

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

Form No. 1

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

County Name: Trinity County

Date: 12/ 17/ 2008

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

County Mental Health Director	Project Lead
Name: Nancy Antoon; LCSW Telephone Number: 530-623-8293 Fax Number: 530-623-4448 E-mail: Nantoon@kingsview.org	Name: Noel J. O'Neill; LMFT Telephone Number: 707-623-8293 Fax Number: 530-623-4448 E-mail: Noneill@kingsview.org
Mailing Address: P.O. Box 1640, Weaverville, CA 96093	

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 _____
County Mental Health Director

December 17, 2008
Date

Executed at: Weaverville, California

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Instructions: Please provide a narrative response and any necessary attachments to address the following questions. (Suggested page limit including attachments, 6-10 pages)

County: Trinity County

Date: 12/9/08

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

a. The overall Community Program Planning Process

The overall Community Program Process was assigned to Noel J. O'Neill, Acting MHSA Coordinator for the County. Behavioral Health Director, Nancy Antoon, was also involved and available for regular consultation and various supportive roles. She did specific outreach to stakeholders inviting them to the focus groups. Nancy did the shopping required and organized the food for the focus groups. She interfaced with the newspaper and the county information technology unit to ensure that the events were well publicized. Clerical staff person, Jessica Gardner, was available to perform functions such as organizing input from focus group surveys into spreadsheets. Nancy Gorham, clerical staff person, also created electronic flyers for the intended focus groups. All Behavioral Health Staff invited clients, family members and community members to the scheduled focus groups.

b. Coordination and Management of the Community Program Planning Process

Noel J. O'Neill was responsible for the overall Community Program Process. He developed a power point educational instructional program about the Prevention Guidelines as outlined by the California Department of Mental Health and the Oversight and Accountability Commission that was presented at the focus groups. Noel developed a survey specific to Prevention that would gather information about attendees so the County would know more about the stakeholders present at the focus groups. Nancy Antoon organized a panel of persons who were responsible to hear proposals from the community about suggested projects for the PEI Resources. This Panel was responsible to select the most appropriate proposals and in turn make the recommendation to the Behavioral Health Director for approval.

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

All staff of the Agency invited clients and family members to attend the focus groups. An article was written that was placed in the local newspaper inviting any member of the community interested in this activity to come to the focus groups (see Attachment 1). Survey data suggests that approximately one-third of the total

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participants at the focus groups identify themselves as clients or family members of clients. Most importantly, though, clients were invited to attend by their case managers.

Trinity County has a very large geographical area with a very small population density. There are only 13,000 persons living in the entire county. Trinity is considered a frontier county. Travel between communities is only accomplished on two lane roads that are winding and steep, and thus, the idea that focus groups are going to be well attended is a fallacy. The fact that 27 persons attended the focus groups for PEI was a demonstration of great support from a community that is focused on the hardships that rural poverty brings.

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

In addition to the above referenced strategies, the Behavioral Health Director did active outreach to key stakeholder groups. She made telephone invitations to educators and members of agencies that are high value stakeholders.

A telephone call was made to Mike Chapman of the local Native American Group, a non-Federally recognized Tribal Nation called Nor-EI-Muk.

The County will be partnering with this organization to do an assessment of Native American Needs in this fiscal year so that future funding might be dedicated to identified needs. The County has set aside \$9,000 of 2008/2009 MHSA CSS Dollars to accomplish this task. The hope is to continue to partner with this group as they identify their needs. The Nor-EI-Muk people will be presenting some Cultural Competency Sensitivity Training in early 2009 to Trinity County Behavioral Health. Even though Mike Chapman did not attend the Weaverville focus group, Noel O'Neill did speak with him about the intended use of the PEI Prevention Resource, and he stated he thought the project as it was described seemed like a good intervention and an effective use of the funds. There are Nor-EI-Muk Children in the Mountain Valley School District in Hayfork.

Trinity is a very rural frontier county and it is most difficult for residents to dedicate the time and resources to involve themselves in these types of activities. However, as compared to past events, these focus groups were very well attended.

- 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.

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The way the County ensured that as many members of the community as possible would attend the focus groups was to schedule the focus groups after the typical workday, and to schedule them not only in the largest town in the county, but also in two other locations in areas that are quite distant from the county seat (see Attachments 2, 3, & 4).

The interesting outcome is that there was a better attendance from the more rural areas than in the county seat.

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

There are MHSAs funded adult consumer drop-in centers in Weaverville and Hayfork. Notices were placed at the drop-in centers and consumers were invited to attend the focus groups. The primary case manager in Hayfork did significant outreach prior to that focus group and, in fact, consumers did attend. The panel that was created to make a selection of appropriate community projects for funding included two members of the Mental Health Board; one of these members is also the President of the Milestones (Weaverville) Drop-in Center Board of Directors.

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

- a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including, but not limited to:
- Individuals with serious mental illness and/or serious emotional disturbance and/or their families
 - Providers of mental health and/or related services such as physical health care and/or social services
 - Educators and/or representatives of education
 - Representatives of law enforcement
 - Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families

The County ensured that the above stakeholders participated by issuing personal invitations (see Attachment 5a for survey and 5b for analysis of survey). In fact:

- 33% of all attendees identified themselves as consumers of services or family members.
- At least 20% of all attendees worked for the public mental health system.
- 20% were educators including the Superintendent of Instruction from the County Office of Education; one principal from an elementary school; a lead teacher from a rural elementary school, a school counselor and a teacher, as well as a retired teacher, all attended.

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- No law enforcement persons attended as there are only three Sheriff Deputies for the entire County and it was thought to be not the best use of their limited capacity.
- There were also members from the social services agencies, health care clinics and retired persons.

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

A Power Point was developed as a training device for all staff (see Attachment 6). The information regarding the Mental Health Services Act and how this fits into Prevention Projects was clearly outlined. During the regularly scheduled Behavioral Health Staff Meetings, Director Nancy Antoon gave information about the Prevention Community Planning Process and solicited suggestions and ideas from staff. Due to staff limitations and budgeting constraints imposed by the current fiscal crisis in County mental health and County government in general, it was the intent of Trinity County Behavioral Health to contract out the activities included in the PEI proposal. Everyone agreed that this was the correct course of response for Trinity County.

