional and behavioral problems at the individual/family level

- Report how PEI money is spent; what programs show promise and/or evidence of being effective; identify impacts on the mental health system and other agencies and systems

3. Modoc County Prevention Map: Current Activities

Pregnant Women/Prenatal Infants

- Perinatal Outreach and Education – Public Health
Women of child-bearing age and pregnant women
County-wide
No income requirement
- Early Head Start
Home visits
Expecting mothers and children 0-3
County-wide
Income eligibility requirements
- Welcome Baby-TEACH
Home visits
County-wide
No income requirement
- Healthy Beginnings
Public health, mental health, alcohol and other drug collaborative
High risk families
County-wide
No income requirement
- State-level entitlements
MediCal, Women Infants Children (WIC), CHDP, California Children’s Services, Food Stamps, TANF

Children Age 0-2

- Early Head Start, Welcome Baby, Healthy Beginnings, State Entitlements (see above)
- Injury Prevention Collaborative-Modoc County Public Health
Injury prevention on public health model at community level
County-wide
- Early Intervention-Modoc County Office of Education/Far Northern Regional Center
Infants with developmental delay
- Positive Parenting-Child and Family Resource Center
Children 0-18 and their families
Providing parents with parenting techniques and skills
County-wide
- Strong Family Health Center
Children 0-18 and their families
Health care, youth groups, anger management
- Obesity Prevention – Public Health
- Oral Health – Public Health

Children Age 3-5

- Healthy Beginnings, State Entitlements, Injury Prevention, Early Intervention, Positive Parenting, Strong Families, Obesity Prevention, Oral Health (see above)
- Head Start

Income eligibility requirements

- Child Care and Preschool
- Strengthening Families Program (SFP) – Model Program (Evidence-based Program)-
Modoc County Alcohol & Drug Services & collaborative partners
High risk families:
Skills building program for parents and children participating together
Curriculum for ages 6-12 and 13-18; have curriculum for age 3-5 but no program

Children 6-12 (Elementary age children)

- State Entitlements, Injury Prevention, Positive Parenting, Strong Families, Obesity Prevention, Oral Health (see above)
- Strengthening Families Program-Modoc County Alcohol & Drug Services & collaborative partners
High risk families
Skills building program for parents and children participating together
Curriculum for ages 6-12 and 13-18
- Prevention and Early Intervention-Modoc County Office of Education
Seed money for time-limited program
High-risk children in grades K-3
Surprise Valley, Alturas, Tulelake
- SEALS and TASSELS After School Programs-TEACH
Academic support, enrichment, social interaction and safe environment
Children in grades K-8
Alturas, Surprise Valley, Tulelake
- Latchkey – K_* - After school and some Holidays - MCOE
Income eligible
RISE and MESA
Tutor/mentor program for children 6-18
Native American children (RISE) and all children (MESA)

Middle School Children (Age 12-14)

- State Entitlements, Injury Prevention, Positive Parenting, Strong Families, Obesity Prevention, Oral Health, Strengthening Families, SEALS and TASSELS (see above)
- Prevention Treatment Youth Group/Modoc Juvenile Delinquency-Modoc County Mental Health
Young men's youth group for prevention, education, support
Open to any interested youth; required for court appointed boys
Alturas, Fort Bidwell, Cedarville
- Teen Health Coalition – Collaborative (PH, A&D)
3 schools (MHS, MMS, SVHS)
Peer educators

High School Children (Age 15-18)

- State Entitlements, Injury Prevention, Positive Parenting, Strong Families, Obesity Prevention, Oral Health, Strengthening Families, SEALS and TASSELS, Prevention Treatment Youth Group, Teen Health Coalition (see above)
- Teen Clinics
Alturas
- YES-Modoc County Office of Education
Coordinated with Juvenile Probation

Wraparound services for young people/families at risk of out-of-home placement
County-wide

- Independent Living Skills-Modoc County Office of Education
Young people in the foster care or court system
Training in vocation and life skills and college preparation
County-wide
- Juvenile Delinquency Prevention & Treatment Court
Collaborative based on the drug court model
Wards of the court and young people on probation

Transition Age Youth (Age 18-24)

- State Entitlements, Positive Parenting, Obesity Prevention, Oral Health, Strengthening Families, Independent Living Program (see above)
- Alcohol and Other Drug
- Cal-Learn-TEACH

