



Tuolumne County Behavioral Health Department

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December 23, 2008

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

The County of Tuolumne County Behavioral Health Department (TCBD) is submitting the Mental Health Services Act (MHSA) Prevention and Early intervention (PEI) component of the Three-Year Program and Expenditure Plan for Fiscal Years 2007-2008 and 2008-2009. As requested please find enclosed one copy of the PEI component, and an electronic format of PEI component and all attachments on CD.

The PEI plan was made available for public review and comment for a 30-day period as part of Tuolumne County's Behavioral Health Advisory Board Public Hearing on December 10, 2008, posting electronically on our Tuolumne County Behavioral Health website and e-mail distribution to Tuolumne County's MHSA Leadership Council, Tuolumne County Behavioral Health Advisory members, and interested community residents.

We look forward to your review and approval of our MHSA PEI Plan.

Sincerely,

Bea Readel
Director of Behavioral Health Services for Tuolumne County

Clinic Locations

Mono Way Clinic: 197 Mono Way, Sonora, CA 95370 209/588-9528 Fax: 209/533-5411
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Tuolumne County Prevention and Early Intervention Plan

TABLE OF CONTENTS	PAGE
1. Prevention and Early Intervention Plan Face Sheet .(Form #1)	2
2. PEI Community Program Planning Process . .(Form #2)	3-9
3. PEI Project Summary: Early Childhood Education Project . (Form #3)	10-18
4. Early Childhood Education Project Revenue and Expenditure Budget Worksheet (Form #4)	19-21
5. PEI Project Summary: School Based Violence Prevention Projects (Form #3)	22-27
6. School Based Violence Prevention Projects Revenue and Expenditure Budget Worksheet (Form #4)	28-29
7. PEI Project Summary: Suicide Prevention and Stigma Reduction Project. (Form #3)	30-34
8. Suicide Prevention and Stigma Reduction Project Revenue and Expenditure Budget Worksheet (Form #4)	35-37
9. Tuolumne County Behavioral Health PEI Administration Budget Worksheet (Form #5).	38-39
10. Tuolumne County Behavioral Health PEI Budget Summary Worksheet (Form #6).	40
11. Local Evaluation of a PEI (Form #7)	41
12. Attachments #1 through #11	

**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: Tuolumne County

Date: 10/31/08

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

County Mental Health Director	Project Lead
Name: Bea Readel	Name: Susan Sells
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AUTHORIZING SIGNATURE

I HEREBY CERTIFY that I am the official responsible for the administration of Community Mental Health Services in and for said County; that the county has complied with all pertinent regulations, laws and statutes. The 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

Date

Executed at _____, California

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

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

County: Tuolumne County Behavioral Health Department **Date:** 10/31/08

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 Tuolumne County MHSa (Mental Health Services Act) PEI (Prevention and Early Intervention) planning process was designed to facilitate meaningful participation from a broad range of stakeholders, and guided over the last twelve months by a high level of community involvement and participation. Prior to April, 2008, the community planning process was conducted by the Behavioral Health Director, Bea Readell, and the Assistant Director/MHSa Coordinator for the Tuolumne County Behavioral Health Department, Anne Robin, who provided the initial overall guidance and direction to the PEI planning. After April, 2008 the Community Program Planning process was completed by Susan Sells, PEI Program Manager, with assistance from Marty Hensley, Peer Center Coordinator for Tuolumne County Behavioral Health's Peer Center.

b. Coordination and management of the Community Program Planning Process

The Tuolumne County Behavioral Health Prevention/Early Intervention Program Manager was responsible for the coordination and management of the planning process, with overall guidance and direction from the Behavioral Health Director and Assistant Director/MHSa Coordinator.

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

This planning process was comprehensive for a small rural county in California, with a population of close to 57,000. Input was obtained through a large community forum with 70 in attendance and held in August, 2007 (see attachment #1); four community stakeholder meetings in October, 2007 with a total of 50 participants (see attachment #2); 37 focus groups and key informant interviews (attachment #3); and over 300 widely distributed PEI surveys (attachment #4) with data gathered from 87 respondents. The PEI survey was developed by the PEI Program Manager in order to obtain information from each stakeholder. This created a vehicle for obtaining input from individuals attending focus groups as well as individuals who were unable to attend an organized event. Both the MHSa Leadership Council and the Tuolumne County Behavioral Health Advisory Board were kept updated and input was requested while PEI planning was in process. The focus groups, interviews, stakeholder meetings and community forum all included an explanation of the MHSa components (specifically PEI funding). Stakeholder meetings were held in easily-accessible community locations, and childcare and some transportation services were available as needed. Tuolumne County Behavioral Health staff coordinated