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 CSS process generated valuable lessons that we were able to apply in the PEI process. Some of these included:

- When holding focus groups, ask attendees to fill out a survey form to give the County a better idea of who the stakeholders are and what their interests might be.
- Do not rely solely on the newspaper, as many persons don't get a newspaper.
- Offer transportation to those who might need that service.
- Make personal invitations instead of generic flyers.
- Offer appropriate food considering the time of day.
- Schedule the meeting in the late afternoon and very early evening to try and catch people in between their day and night activities.
- Facilitate meetings in rural areas of the County rather than just the County seat.

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

The primary measure of success is the actual numbers of persons who came to the focus groups. Please see the attached summary of those who filled out the surveys.

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Although TAY were specifically invited, the County was not successful in producing any TAY at the focus groups. This is a very hard group to motivate and rally. We will attempt to get some youth to attend the public hearing and give their input.

Notes were taken at the three focus groups and these notes are added as attachments (see Attachments 7, 8, & 9).

5. Provide the following information about the required County Public Hearing:

- a. The date of the Public Hearing:

The Public Hearing was held on December 17, 2008 at Noon.

- 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 document was posted on the County Web Site, at the Milestones and Horizons Drop-in Centers, the County Behavioral Health Lobby, the Hayfork satellite office, and at the Court House (see Attachment 10a for press release, 10b for legal announcement of the public hearing, and 10c for sign-in sheet for the Public Hearing). When persons filled out the survey at the time of the focus groups, the question was asked if the participant would be willing to review the finished document. A finished version was furnished to all persons who made this request.

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

There were a number of comments made that have been itemized below:

- Over all, the document was well written and reflects the views of the community. This was the general view of the MH Board.
- There was a concern expressed that all of the resource was spent on “outlying” areas. The response to this feedback was that the majority of the CSS Funds have been spent in Weaverville and that the PEI Resource was an opportunity to extend a hand to underserved residents of the county in a very creative fashion. Additionally, it was pointed out that the Challenge Day Project would serve every high school youth throughout the County. There was also hard and fast numbers to demonstrate that residents in Hayfork and Mad River were far more involved in the focus group process.
- One participant at the Public Hearing wanted to affirm the fact that should there be additional revenue in PEI. He wanted to make sure that this group would have the opportunity to give input into the decision of how to utilize the new resource. It was stated by the MH Director that quarterly

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project. Any additional revenue would be discussed, and a mutual recommendation would be forwarded to the MH Director for consideration. Clearly, if the project wasn't demonstrating the desired outcomes, adjustments would need to be made.

- One participant suggested that no contracts should be awarded to the successful projects until the funds actually arrive from the State.
- One participant suggested that if there were additional funds, the natural place to spend that resource would be to identify ways to expand Project One, the "Hayfork and Southern Trinity Health Services Prevention Project". This might be done by increasing line items in the two programs, but also, perhaps, identifying a Northern Trinity Site, maybe in the Coffee Creek Area, where the adopted curriculum could be implemented and mentored by Southern Trinity Health Services.
- The MH Board approved the document as written and recommended that the MH Director submit the application to the State and the Oversight and Accountability Commission.

d. The estimated number of participants:

Eleven persons attended the public hearing. A variety of stakeholders were present including the client group, MH Board, the Chief Probation Officer, and the Prevention Coordinator for the local planning group. In actual fact, for Trinity County, with only a total of 13,000 residents, this was a very well attended meeting.

Instructions for Preparing the PEI Project Summary (Form No. 3)

County: Trinity County **PEI Project Name:** Hayfork and Southern Trinity Health Services Primary Intervention Project

Date: December 17, 2008 Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

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	X	X	X	X
2. Psycho-Social Impact of Trauma	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	X	<input type="checkbox"/>		
4. Stigma and Discrimination	X	X	X	X
5. Suicide Risk	X	X	X	X

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	X	X	X	X
2. Individuals Experiencing Onset of Serious Psychiatric Illness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	X	X		
4. Children and Youth at Risk for School Failure	X	X		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	X	X		
6. Underserved Cultural Populations	X	X	X	X

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

Three Focus Groups were held around the County where a variety of stakeholders attended. Following the educational component of the focus groups, surveys were given to the stakeholders asking for their opinion about how the resource should be used. This process then allowed direct stakeholder input. At the time of the Focus Groups, all participants were advised that they could come back in two weeks to present specific ideas that they would like to see implemented into a Project. The Behavioral Health Director created a panel to hear these community proposals that would ensure that an impartial decision would be made when the selections were made. On the panel there were:

1. The president of the Milestones (MHSA) Drop-in Center Board
2. The president of the Mental Health Board
3. The Deputy Director for Adult Mental Health and Substance Abuse Services
4. The MHSA Coordinator
5. A member from the Board of Supervisors
6. The Executive Director of the Trinity County First 5 Commission

The two highest requests, as compiled from the written surveys, were that we should spend the resources on children and youth first, (74% of responders thought we should spend the money on children and youth) and senior citizens second (55% of responders believed we should do some activity for senior citizens). This seemed very universal at all three Focus Groups, particularly in Hayfork and Mad River. Two Projects were submitted to the panel and included these two-targeted age groups. Focus Group members who took their ideas to the next level of development created both presentations for proposed targets (see Power Point Attachments 11 & 12).

We had only two responders: Mountain Valley Unified School District and Southern Trinity Health Services. On October 14, 2008 (see Attachment 13), the panel heard the two ideas and was deeply touched by the strength of each proposal. After two weeks of research and deliberation, the panel recommended to the Behavioral Health Director that the two Projects should work together in collaboration. All participants readily agreed to this plan (see Attachment 14). Participants in this process reported that they really liked this strategy. They said it felt affirming and really seemed to support groups in making their best pitch without too much anxiety. They thought it was fair and far exceeded the normal "RFP" process that counties often follow.

There were several reasons for selecting these two programs. One was the relative proximity to each other. Even though they are an hour apart, compared to other regions in the County, this is considered close. A second reason for the choice was the fact that the primary intervention would be happening during the school day. Parents are sometimes far more willing to participate in a school setting conference or activity rather than a "therapeutic" meeting in a clinic. We chose the two Program providers because they are not County Mental Health. There is strength in being closer to the community

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and not related to County policies and protocols. Behavioral Health generally focuses on the client with a serious mental illness; we are not the best providers of prevention services. We have become specialized in a high-risk target population and in Trinity County it was believed that other agencies might do a better job with prevention interventions. A final reason for the choice is that this geographic area does represent an underserved portion of the County. As was mentioned earlier, there are members of the Nor-El-Muk Nation, a non-Federally recognized Native American band living in Hayfork. There are also some Hispanic children in this area. Children from these traditionally underserved groups will attend the public schools in Hayfork and Mad River and this will make it possible for these children to receive this “social emotional” educational curriculum.