Adults

- State Entitlements, Positive Parenting, Obesity Prevention, Oral Health, Strengthening Families
- Public Health Community Education- AOD and Public Health

Older Adults

- Medi-Cal, SSI, Food Stamps
- Senior Center
- Peer Support (expansion included in the MHSA-CSS Plan)
- Caregiver Support
Once/month, delivered from Redding

4. Identify Needs and Priority Populations, Based on Prevention Map

Overall goal: strong, healthy families, with a special target of stressed families

Current programs focus on intervention; prevention should be a priority for new funds

Children age 10-18 are less well-served; school counselors are gone or reduced; Children's

System of Care is gone; resources are available to respond to crisis, but not to early identification and prevention. Schools are the front line for early identification. Consider in-class services to meet the needs of teachers

Outreach to isolated individuals, home-schooled young people

Coordination (see Healthy Beginnings as a model) is needed among the complexity of existing programs

First break individuals should be identified

After hours services are hard to find

Trauma-exposed individuals are at high risk

Services to meet the needs of those with co-occurring disorders

Older adults are significantly underserved

5. Proposed Options

The following programs were proposed, in roughly this priority order:

- **40 Developmental Assets/Traditional Values**

A strength-based, evidence-based program, involving culture, exercise and communication, 40 Developmental Assets provides prevention activities for young

people in grades 6 through 12, and addresses young people, their parents, school personnel, and faith and community organizations throughout the community. This program involves the entire community to assess the extent to which children and youth possess the positive relationships, opportunities, commitments, values and competences that permit them to grow up healthy, caring and principled; and to identify the actions and resources that can increase the assets possessed by those young people. The program is currently promoted by the Strong Family Health Center (Comprehensive Tribal Health Care) .

- **Expand Strengthening Family Program to include curriculum for parents and kids (ages 3-5)**
- **Expand Prevention and Early Intervention Program (PIP) to Grades 4-6**

This program targets children and youth identified by schools as having the potential to develop serious mental health problems. The program is a school-based prevention and early intervention programs, using paraprofessionals. It provides support for children and youth in stressed families and for children and youth at risk of school failure. Evaluations of PIP programs in grades K-3 show that 77% of participants show some level of improvement in assessment measures. Participants demonstrate positive social behaviors that are highly valued by teachers, and show improvements in social competence and school adjustment-related behaviors.

6. Next Steps

First: Capture the findings from this meeting, provide to all the participants, request an e-mail response. If most participants agree that the proposal captures the sense of the Partnership, no further meeting is required. Then,

A. Develop a strategic plan for educating school leaders about the proposal, including enlisting the support of the Superintendent, identifying how to use the school training calendar for 40 Assets, enlisting the support of School Boards from Modoc, Surprise Valley and Tulelake, and capitalizing on the enthusiasm from the Middle School Challenge Day. Identify individuals from each school to understand and support 40 Assets.

- B. Identify faith community leaders to enlist in the 40 Assets processC. Identify community groups to participate, including 4-H, Little League, Senior Center, Service Clubs, Sororities

D. The group also noted priority gap in services for middle and high school children. It was suggested that as funding becomes available that we should develop a curriculum for these children and youth, perhaps leveraging off of or expanding the Teen Challenge Day Program and targeting children and youth in non-traditional educational settings.

Three additional high priority programs were discussed; these programs are scheduled for support from other resources:

- Training for practitioners in treatment of trauma-exposed adults and children: this training is under development as part of the Crisis Intervention Team supported by MHSA-Community Supports and Services

- Peer Counseling for Seniors: this program is part of the development of an Older Adult System of Care, the early steps of which are part of MHSA-Community Supports and Services
- Outreach to hard-to-reach children and families: this activity is part of Outreach and Engagement activities under MHSA-Community Supports and Services. It will be a necessary part of 40 Developmental Assets as well

Note: Rough estimates might be: \$50,000 for 40 Developmental Assets – includes expansion for Strengthening Families (10,000?); \$20,000 for PIP expansion; (\$15,000 for curriculum development for older children and youth; Trauma-focused program?) \$15,000 for administrative support.