PEI COMMUNITY PROGRAM PLANNING PROCESS**Form No. 2**

with other service agencies to publicize these meetings, including representatives from education, health, social services, and law enforcement. In addition, numerous focus groups and key informant interviews were held specifically for partner agencies and community organizations. This provided an opportunity for individuals who had expressed an interest in this MHSA/PEI funding opportunity to have a voice and input into the process. Specific outreach was made to underserved and unserved populations including individuals with serious mental illness (as well as their families and caregivers), Hispanic groups, families with young children, youth, PFLAG (Parents, Families and Friends of Lesbians and Gays) representatives/Sierra Hope Aids Council staff, and administrative directors from two large agencies that provide health services to Native Americans in Tuolumne County, the Tuolumne MeWuk Indian Health Center and the MACT (Mariposa, Amador, Calaveras and Tuolumne) Health Board. The Tuolumne MeWuk Indian Health Center provides a wide range of health services (including pediatric, obstetric, psychiatric, general medical care, minor surgery, dental and general health education) for MeWuk and other Native Americans living in Tuolumne County. This health center is owned and operated by the Tuolumne Band of Me-Wuk Indians and supported by the Black Oak Casino located in Tuolumne City. The MACT (Mariposa, Amador, Calaveras and Tuolumne) Health Board (which operates multiple health care facilities in the four counties of Mariposa, Amador, Calaveras and Tuolumne) provides complete primary care including dental and behavioral health for all American Indians and their family members living in Tuolumne County at the Tuolumne Health Center in Tuolumne City, and represents the American Indian Council of Mariposa, Calaveras Band of MeWuk Indians, Ione Band of Mewok Indians, Jackson Band of MiWuk Indians and the Sierra Native American Council.

For greater detail, please refer to the Prevention and Early Intervention charts (attachment #5) which incorporate summary input from the focus groups, key informants, community forum and four stakeholder meetings that included consumers, families of consumers, at risk youth, and a range of community organizations and agencies that provide critical resources and services in our community. The charts include input about existing community prevention/early intervention programs, gaps and barriers to services, identified partners for new and/or expanded services and demographics for the individuals and groups interviewed specifically about PEI.

Over 300 surveys were widely distributed throughout Tuolumne County, and 87 collected and analyzed to help establish PEI priorities for use in planning and selecting the identified PEI programs and services. A total of 87 surveys were collected during this PEI planning process. The survey results show that the individuals who completed the surveys represented the following age groups: ages 17-25(8%), 26-59 (80%), and 60 years and older (12%). A wide representation of the community completed the survey, including community members (32%), consumers (18%), family members (25%), and social service/education/behavioral health staff representatives (63%) (Please note that respondents checked more than one box when answering the question "Who am I?")

These respondents' race and ethnicity were as follows: 85% Caucasian, 9%Hispanic, 2% Asian, 2% American Indian or Alaskan Native and 1% Black/African American. This data shows that the individuals who completed the survey closely reflect the cultural diversity of the county, which was projected in July, 2007 to be 85% Caucasian, 8% Latino, 2% Asian, 2% American Indian or Alaskan Native 1% Black/African American and 2% Multiracial. It is important to note that a total of 4120 prisoners institutionalized at Sierra Conservation Center as of February 2007, (representing 7.2% of Tuolumne County's total population) were subtracted from this population projection based by race and ethnicity - as the prison population inflates the overall ethnic diversity of Tuolumne County. (State of CA, Department of Finance, Population Projection, July 2007 and Tuolumne County Profile 2008, Community Indicators Project, see attachment #6). In discussing Tuolumne County, it is important to acknowledge that the county's population differs significantly from that of California. The county is dramatically less racially and ethnically diverse than California. When adjusting for the state prison incarcerated population, the county's population is 85% White. Tuolumne County is also less linguistically

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

diverse than California, and has no threshold language. According to the Census, 94% of the total population “speak only English” at home. Eighty-eight percent of the population that does not speak English at home speaks English “very well” or “well”. Based on Census estimates, less than 400 individuals county-wide (including the prison population), primarily Spanish speakers, speak English “not well” or “not at all”. Once the focus groups, key interviews and community meetings were completed and the survey results analyzed, the community input clearly prioritized 0 to 5 age group (and families of children 0-5) to support with PEI funds first, the second age group priority 6 to 12 age (and families of youth 6 to 12), and the third priority group 13 to 17 age (and families of youth 13to 17).