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

Trinity County Mental Health Services Act Project Number One

The Hayfork and Southern Trinity Health Services Prevention and Intervention Project

The Hayfork and Southern Trinity Health Services Prevention and Intervention Project is a collaboration between Trinity County Behavioral Health Services, Mountain Valley School District, Southern Trinity Health Services and the Van Dusen School District. Southern Trinity Health Services has been piloting an educational group curriculum for some months now in conjunction with the Van Dusen School District. These groups target primary intervention issues. They will be mentoring the Hayfork Educational Staff from Mountain Valley School District in effective strategies to create positive outcomes with this primary Intervention Group curriculum.

Elementary school teachers and administrative staff from Southern Trinity County have recognized for a few years now that a “social emotional” need for students was going unmet. This unmet need was negatively impacting the academic performance of students. During the needs assessment and community focus group in Hayfork participants became clear that what was missing was a Resource Center where students could go to find a spirit of connectivity with a known and trusted adult. Adults wanted to create a Center where an intentional vision existed to enable staff to nurture youth resilience.

It is important to state that in the Southern part of Trinity County there are miles of mountainous forests along the small two-lane highways. There are very few communities, let alone agencies or clinics, which address the human service needs of County residents. Most people who live in these areas know that it can be a two-hour drive to find services in the County seat of Weaverville. This project represents an opportunity to target underserved populations that has struggled with unemployment, substance use, poverty, and domestic violence for many years. This project represents a huge effort to break the assumed conception and tradition that all MHSA Resources are spent in Weaverville because it is the largest population center.

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There are two Programs within this Project.

Program I

The Southern Trinity Health Services Primary Intervention Project

The Community of Mad River has a Federally Qualified Health Clinic that is currently offering a variety of services including medical care, emergency care, dental services and behavioral health services. In anticipation of the MHSA Prevention Resource, STHS began a local project of presenting primary intervention California State Acquired Curriculum to school aged students. This is a consolidated summary of the work being done:

Southern Trinity Health Services (STHS) Behavioral Health Prevention and Intervention Program (PIP) for School-Aged Children and Adolescents

PIP aims to educate children and adolescents on necessary emotional and behavioral skills, which will better enable students to become successful and effective adults. The following programs are offered by PIP in 8-week group formats, allowing students to learn new skills and practice them appropriately and safely within their peer group. A licensed clinician from Southern Trinity Health Services facilitates groups. The curriculum has been purchased from an organization called "Human Relations Media" located in the State of New York, and they have an extensive website located at <http://humanrelationsmedia.com/>. This company puts this curriculum together based on outcomes and studies that have been researched and results are located at on-line resources. Human Relations Media does not package their material as being evidenced based material. This material may have been tested by the authors, but the mission of Humans Relations Media is simply to gather curriculum that others have deemed to be most effective for each grade level. The feedback from school teachers and administrators at the Van Dusen School District is that students demonstrate: (1) a marked difference in their abilities to modulate their behaviors and, (2) they appear far better able to articulate in words their needs and feelings after the sessions than prior to exposure to the curriculum.

Kindergarten: Learning Self-Control

Students learn the basics of anger management. Kids learn how important it is to talk about angry feelings instead of holding them inside and are encouraged to transform their anger into something productive by using their angry energy to try harder instead of giving up. The Program emphasizes concrete communication skills and conveys a clear message: Although it's okay to have angry feelings, it's never okay to react with anger by hitting, yelling, or breaking things.

Kindergarten – 5th Grade: The Power of Words

Students in this group will learn that words are powerful and that words can hurt, even if what is said is meant to be "funny". Students will have the opportunity to identify when

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a peer is being “bossy”, being a “bully”, and to recognize when sarcasm is hurtful to themselves and others. They will be encouraged to stand-up for themselves and overcome the power of negative words.

Kindergarten – 5th Grade: Tools for Social Success

This group focuses on social interaction and teaches students to recognize what triggers his or her anger, allowing them to practice positive self-control and self-calming techniques, as well as positive friendship-building skills such as listening and paying attention. Kids are also encouraged to work with peers toward a positive outcome and learn how to manage negative relationship issues such as teasing and jealousy.

Grades 1 – 5: Character Building

Topics in this group include: communication, problem solving, active listening, assertiveness, understanding and managing conflict, group dynamics, and expressing feelings.

Grades 6 – 8: Making Good Choices

This program introduces students to the four hallmarks of good decision-making: does it agree with what I know inside is right, what might happen as a result, might it hurt future goals, and will it hurt me or another person. Strategies include talking with a trusted friend, listening to your inner voice, asking yourself what your parents would say, exploring what might happen as a result, and thinking about the consequences. Students are encouraged to refrain from acting on impulse, but to use their head and heart when working through decisions.

Grades 6- 8: Building Positive Relationships

Students are challenged to re-evaluate their own style of conflict resolution and will learn why bullying, sarcasm, using threats, shouting, or hitting are not effective ways to resolve conflicts. Middle Schoolers will learn useful skills like putting yourself in others’ shoes, showing respect for others’ authority and opinions, and taking time-out to think about how you really feel.

Middle and High School (Grades 6 – 12): Emotionally Healthy Teens

Adolescents in this group will have the opportunity to explore the path to a positive self-image. They will learn and practice several skills that will help them identify their feelings and cope with negative emotions such as anger, anxiety, and sadness. Students will also discover that many of their peers feel the same way and will learn positive ways to support themselves and each other.

Van Dusen Schools identify children who may benefit, obtain a release from the parent, and then refer the student to STHS. STHS picks the children up from school in a van and drives them the short distance to the Clinic where the PIP happens. Some of the services can be underwritten financially by Medi-Cal and some services cannot. The plan is to expand this same model into the family and senior population so that all age groups will be targeted.

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Program II
The Link Center
Hayfork Elementary School Educational Counseling Center

Program Description

The Link Center will be located in a vacant classroom at the Mountain Valley Elementary School where approximately 230 children attend school. There will be a full-time professional counselor on contract with the school district. It is anticipated that this contract will extend services partially through the summer as well as the school year.