From: Karen Stockton [mailto:karen_stockton@modocounty.us]

Sent: Monday, May 19, 2008 12:53 PM

To: (randrew@modocoe.k12.ca.us); Alisha Romesha (Alisha.romesha@cws.state.ca.us); Amanda Hoy (amhoy1@frontiernet.net); Angel Williams (gwill547@frontiernet.net); Angela Dolan (alewis@modocounty.us); Bill Hall (bhall@modocounty.us); Candace Deaton (cdeaton@modocoe.k12.ca.us); Carol Callaghan (ccallaghan@teachinc.org); Carol Griffin (cgriffin@modocoe.k12.ca.us); Carolyn Quezada (cquezada@modocounty.us); Catherine Camp (catherinecamp@earthlink.net); Dave Boissineau (dboissineau@modocsfhc.org); De Funk (dfunk@modocoe.k12.ca.us); Elisa Robertson (erobertson@modocounty.us); Emilie Martin (emartin@modocoe.k12.ca.us); Evelyn Farber (evelyn_farber@modocounty.us); Gary Jones (GJONES@modocoe.k12.ca.us); Gary Palmer; Greta Elliott (gjelliott@canbyclinic.org); Hannah Curcio (hcurcio@modocoe.k12.ca.us); Heather Tufts (htufts@modocoe.k12.ca.us); Jennifer Slinkard (jennifer_slinkard@modocounty.us); Jessica Fredrick (jfredrick@teachinc.org); Jessica Kern (jessica_kern@modocounty.us); Karen McGarva (bob05cat@yahoo.com); Kathleen Davis (kdavis@modocoe.k12.ca.us); Kelly Crosby (kcrosby@modocounty.us); Kim Gentry (kgentry@modocounty.us); Lane Bates (lane_bates@modoc.k12.ca.us); Leo (Elias) Fernandez JR (lfernandez@modocounty.us); Liz Varney (liz_varney@modocounty.us); Lloyd Powell (lloyd_Powell@modocounty.us); Lola Hurtado (lhurtado@teachinc.org); Maria Martinez (maria_martinez@modoc.k12.ca.us); Marie Smith (seniorcitizens@frontiernet.net); Melissa Gallardo (mgallardo@modocounty.us); Michelle Baldrige (mbaldrige@modocSFHC.org); Mikele Picotte (mpicotte@modocounty.us); Nuri Jimenez (nuri_jimenez@modocounty.us); Pauline Cravens (pauline_cravens@modocounty.us); Peter Curren (pcurren@modocoe.k12.ca.us); Randy Wise (rwise@modocoe.k12.ca.us); Seth Fletcher (sfletcher@chp.ca.gov); Sondra Tate (state@modocounty.us); Steve Bratton (sbratton@modocoe.k12.ca.us); Susan Kathleen Varesko (susan_varesko@modocounty.us); Tanya Schulz (tanya_schulz@modocounty.us); Tara Shepherd (tshepherd@modocounty.us); Teresa Mills (dstemills@frontiernet.net); Yvonne Duran (ydeuran@modocsfhc.org)

Subject: FW: PEI

Hi PEI Partners,

We are nearly ready to post our PEI plan for public comment. We are hoping to post it in the next week or so, so if you have any final comments/suggestions, please forward them as soon as possible. We will develop the budget along the guidelines that were established in our last two meetings.

Thanks so much!

Karen E. Stockton

Karen E. Stockton, Ph.D., M.S.W., B.S.N
Director
Modoc County Health Services
441 N. Main Street
Alturas, CA

Main Office (530) 233-6312
Fax (530) 233-5311

From: Karen Stockton [mailto:karen_stockton@modocounty.us]