Hayfork is an isolated community about a 45-minute drive from the County seat of Weaverville, and does represent the second largest community in a very sparsely populated county. Because there is a paucity of formal human service agency services, staff from Mountain Valley School District believe they have to develop some new capacity to respond to these unmet needs that students are experiencing. The Link Center will have five main tasks:

1. The Center will provide individual and group educational counseling to children at risk of school failure due to behavior problems, family crisis, social concerns that interrupt positive relations with other students, and the need for referral to other resources due to problems interfering in normal concentration and learning.
2. The Center will offer skills through a curriculum presented in a group format to students who would benefit and have received parental approval for this activity. This is a primary intervention project with goals that oriented to the reduction of stigma and mental illness rather than actual treatment of pathology.
3. The Link Center Coordinator will do outreach to classrooms, community service organizations, and senior centers to promote the goals and ideals of the Center which are prevention based.
4. The Center will invite families of students to the Center as a way to promote healthy communication between the school and the parents as a strategy to promote a better family based community.
5. The Center hopes, in year two, to promote and sponsor a Foster Grandparent Program. The Foster Grandparent Program will tap into the strengths and resources of the senior community and link this energy to students who may have a need to bond with community members who are rich in the culture of this rural town.

As a resource in developing this Link Center, Southern Trinity Health Services will act as a partner with the Mountain Valley School District. The plan is that there will be scheduled opportunities for the two communities to meet at least monthly to share expertise, solutions to challenges, and to exchange support and ideas for program improvement. Additionally, Southern Trinity will provide training in how to present to students the State Curriculum they already own. These communities are located about an hour's drive from each other. Both are impacted by severe lack of services coupled

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with poverty, unemployment, substance abuse, and family stress. Both communities also possess a large helping of community pride in being able to take care of their own. While Mountain Valley Schools are new to the effort to provide educational resilience focused services to its students, STHS has several years experience in various projects of this type.

The milestones for the two programs will be slightly different. Since Southern Trinity Health Services will be mentoring Hayfork and Mountain Valley School District, it is anticipated that Southern Trinity will take the lead and begin full implementation of their program in the beginning of Calendar year 2009 and be paid toward the end of fiscal year (FY) 2008/2009. Hayfork will not begin their project until the beginning of FY 2009/2010. They will also be funded toward the end of FY 2008/2009 in order to prepare to launch their project in July of 2009. The funding Hayfork receives will be leveraged with school district resources to fund the program through June of 2010. It is anticipated that Southern Trinity will be fully implemented quickly as they have been piloting the curriculum for some months already in the Van Dusen Schools. They have already begun to involve families in their project. What they still need to do is identify the best way to outreach to senior citizens, and this will happen through regularly scheduled events where seniors already gather. Southern Trinity will be offering the seniors a curriculum of social emotional skills appropriate to their developmental stage. Hayfork will need to advertise for and then hire a professional coordinator for the Link center. Hayfork will need to transform the space that will be dedicated to their activity into an inviting center. Hayfork will need to meet with Southern Trinity to discuss a schedule of meetings so that the collaboration can begin. Critical to this phase will be that Hayfork can receive training in the Primary Intervention Curriculum that Southern Trinity has been piloting. During this time framework, there will be weekly contact between the two groups to ensure that by the middle of August 2009 the Link Center is open to the Mountain Valley children returning from summer vacation.

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	
Southern Trinity Health Services PIP	Individuals: 117 Families: 15	Individuals:16 Families: 4	5
Link Center (will not start until July 2009)	Individuals: 0 Families: 0	Individuals: 0 Families: 0	0
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals:117 Families:15	Individuals: 16 Families: 4	5

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5. Alternate Programs

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

Since Trinity County has a population of only 13,000 persons and since the County is only receiving a total of \$225,000, it was not possible to select programs that would take a significant level of staff training and development. That is simply a luxury that is not possible in this County. We needed to select programs that met the target population desired by the stakeholders and adopt programs that were going to be friendly to frontier rural counties.

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

Program One will have a very close tie to Trinity County Behavioral Health Services. The intention in the Project is to identify, early on, any child in need of therapeutic services. As soon as that child is identified, with the permission of the parent, the services of Trinity County Behavioral Health will be accessed so that an assessment for treatment can be provided. The Link Center Coordinator, the Southern Trinity Health Services Social Worker, and the Trinity County Behavioral Health liaison to these projects will be communicating on a regular basis to create a referral system and to provide a feedback loop.

The long-range goal of the Link Center is to involve the local organizations in town in the activities that will support the school and the student body. The Link Center understands the need to bridge the students attending Mountain School District to the resources they need that domestic violence, substance abuse, and extreme poverty can bring. The Southern Trinity Health Services are already a hub of the community activities and often, as organizations want to promote activities, they are doing this through the network of the Health Clinic. Both Southern Trinity Health Services and Mountain Valley School District have an advisory board, and both organizations have well-developed policies and procedures to address most concerns that may arise in the provision of services.

7. Collaboration and System Enhancements

What will emerge from this partnership of Trinity County Behavioral Health, Mountain Valley School District, Southern Trinity Health Services, and Van Dusen School District is a collaboration that will be in the best interest of the child and family members. The goal will be to create a seamless link between these partners so that families will barely realize they are moving between agencies to receive the services they want. This will be an improvement over the current situation. Presently because of the rural isolation, conversation that clearly needs to happen between the schools, Mental Health, and the Health Clinic, just isn't happening in an effective manner. The system enhancement that will occur is that the public mental health system will be extended much further into

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the community. The TCBHS staff persons will be on the Mountain Valley campuses in anticipation of referrals.

Each program will receive \$50,000 of Prevention Resources for two years. Mountain Valley will leverage these PEI Dollars with School Medi-Cal Dollars and with School District Revenue. The Superintendent of Mountain Valley District, Tom Barnett, is fully committed to this project and he firmly believes the benefits and outcomes will assist students to better learn. As the program becomes institutionalized and established, in addition to the school Medi-Cal, there will be Site Council Money and other funding streams that will assist in the costs. In the first two years of the project, for every PEI Dollar spent, Mountain Valley will be leveraging \$1.10 of their available district funds. Additionally, the goal is to have the community organizations step up to assist through fund raising. There are no guarantees, but it is also possible that County Mental Health may be able to underwrite a portion of the costs through the CSS MHSA Funding Stream in the integrated plan. Southern Trinity will leverage the PEI Money with Federal Medi-Cal Dollars. Since STHS is a Federally Qualified Clinic, their hope is to be able to match each PEI dollar with three STHS Dollars in the first two years of the program. Here in Mad River, there is also the possibility that in the future integrated MHSA Plan, that the County may be able to dedicate some CSS Dollars to this project as outreach and engagement.