Sent: Tuesday, June 17, 2008 5:31 PM

To: (randrew@modocoe.k12.ca.us); aj idrogo; Alan Hopkins (hopkinsa@citlink.net); Alisha Romesha (Alisha.romesha@cws.state.ca.us); Amanda Hoy (amhoy1@frontiernet.net); Angel Williams (gwill547@frontiernet.net); Angela Dolan (alewis@modocounty.us); Bill Hall (bhall@modocounty.us); Candace Deaton (cdeaton@modocoe.k12.ca.us); Carol Callaghan (ccallaghan@teachinc.org); Carol Griffin (cgriffin@modocoe.k12.ca.us); Carolyn Quezada (cquezada@modocounty.us); Catherine Camp (catherinecamp@earthlink.net); Dave Boissineau (dboissineau@modocsfhc.org); De Funk (dfunk@modocoe.k12.ca.us); Debbie Mason (debbie_mason@modocounty.us); Don Demsher (ldemsher@frontiernet.net); Elisa Robertson (erobertson@modocounty.us); Emilie Martin (emartin@modocoe.k12.ca.us); Evelyn Farber (evelyn_farber@modocounty.us); Gary Jones (GJONES@modocoe.k12.ca.us); Gary Palmer; Greta Elliott (gjelliott@canbyclinic.org); Hannah Curcio (hcurcio@modocoe.k12.ca.us); Heather Tufts (htufts@modocoe.k12.ca.us); Jack Fetterman (jfetterman@modocounty.us); Jane Holloway (record1@modocrecord.com); Jennifer Slinkard (jennifer_slinkard@modocounty.us); Jessica Fredrick (jfredrick@teachinc.org); Jessica Kern (jessica_kern@modocounty.us); Judge Barclay (francis.barclay@modoc.courts.ca.gov); Karen McGarva (bob05cat@yahoo.com); Kathleen Davis (kdavis@modocoe.k12.ca.us); Kelly Crosby (kcrosby@modocounty.us); Kim Gentry (kgentry@modocounty.us); Lane Bates (lane_bates@modoc.k12.ca.us); Larry Dier (larry.dier@modoc.courts.ca.gov); Leo (Elias) Fernandez JR (lfernandez@modocounty.us); Liz Varney (liz_varney@modocounty.us); Lloyd Powell (lloyd_Powell@modocounty.us); Lola Hurtado (lhurtado@teachinc.org); Maria Martinez (mmartinez@modoc.k12.ca.us); Marie Smith (seniorcitizens@frontiernet.net); Mark Gentry (mgentry@modocounty.us); Melissa Gallardo (mgallardo@modocounty.us); Michelle Baldrige (mbaldrige@modocSFHC.org); Nuri Jimenez (nuri_jimenez@modocounty.us); Pauline Cravens (pauline_cravens@modocounty.us); Peter Curren (pcurren@modocoe.k12.ca.us); Randy Wise (rwise@modocoe.k12.ca.us); Rick Crosby (rcrosby@modocounty.us); Seth Fletcher (sfletcher@chp.ca.gov); Sondra Tate (state@modocounty.us); Steve Bratton (sbratton@modocoe.k12.ca.us); Susan Kathleen Varesko (susan_varesko@modocounty.us); Tanya Schulz (tanya_schulz@modocounty.us); Tara Shepherd (tshepherd@modocounty.us); Teresa Mills (dstemills@frontiernet.net); Yvonne Duran (ydeuran@modocsfhc.org)

Subject: MHSA Prevention and Early Intervention Plan Posted for Public Comment

Hi MHSA Steering Committee Stakeholders,

Re: Mental Health Services Act (MHSA) Prevention and Early Intervention Component (PEI) Plan

The MHSA Prevention and Early Intervention component portion of the MHSA funding, allocated for select prevention and early mental health intervention programs/activities, is \$200,000. for Fiscal Years 2007-09. There has been a PEI workgroup assessing, prioritizing, and drafting a plan related to Modoc County's PEI needs since December, 2007.

A copy of the plan can be accessed on our web page at:

<http://www.modoccohealthservices.com/id47.html> in both English and Spanish.

In accordance with the California Code of Regulations, this Request is being posted for a 30-day public comment period prior to submission to DMH. The posting period will be from June 16, 2008 to July 16, 2008. A public hearing on this proposal is scheduled for 12 PM on July 16, 2008 at Modoc Mental Health Services (at the address below). Copies of the Request may be downloaded from this site or may be requested in hardcopy format by calling the Mental Health Services office at (530) 233-6312, emailing: nuri_jimenez@modocounty.us or writing to:

Modoc Mental Health Services
441 N. Main Street
Alturas, CA 96101

Comments on this proposal will be accepted until close of business July 15, 2008, and can be submitted online, via e-mail to nuri_jimenez@modoccounty.us the sent to the address above.

Please share this message and/or the document with your stakeholders as you deem appropriate.

Your support and input has been vital to our planning and implementation. Thanks for your very valuable participation in the MHSA process.