8. Intended Outcomes

The Hayfork Southern Trinity Health Services Collaborative Prevention Project will produce some outcomes that are quite usable and valuable to the community. These are noted below in the two separate programs.

Southern Trinity Health Services – Program I Prevention & Early Intervention Program Objectives

Objective

- Work toward interacting and responding to others in a positive way

Outcomes

- Develop skills to manage anger and resolve conflict appropriately
- Demonstrate dignity and respect for self and others
- Develop a foundation for healthy relationships with peers and adults
- Develop positive decision-making skills

Strategies

- Encourage students to verbalize feelings
- Modeling, role play, and rewards
- Direct teaching of social skills and decision-making
- Acknowledge and encourage acceptable behavior

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Measurement

- Record number of groups attended by each student (90% attendance)
- Questionnaire completed by teacher for each student (100%)
- Anecdotal evidence of program successes and failures
- Decrease in referrals to principal for negative behavior (15%)
- Increase in ability to work in small groups in classroom (15%)

The LINK Center / Hayfork – Program II Measurable Outcomes

Daily logs from counselor

- Record number of visits from students
- Record number of contacts with parents
- Track referrals to outside services
- Above data is then analyzed to determine trends at the Center and so there is specific information about flow of persons through the Link Center

Records of Link Center Orientation meetings for

- Students – individually, small group or in classes
- Families
- Staff
- Outside services organizations, i.e. Rotary or Elks Club

Surveys/Interviews

- Anecdotal evidence of program successes and failures as generated by surveys to teachers and students once each school year

Statistical measurement (use 2008-2009 Base Line)

- Discipline Referrals received by students (reduced by 10%)
- SARB referrals (reduced by 10%)
- School Wide Attendance (improved by 1%)
- Grades and Test scores – CST (10% increase of scores of students with an *Individual Service Plan*)

An *Individual Service Plan* created by the coordinator will be written for every student served by the LINK Center. The intention is to establish student/family goals, with specific objectives identified by the coordinator.

The above-mentioned specific results may generate additional outcomes in both programs that will produce some wider community results. These results include:

Instructions for Preparing the PEI Project Summary (Form No. 3)

- A healthier communication between the institution of the school and families in the community
- More pride demonstrated in school children due to fewer negative interventions by the school
- A more satisfied teaching and school staff due to the interruption of negative self perpetuating cycles
- Increased desire by service organizations to become involved in the School and Link Center
- A reduction in stigma centered around mental illness due to the new way of approaching this topic
- Increased treatment will be available for students who are identified early in this process
- Less conflict on the school campus due to improved communication skills by students
- Better acceptance of differences on campus including ethnic, sexual orientation, and social economic

Trinity County Behavioral Health will utilize the MHSA Coordinator to become fully involved in each of these programs within the project, attending on-site meetings and providing consultation and feedback. The MHSA Coordinator will be interfacing with the lead person for each program. The lead person will gather the outcome data on a quarterly basis and integrate this information into a quarterly report so the Advisory Board and other stakeholders are kept abreast of developments so that program adjustments can be made as necessary. By reviewing the specific projected outcomes with the project data and quarterly progress, it will be clear whether the project is achieving the intended outcomes or not.

9. Coordination with Other MHSA Components

There are few MHSA Services to coordinate with in the South County area. If a resident happens to be a Full Service Partner (FSP) living in Hayfork, there might be an interaction. But, since the Link Center is mostly serving school age persons, there is little chance of that, since both FSP Programs are for either TAY or Adults. When the Technology Element of MHSA happens, there will be electronic charts in the Hayfork Clinic. The County Mental Health Staff in the Hayfork Clinic will serve children who are referred from the Link Center Program because of early identification for more intensive intervention. Generally speaking, the new Prevention MHSA Efforts in the Southern County are new MHSA attempts to reach the underserved populations. The primary interaction between the Prevention Element and the WET Element will be by the Coordinator. The Coordinator is funded out of WET Dollars. It will be the Coordinator who will make regular appearances at the Link Center and at the Southern Trinity Health Center to assist in whatever manner may be needed. It will be the Coordinator who will be generating a quarterly report for the MH Director and Advisory Board to review.

Instructions for Preparing the PEI Project Summary (Form No. 3)**10. Additional Comments (optional)**

This project represents a real turning point for MHSA. The community planning process was used to determine the needs of these rural settings. County Behavioral Health did not know how strongly the community residents wanted a Center to promote resiliency. It was only out of the locally held focus groups that this need really appeared so forcefully. Likely, had Behavioral Health not held the focus groups in Hayfork and Mad River, the MHSA Prevention Resources would have found worthy causes in Weaverville. This was a lesson learned for the County from the CSS Process.

Instructions for Preparing the PEI Project Summary (Form No. 3)

County: Trinity PEI Project Name: Challenge Day Date: 12/17/08

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

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	X		
4. Stigma and Discrimination	X	X	X	X
5. Suicide Risk	X	X	X	X

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	X	X	X	<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	X		
4. Children and Youth at Risk for School Failure	X	X		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	X	X		

Instructions for Preparing the PEI Project Summary (Form No. 3)

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

In addition to the above described project that was approved by the panel appointed by the Behavioral Health Director, a second project request was submitted directly to the Behavioral Health Director to be funded out of PEI Funds that were intended for planning purposes. The Challenge Day Project needed little funding to support their need and this request was approved by the Director. The Challenge Day is sponsored by the Local Coordinating Coalition for prevention activities within Trinity County. This Project has only one program within it and it has a scope of only one year – FY 2008/2009.

The Challenge Day Project and follow-up curriculum was chosen by the Local Coordinating Coalition (LCC) whose stakeholders include members from Health and Human Services, Behavioral Health/Alcohol and Other Drug Prevention, school counselors and administration, faith-based representation, Native American tribal services, law enforcement, parents, youth, and general community representation. Challenge Day was identified as an important strategy in the LCC Three Year Prevention Plan. It was based on California Healthy Kids Survey Data indicating a lack of school connectedness among younger high school students, particularly during high school transition from middle school. The general student population reported being harassed or bullied in school. Priority populations served will include general high school and alternative high school student populations, as well as youth expelled to community day school and youth on probation. The Challenge Day Project also includes parents, youth, and adult community leaders assisting as program facilitators.

The Challenge Day Project is a county-wide event involving most all high school students who want to participate. There were three focus groups held throughout the County to generate conversations about how Trinity County Stakeholders wanted to use the MHSAs Prevention Dollars in our community. All three focus groups identified children and youth as being the highest priority. In fact, 74% of all persons attending said the resource should be spent on this target population. The County has a total resource of \$225,000 to spend on Prevention Activities and \$20,000 of that resource will be dedicated to the Challenge Day Project. The decision to fund Challenge Day is entirely consistent with what stakeholders asked for and this event involves collaboration with every high school within Trinity County. The Challenge Day, as described below, is the ultimate prevention activity, as it introduces anti-stigma ideas to all high school age students.

3. PEI Project Description:

Challenge Day is a nationally recognized program that builds strong feelings of connectedness for youth to their school and community. The program includes involvement not only of high school students but their teachers, administrators, mental health providers, parents and community leaders as well. Research shows that the more connected a young person feels to their school and community, it is less likely they are to engage in risk taking behaviors having negative impacts to themselves or to others. Strong feelings of connection also lead to improved academic scores, as well as reduced incidences of loneliness and social isolation. Challenge Day has been shown to reduce

Instructions for Preparing the PEI Project Summary (Form No. 3)

school bullying, violence, teasing, and put downs – all too common in school settings today. Challenge Day has been featured on the *Oprah Winfrey Show* and the Emmy Award Winning documentary, *Surviving High School*.

Challenge Day addresses relationship skills, respect and safety, bullying reduction, academic skills, loneliness reduction, appropriate emotional expression, and anti-stigma to minority groups – especially to persons with disabilities and substance avoidance. Challenge Day promotes acceptance for diversity and cultural competency.

The Challenge Day event and supporting curriculum will include students from all three high schools serving Trinity County. These will include Trinity High School (425 students), Hayfork High School (116 students), Southern Trinity High School (50 students), Alps View and Valley Alternative High Schools (approx. 55 students), as well as students from two continuation schools (approx. 15 students). The program will also include approximately 160 adult small group facilitators made up of those adults listed above.

In addition to the Challenge Day program, a two-day overnight leadership training will be provided for approximately 25 “A-Team” Challenge Day youth facilitators from throughout the County. The “A-Team” youth will be made up of youth leaders from both traditional and non-traditional leadership roles. The team will also include Friday Night Live youth familiar with Challenge Day from Butte County Behavioral Health Services’ “Reach for the Future” youth development trainings. These “A-Team” members will both lead and assist adults in all Challenge Day logistics, sign-ins, and encouraging peer participation. The “A-Team” youth will also provide a pre-Challenge Day in-class orientation for select groups of student leaders prior to Challenge Day.

Lessons Youth Learn at Challenge Day Programs

Evidence based research has shown that Challenge Day helps develop leadership in high school students through its day-long Challenge Day programs. It also increases particular skills and life effectiveness listed in the categories below:

Intellectual Flexibility – youth that demonstrate this attribute are open to new ideas, are adaptable and flexible in their thinking, and can change opinions easily if there is a better idea or way of doing activities and projects. They can also see and understand perspectives different than their own.

Task Leadership – youth that demonstrate this attribute can successfully enroll people to participate in tasks, activities, and projects. Youth with this attribute believe that they can productively lead others in a positive and effective manner.

Emotional Control – youth that demonstrate this attribute believe that they can stay calm in stressful situations and overcome anxiety quickly when things do go wrong and recover and resolve the problem efficiently.

Self Confidence – youth that demonstrate this attribute believe that they have the ability to do anything they put their mind to and they are confident they will succeed.

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Social Competence – youth that demonstrate this attribute have a high degree of self-perceived ability in social interactions. They have a high degree of confidence in their ability to positively relate with others.

In addition, Challenge Day provides growth in other areas as well. After Challenge Day outcomes for youth will be:

- Increased skills in noticing oppression and isolation
- Practicing safe and effective intervention tools in the midst of conflict
- Performing acts of change in their schools and communities

At Challenge Day, youth are invited to make at least one conscious, positive contribution (also known as an “act of change”) each day in their communities and schools. The “acts of change” that youth most often demonstrate after a Challenge Day is as follows:

- Helped peers and family
- Connected and reached out to peers
- Gave hugs and expressed love
- Participated in community service
- Resolved conflict
- Took care of self

By participating in Challenge Day, youth learn to accept themselves completely for who they are just the way they are, look through the eyes of acceptance, love, and respect, and live their life in service. This is the work of Challenge Day!

Positive Youth Development Constructs

In 1999, the Federal Department of Health and Human Services defined and operationalized the concepts of Positive Youth Development (PYD) (<http://aspe.hhs.gov/hsp/PostiveYouthDev99 /chapter2.htm>). As an assets-focused, non-categorical program that centers on supporting youth before problem behaviors occur, Challenge Day targets many of the defined components of PYD.

Challenge Day:

Promotes Bonding – Challenge Day programs promote bonding with adults, positive peers, school staff, and other community leaders. This is accomplished by creating an environment of perceived emotional safety and through small and large group activities that encourage open sharing of histories and emotions.

Emotional Competence – Challenge Day programs enhance skills for identifying, acknowledging, and accepting emotions in self and others through exercises which encourage empathy and healthy emotional expression.

Moral Competence – Through the exploration of social oppression, youth increase their understanding of social justice and have increased empathy for its manifestations. By encouraging teens to explore issues of sexism, racism, classism, and other forms of

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oppression, Challenge Day programs help youth increase their capacity for empathy, ethical decision making, and social justice.

Fosters Belief in the Future – During the Challenge Day program, internal locus of control and personal accountability are enhanced leading to optimism for a healthy, productive future, and a paradigm shift from pessimism to hope and possibility.

Fosters Pro-social Norms and Encourages Pro-Social Involvement (combining this and the one before it) – As Challenge Day strives to “make kindness cool”, participants adopt social norms and standards for positive, healthy social interactions. They are encouraged to create or take actions that can have a positive impact on their peers, school, and community.

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	
Challenge Day and Be the Change	Individuals: 714*	Individuals: 35	5 months
	Families: 40	Families: 10	
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED <i>* Number of individuals accounts for an estimated 10% of students not participating and includes adult facilitators.</i>	Individuals: 714*	Individuals: 35	5 months
	Families: 40	Families: 10	

5. Alternate Programs

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

Since Trinity County has a population of only 13,000 persons, and since the County is only receiving a total of \$225,000, it was not possible to select programs that would take a significant level of staff training and development.

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That is simply a luxury that is not possible in this County. We needed to select programs that met the target population desired by the stakeholders and adopt programs that were going to be friendly to frontier rural counties.