Karen E. Stockton

Karen E. Stockton, Ph.D., M.S.W., B.S.N
Director
Modoc County Health Services
441 N. Main Street
Alturas, CA

Main Office (530) 233-6312
Fax (530) 233-5311

Mental Health Services Prevention and Early Intervention Plan Posted for Public Review

The MHSA Prevention and Early Intervention (PEI) component portion of the MHSA funding, allocated for approved prevention and early mental health intervention programs/activities, is \$200,000 for Fiscal Years 2007-09. There has been a PEI workgroup assessing, prioritizing, and drafting a plan related to Modoc County's PEI needs since December, 2007.

In accordance with the California Code of Regulations, the PEI Request is being posted for a 30-day public comment period prior to submission to DMH. The posting period will be from June 16, 2008 to July 16, 2008. A public hearing on this proposal is scheduled for 12 PM on July 16, 2008 at Modoc Mental Health Services (at the address below). Copies of the Request may be downloaded at <http://www.modoccohealthservices.com/id47.html> or may be requested in hardcopy format by calling the Mental Health Services office at (530) 233-6312, emailing: nuri.jimenez@modoccounty.us or writing to:

Modoc Mental Health Services
441 N. Main Street
Alturas, CA 96101

June 19, 2008

06/19

Modoc County Health Services



Mental Health Services Act (MHSA) pg. 2

Prevention and Early Intervention Component (PEI) Plan

- Health Services Home
- Public Health
- Mental Health
- Alcohol & Drug
- Environmental Health
- Press Releases

The MHSA Prevention and Early Intervention component portion of the MHSA funding, allocated for the selection prevention and early mental health intervention programs/activities, is \$200,000, for Fiscal Years 2007-2009. There has been a PEI workgroup assessing, prioritizing, and drafting a plan related to Modoc County's PEI needs since December, 2007.

[click here to download PEI plan](#)

[click here to download file Spanish Version](#)

Full name:

Email address:

Comments:



In accordance with the California Code of Regulations, this request is being posted for a 30-day public comment period prior to submission to DMH. The posting period will be from June 16 to July 16, 2008 at Modoc County Mental Health Services (at the address listed below). Copies of the Request may be downloaded from this site or may be requested in hard copy format by call the Mental Health Services office at (530) 233-6312, e-mailing: nuri_jimenez@modoccounty.us or writing to:

El programa de Prevención e Intervención Temprana (PEI, por sus siglas en ingles), es parte de los componentes de MHSA, los fondos asignados para actividades y programas selectos de prevención temprana de salud mental son estimados por la cantidad de \$200,000 para el año fiscal 2007-09. Desde diciembre del 2007, ha habido un grupo de PEI evaluando, dando prioridad a las necesidades y redactando un plan para suplir las necesidades de PEI del Condado de Modoc. De acuerdo a Californian Code of Regulations Request, esta petición se ha colocado para comentarios públicos por 30 días antes de someterse al Departamento de Salud Mental (DMH). El periodo que estará disponible será de junio 16 del 2008 a julio 16 del 2008. Una audiencia publica para esta propuesta esta programada

Modoc County Mental Health
441 N. Main St.
Alturas, CA 96101

Comments on this proposal will be accepted until close of business July 15th, 2008, and can be submitted online via e-mail to nuri_jimenez@modoccounty.us then sent to the address above.

Enter content here

para el 16 de julio del 2008 a las 12 del medio día en el Departamento de Salud del Condado de Modoc (en la dirección que se encuentra abajo). Copias de la petición se pueden bajar de nuestra página de Internet o se pueden solicitar personalmente llamando a la oficina del Departamento de Salud Mental al teléfono (530) 233-6312, o también se pueden solicitar a la dirección de correo electrónico: nuri_jimenez@modoccounty.us o escribiendo a la dirección: Modoc Mental Health Services 441N. Main Street Alturas, CA 96101

Los comentarios de esta petición serán aceptados hasta el cierre de operaciones del día 15 de julio del 2008, también se pueden someter en nuestra página de Internet, o por correo electrónico a nuri_jimenez@modoccounty.us o enviar a la dirección que se encuentra arriba.

Enter supporting content here

Modoc County Health Services
441 N. Main St.
Alturas, CA 96101
Modoc County Public Health: 530-233-6311
1-800-762-3003
Modoc County Mental Health: 530-233-6312

Appendix C
Fiscal Forms 3A, 3B, & 3C

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: Modoc Date: 7/22/08
 PEI Project: Developing Y/F Assets
 Provider Name (if known): Modoc County MH & Modoc County Off. of Education
 Intended Provider Category: Mental Health Treatment/Service Provider
 Proposed Total Number of Individuals to be served: FY 07-08 _____ FY 08-09 566
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 0
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 566
 Months of Operation: FY 07-08 _____ FY 08-09 11 months

| Proposed Expenses and Revenues | Total Program/PEI Project Budget | | |
|---|----------------------------------|------------------|------------------|
| | FY 07-08 | FY 08-09 | Total |
| A. Expenditure | | | |
| 1. Personnel (list classifications and FTEs) | | | |
| a. Salaries, Wages | \$0 | \$20,100 | \$20,100 |
| | \$0 | \$0 | \$0 |
| | \$0 | \$0 | \$0 |
| | \$0 | \$0 | \$0 |
| b. Benefits and Taxes @ % | \$0 | \$9,900 | \$9,900 |
| c. Total Personnel Expenditures | \$0 | \$30,000 | \$30,000 |
| 2. Operating Expenditures | | | |
| a. Facility Cost | \$0 | \$200 | \$200 |
| b. Other Operating Expenses | \$0 | \$300 | \$300 |
| c. Total Operating Expenses | \$0 | \$500 | \$500 |
| 3. Subcontracts/Professional Services (list/itemize all subcontracts) | | | |
| Modoc County Off.of Ed - PIP | \$0 | \$40,000 | \$40,000 |
| Strengthening Families | \$0 | \$15,000 | \$15,000 |
| C.Camp - Program Consultant | \$0 | \$5,000 | \$5,000 |
| Providers to be determined-Curriculum D | \$0 | \$15,000 | \$15,000 |
| Providers to be determined-Training | \$0 | \$15,000 | \$15,000 |
| a. Total Subcontracts | \$0 | \$90,000 | \$90,000 |
| 4. Total Proposed PEI Project Budget | \$0 | \$120,500 | \$120,500 |
| B. Revenues (list/itemize by fund source) | | | 0 |
| | \$0 | \$0 | \$0 |
| | \$0 | \$0 | \$0 |
| | \$0 | \$0 | \$0 |
| 1. Total Revenue | \$0 | \$0 | \$0 |
| 5. Total Funding Requested for PEI Project | \$0 | \$120,500 | \$120,500 |
| 6. Total In-Kind Contributions | \$0 | \$0 | \$0 |

PEI Administration Budget Worksheet

Enclosure 3B

Form No. 5

County: Modoc

Date: 7/22/2008

| | Client and Family Member, FTEs | Total FTEs | Budgeted Expenditure FY 2007-08 | Budgeted Expenditure FY 2008-09 | Total |
|---|--------------------------------|------------|---------------------------------|---------------------------------|---------|
| A. Expenditures | | | | | |
| 1. Personnel Expenditures | | | | | |
| a. PEI Coordinator | | | | | \$0 |
| b. PEI Support Staff | | | | | \$0 |
| c. Other Personnel (list all classifications) | | | | | \$0 |
| _____ | | | | | \$0 |
| _____ | | | | | \$0 |
| _____ | | | | | \$0 |
| d. Employee Benefits | | | | | \$0 |
| e. Total Personnel Expenditures | | | \$0 | \$0 | \$0 |
| 2. Operating Expenditures | | | | | |
| a. Facility Costs | | | | | \$0 |
| b. Other Operating Expenditures | | | | | \$0 |
| c. Total Operating Expenditures | | | \$0 | \$0 | \$0 |
| 3. County Allocated Administration | | | | | |
| a. Total County Administration Cost | | | \$0 | \$4,500 | \$4,500 |
| 4. Total PEI Funding Request for County Administration Budget | | | \$0 | \$4,500 | \$4,500 |
| B. Revenue | | | | | |
| 1 Total Revenue | | | \$0 | \$0 | \$0 |
| C. Total Funding Requirements | | | \$0 | \$4,500 | \$4,500 |
| D. Total In-Kind Contributions | | | \$0 | \$0 | \$0 |