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

Challenge Day addresses issues of sexual and social oppression, physical abuse, and violence, offering strategies to prevent this oppression from occurring. This process brings participants together in an emotionally and physically safe environment. Youth who are high functioning, as well as youth who are “at risk”, teach participants how to be more supportive and proactive in creating healthier and emotional environments.

Challenge Day participants will be linked to County Mental Health service or other needed services in three ways:

1. Trinity County Mental Health staff will attend the day-long program to identify any youth and/or families in need of direct crisis counseling, follow-up evaluation, or other services.
2. Referrals are made by school counselors, teachers or administrative staff to County Mental Health or other needed services in the community particularly if a participant is in danger of being hurt, is hurting someone else, or a danger to themselves or others. All adult facilitators are reminded of their roles as mandated reporters and provided tools for tracking assigned youth.
3. A list of community services, phone numbers, and key contacts are provided to each Challenge Day participant. These include family and individual county services, non-profits and faith-based organizations, and private mental health services providers.

7. Collaboration and System Enhancements

Collaboration for the Challenge Day project is accomplished primarily through the Local Coordinating Coalition and its members. The Challenge Day project and follow-up curriculum were chosen as an important strategy by the Local Coordinating Coalition (LCC) Three Year Strategic Prevention Plan. The LCC stakeholders include members from Health and Human Services, Behavioral Health/Alcohol and Other Drug Prevention, high school age youth, school counselors and administration, faith-based representation, Native American tribal services, law enforcement, parents, and general community representation. The enhancement to services is provided in the early identification of youth at risk or in crisis, allowing for follow-up treatment or services. Enhancement is also achieved through community involvement and the de-stigmatizing of mental illness and other socially oppressed groups.

Early intervention and prevention of circumstances leading to increased risk of developing mental disorders is a primary goal of this project. This project will do this by

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reducing incidences of bullying, teasing, and harassment for youth both at school and in the community while creating a strong sense of connectedness. The project will also help link young people with caring adults who can help guide them to appropriate support or services in times of crisis. Challenge Day is just as impactful on adults attending as youth. Through this program many teachers, administrators, and service providers have identified negative behaviors or emotional traumas in themselves and learned new ways of supporting and encouraging youth.

Resources have already been leveraged in the form of commitments already made to the project. A total of \$10,000 in partial funding match has been pledged by the three high schools involved, through fund raising by Friday Night Live youth, and a Good Neighbor Community Grant from State Farm Insurance. Other resources have been leveraged in the form of staffing for the day which will be provided by LCC coalition members including law enforcement/probation, California Highway Patrol, faith-based organizations, service organizations, tribal leaders, county agencies, schools, parents, and community leaders.

Sustainability for Challenge Day will be committed to by the schools through delivery of the *Be the Change* Challenge Day Curriculum. This curriculum helps schools put into day-to-day practice concepts learned at the Challenge Day event. In addition, Friday Night Live youth at all three high schools will partner with Trinity County Behavioral Health Services in "Stomp Out Stigma" programs, suicide prevention among peers, and learn how to identify and help peers who might be suffering with depression, anxiety, or substance abuse problems find services or support. These same youth will be involved in projects designed to spread the message of Challenge Day to middle school students to create an easy transition for youth moving from middle school to high school.

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8. Intended Outcomes

Trinity County Behavioral Health Challenge Day Plan
<p>Priority Area One: Assist local high schools and collaborate on funding for Challenge Day in three local high schools to include Trinity High School, Hayfork High School, and Southern Trinity High School.</p>
<p>Identified Problem: Lack of feelings of connectedness and too many incidences of school fighting, bullying, teasing, harassment, and other risk behaviors both on- and off-campus; lack of feelings of connectedness also leading to increase in other risk factors, such as the on-set of mental disorders in high school population as identified in the Local Coordinating Coalition Three-Year Prevention Plan.</p>
<p>Contributing Factors:</p> <ul style="list-style-type: none"> • Limited staffing/human resources • Limited funding • Lack of adequate bullying prevention measures in high school setting • Lack of knowledge by students and staff about strategies to address the problems • Limited capacity of schools to provide instruction in cultural competency, diversity, and celebration of differences in cultures/cliques • Lack of involvement from parents and community members in addressing problems
<p>Goal: Increase students, parents, staffs, and community member’s knowledge of problem and strategies to address problem as well as stress factors facing many local youth.</p>
<p>Goal Narrative: Build knowledge of problem for students, parents, staff, and community members and capacity of same to address these problems through a Challenge Day event and follow-up “Be the Change” curriculum. Include youth teams in all aspects of facilitating Challenge Day events and follow-up activities while including help from peers, parents, school staff and community members by participating in the Challenge Day Event and follow-up activities. Youth along with their adult allies in both the school and community will also solicit support from individuals, communities, private nonprofit agencies, schools, local governments, and other collaborative stakeholders, to facilitate Challenge Day, leading to increased feelings of connectedness and reduction in teasing, bullying, harassment, and substance abuse among youth, as well as increased resilience leading to decreased incidences of depression, anxiety, or becoming socially withdrawn. The objectives under this section are divided into four strategies: assessment, collaboration, capacity building, and resource development.</p>
<p>Strategies:</p> <ul style="list-style-type: none"> • Challenge Day Event • “Be the Change” follow-up curriculum to address sustainability of change • Collaboration • Capacity Building and community/parent involvement • Additional Resource Development for schools to tap into (parents and community support and youth as a valued asset.

Instructions for Preparing the PEI Project Summary (Form No. 3)