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 6

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

| | |
|----------------|-----------|
| County: | Modoc |
| Date: | 7/22/2008 |

| # | List each PEI Project | Fiscal Year | | | Funds Requested by Age Group | | | |
|---|-----------------------------------|-------------|------------------|------------------|--------------------------------------|-----------------------|------------|-------------|
| | | FY 07/08 | FY 08/09 | Total | *Children, Youth, and their Families | *Transition Age Youth | Adult | Older Adult |
| 1 | Developing Y/F Assets | \$0 | \$120,500 | \$120,500 | \$120,500 | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | |
| | | | | \$0 | | | | |
| | | | | \$0 | | | | |
| | | | | \$0 | | | | |
| | | | | \$0 | | | | |
| | | | | \$0 | | | | |
| | | | | \$0 | | | | |
| | | | | \$0 | | | | |
| | Administration | | \$4,500 | \$4,500 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Total PEI Funds Requested: | \$0 | \$125,000 | \$125,000 | \$120,500 | \$0 | \$0 | \$0 |

*A minimum of 51 percent of the overall PEI component budget must be dedicated to individuals who are between the ages of 0 and 25 ("small counties" are excluded from this requirement).

**Modoc County
PEI Budget Narrative
FY 2008-09**

Proposed Expenses and Revenues (re: Form No. 4)

1. *Personnel (\$30,000)*

a. Salaries/Wages

Prevention Project Facilitator (.50 FTE) – \$20,100 – Responsible for community outreach and facilitation of PEI prevention projects. Ensures coordination of providers, and collects appropriate data for ongoing planning and evaluation of projects.

- b. Benefits and Taxes @ 49.25% – \$9,900 – FICA, unemployment insurance, life insurance, supplemental retirement, PERS and health insurance (medical, dental, and vision).

2. *Operating Expenditures (\$500)*

- a. Facility Cost – \$200 – A portion of the cost of rent for the Mental Health facility.

- b. Other Operating Expenses – \$300 – A portion of the cost for photocopying, phone calls, and office expenses.

3. *Subcontracts/Professional Services (\$90,000)*

- a. Modoc County Office of Education – \$40,000 – Implementation of a Primary Intervention Program in school sites in Modoc County, to include management and supervision, hiring of classroom staff aides, and administering pre and post tests to participating students.

- b. Strengthening Families Program (providers to be determined) – \$15,000 – Expansion of the Strengthening Families Program to include more frequent presentation of the programs for parents and children 6-12 and 13-18, and adoption and facilitation of the curriculum for parents and children 3-5. Expenditures may include, but not be limited to, payment for program presenters, facility rental, meals provided to program participants as part of the Model Program curriculum, incentives for participants (e.g., door prizes, attendance awards).

- b. Catherine Camp, Program Consultant – \$5,000 – Consultation regarding

planning, implementation and evaluation of PEI programs and projects; assistance with ongoing planning and evaluation; responsible for writing yearly plan.

- c. Providers to be determined – Curriculum Development – \$15,000 – Building Community Assets – Identification and/or development of programs, materials, activities, and sites for community asset building. Target sites will include, but not be limited to, schools, public and private agencies, faith-based organizations, Hispanic and Native American groups, and recreational organizations.
 - d. Providers to be determined – Training – \$15,000 – Training for staff of sites selected for community asset building programs and activities to provide the necessary skills and hands-on experience to ensure effective programming and maximize positive outcomes. Training to include Training of Trainers opportunities, including specific outreach to Hispanic and Native American communities.
4. *Total Proposed PEI Project Budget -- \$120,500*
 5. ***Total Funding Request for PEI Project -- \$120,500***
 6. *Total In-Kind Contributions -- \$25,000 – Staff time, facilities & materials*
 - Modoc County Office of Education
 - Modoc County Alcohol & Drug Services
 - Modoc County Superior Court
 - Modoc County Public Health
 - Strong Families Health Center
 - TEACH, Inc. (nonprofit)
 - Sunrays of Hope (Mental Health consumer group)
 - Miscellaneous contributors

Proposed PEI Administration Costs (Re: Form No. 5)

County Allocated Administration – \$4,500 – County administration costs to include a portion of county overhead (e.g., for services of Auditor’s Office, county maintenance) and other administrative costs (OMB Circular A87).

Total PEI Funding Request for County Administration – \$4,500

Budget Summary (Re: Form No. 6)

Total PEI Funds Requested: \$125,000