Objective:	Activity	Timeline:	Evaluation Measure	Sector Responsible
Increase feelings of connectedness among participants by 5-10% in grades 9-12.	<ol style="list-style-type: none"> 1. Challenge Day Event 2. "Be the Change" follow-up curriculum implemented in schools as sustainability tool 3. Assess baseline data from California Healthy Kids Survey Data and school critical incident reports 4. Create and involve youth "A Team" consisting of Friday Night Live youth and school ASB members in collaboration with adult allies in planning and implementation of Challenge Day event and follow-up activities 	<ol style="list-style-type: none"> 1. March, 2009 2. April 2009 3. January, 2009 4. January, 2009 	<ol style="list-style-type: none"> 1. Pre and post event survey 2. CHKS Data 2009 3. CHKS Data 2005/2007-2008 critical incident reports for all schools involved 4. Sign-in sheets and pre/post surveys of youth involved as "A Team" members 	<ol style="list-style-type: none"> 1. Trinity County Behavioral Health Services (TCBHS) in Collaboration with local schools and Challenge Day facilitators 2-3. Local Schools/Trinity County Office of Education in collaboration with TCBHS 4. Local schools and TCBHS Prevention staff collaboration
Reduce 30 day use levels of alcohol, tobacco, marijuana and other drugs by 3-7% in grades 9-12.	<ol style="list-style-type: none"> 1. Challenge Day Event 	<ol style="list-style-type: none"> 1. May, 2009 	<ol style="list-style-type: none"> 1. California Health Kids Survey 	<ol style="list-style-type: none"> 1. Local Schools and Trinity County Office of Education
Reduce behaviors of bullying, teasing and harassment/increase feelings of connectedness	<ol style="list-style-type: none"> 1. Challenge Day Event 2. Be the Change curriculum 	<ol style="list-style-type: none"> 1. March, 2009 2. May, 2009 	<ol style="list-style-type: none"> 1. Pre/Post Survey day of CD 2. Cal Healthy Kids Survey 3. School critical incidence reports 	<ol style="list-style-type: none"> 1. FNL/CD "A Team" youth staff 2. Schools and TC Office of Education

Instructions for Preparing the PEI Project Summary (Form No. 3)**9. Coordination with Other MSHA Components**

TCBHS-MSHA Act Coordinator will be interfacing with the project coordinator, who is the Prevention Coordinator for TCBHS. Any referrals for early interventions will be referred for immediate services to either TCBHS or other appropriate providers in the community. Often Challenge Day Staff are approached by parents after the Challenge Day event that feel inspired to do more. It is not uncommon for these participating parents and supporting adults to disclose past challenges with mental illness or that they are in substance abuse recovery. This is an opportune time to discuss with them the Work Force Education and Training Element of the MSHA and to consider mental health or substance abuse treatment as a possible career option. For those wishing to do more work to support mental health clients we would direct them to our Milestones or Horizons Drop in Centers, which is sponsored by CSS MSHA. If any of these adults are current clients or might become clients, we would encourage them to become involved in providing services to other clients under our Milestones or Horizons Drop-In Centers client/consumer contracts for service.

10. Additional Comments (optional)

Challenge Day is an exciting event that inspires high school students to become more visionary and tolerant of students who are different in any manner. Challenge Day captures a spirit of compassion that allows students to think and act in an ideal way with the support of peers and adults. For the small financial cost, so much is gained for a very large group. Since 74% of community stakeholders at the focus groups requested that we spend resources on this age group, this project appears to be the perfect intervention.

PEI Administration Budget Worksheet

**Form
No. 4**

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

County Name: Trinity Date: 12/17/2008

PEI Project Name: Southern Trinity Health Services (STHS) Primary Intervention Project
 Provider Name (if known): Mountain Valley School District & Southern Trinity Health Services

Intended Provider Category: School District and Primary Health Care

Proposed Total Number of Individuals to be served:	FY 07-08	-0-	FY 08-09	133
Total Number of Individuals currently being served:	FY 07-08	-0-	FY 08-09	-0-
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	-0-	FY 08-09	133
Months of Operation:	FY 07-08	-0-	FY 08-09	5

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
_____			\$0
_____			\$0
b. Benefits and Taxes @ _____ %			
			\$0
c. Total Personnel Expenditures			
	\$0	\$0	\$0
2. Operating Expenditures			
a. Facility Cost			
	\$0	\$0	\$0
b. Other Operating Expenses			
	\$0	\$0	\$0
c. Total Operating Expenses			
	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Southern Trinity Health Services Primary Intervention Project	\$0	\$100,000	\$100,000
	\$0	\$0	\$0
a. Total Subcontracts			
	\$0	\$100,000	\$100,000
4. Total Proposed PEI Project Budget			
	\$0	\$100,000	\$100,000
B. Revenues (list/itemize by fund source)			
1. Total Revenue			
	\$0	\$0	\$0
5. Total Funding Requested for PEI Project			
	\$0	\$100,000	\$100,000
6. Total In-Kind Contributions			
	\$0	\$245,914	\$245,914

PEI Administration Budget Worksheet

**Form
No. 4**

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

County Name: Trinity Date: 12/17/08

PEI Project Name: Challenge Day

Provider Name (if known): Trinity County Office of Education

Intended Provider Category: School District

Proposed Total Number of Individuals to be served: FY 07-08 -0- FY 08-09 749

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

Total Number of Individuals to be served through PEI Expansion: FY 07-08 -0- FY 08-09 749

Months of Operation: FY 07-08 -0- FY 08-09 5

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			
Scott Morris, Prevention Specialist	\$0	\$4,560	\$4,560
_____			\$0
_____			\$0
b. Benefits and Taxes @ 43 %		\$3,440	\$3,440
c. Total Personnel Expenditures	\$0	\$8,000	\$8,000
2. Operating Expenditures			
a. Facility Cost			
	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$12,000	\$12,000
c. Total Operating Expenses	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$0	\$0	\$0
B. Revenues (list/itemize by fund source)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$20,000	\$20,000
6. Total In-Kind Contributions	\$0	\$12,000	\$12,000

PEI Administration Budget Worksheet

Form No.5

County: Trinity

Date: 12/17/08

	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	\$0	\$0
b. Other Operating Expenditures			\$0	\$5,000	\$5,000
c. Total Operating Expenditures			\$0	\$5,000	\$5,000
3. County Allocated Administration					
a. Total County Administration Cost			\$0	\$0	\$0
4. Total PEI Funding Request for County Administration Budget			\$0	\$5,000	\$5,000
B. Revenue					
1. Total Revenue					\$0
C. Total Funding Requirements			\$0	\$0	\$0
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:	Trinity
Date:	12/17/2008

#	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	STHS Primary Intervention	\$0	\$100,000	\$100,000	\$41,000	\$33,000	\$13,000	\$13,000
2	Challenge Day	\$0	\$20,000	\$20,000	\$20,000	\$0	\$0	\$0
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
	Administration		\$5,000	\$5,000	\$2,550	\$1,350	\$550	\$550
	Total PEI Funds Requested:	\$0	\$125,000	\$125,000	\$63,550	\$34,350	\$13,550	\$13,550

*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).

Instructions for Completing the Local Evaluation of a PEI Project (Form No. 7)

County: Trinity County

Date: December 17, 2008

- X Check this box if this is a “very small county” (see glossary for definition) and the county is electing the option to waive the requirement to conduct a local evaluation of a PEI project. Very small counties electing this option do not need to complete the remainder of this form.