This community planning process and all data was shared with the MHSA Leadership Council in September, 2008. The MHSA Leadership Council is comprised of consumers, family representatives for consumers, a practicing Nurse Practitioner, the Catholic Charities Executive Director, a family representative/local realtor, and an administrator for a drug and alcohol treatment center. In addition the Tuolumne County Behavioral Health Director, Assistant Director and MHSA Coordinator, Care Development and Compliance Manager and PEI Program Manager all participated directly with the Council members to provide input, resources and support. The MHSA Leadership Council discussed the priority populations for the county, the community recommendations for prevention and early intervention programs, and discussed the highest priorities for PEI funding. The PEI stakeholder/community input, results of the focus groups, survey results from all three survey tools, PEI community forum input and previous information obtained during the initial CSS planning process was all used to identify these priorities and develop recommendations for PEI funding.

There were several priorities identified through this process:

1. Increased family support, education and counseling are needed for parents of at-risk children (including ESL (English as a Second Language) Hispanic parents newly arrived in Tuolumne County as well as foster care/ adoptive parents), along with training staff and partner community agencies (therapist, early childhood education staff) in the area of parenting and family engagement;
 2. Bullying prevention and tolerance programs in schools,
 3. Suicide prevention strategies for all ages in both in the school and community and community education specific to stigma reduction and mental health illness
- 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***
 - 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.***
 - c. ***Included outreach to clients with serious mental illness and/or serious emotional disturbance and their family members, to ensure the opportunity to participate.***

The MHSA Coordinator and PEI Program Manager specifically focused on the inclusion of both family members of unserved and underserved populations in the entire community planning process. Focus groups were held, key informant interviews conducted, a large community forum and four informational stakeholder sessions were implemented, as well as over three hundred surveys distributed across the county to gain

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

meaningful input into PEI program planning. This helped to ensure that the opinions of unserved and underserved populations were included in the planning process.

The survey results show that the 87 individuals who completed the surveys represented the following age groups: ages 17-25(8%), 26-59 (80%), and 60 years and older (12%). These respondents' race and ethnicity were as follows: 85% Caucasian, 9% Hispanic, 2% Asian, 2% American Indian or Alaskan Native and 1% Black/African American. This data demonstrates that the individuals who completed the survey closely reflect the cultural diversity of the county, which was projected in July, 2007 to be 85% Caucasian, 8% Latino, 2% Asian, 2% American Indian or Alaskan Native 1% Black/African American and 2% Multiracial.

Small and personal focus groups were held with clients that have a serious mental illness and youth with serious emotional disturbance. Focus group were held at the Peer Center, Lambert Drop-In Center, and the Veterans' ongoing support group. In addition, consumers and family members were included in focus groups and planning activities (NAMI (National Alliance on Mental Illness), MHSA Leadership Council, and the Behavioral Health Advisory Board members were asked to complete a survey.

Of the total 285 individuals asked for input where demographics were documented (not including the large community forum held in August, and the four stakeholder meetings held in October 2007) 47 were consumers, and 49 family members of consumers. This represents 34% of the total surveyed and interviewed over the last year. This clearly demonstrated that the planning process included input from consumers of behavioral health services and families of consumers. Of the 87 individuals who responded to the PEI survey question, "Are you a family member of a person who receives behavioral health services," 22 (25%) responded 'Yes' and 16 persons (18%) said "Yes" to the question "Are you a person who receives behavioral health services?"

Staff directly and informally engaged under-represented citizens to solicit their input. A focus group was held in Spanish at the Jamestown Family Learning Center for Hispanic women participating in the community ESL (English as a Second Language) class. In addition teens and young adults between the ages of 16 and 21 that participate with the MHSA funded Peer Center's Teen Program were interviewed in a focus group; parents participating in an ongoing parent support group; consumers, family members of consumers and homeless persons attending the Tuolumne County Mental Health Fair; staff representing the Sierra Hope Aids Council along with a representative of PFLAG (Parents, Families and Friends for Lesbians and Gays); and key informant interviews with administrative staff from two large agencies that provide health services to Native Americans in Tuolumne County, the Tuolumne MeWuk Indian Health Center, and the MACT (Mariposa, Amador, Calaveras and Tuolumne) Health Board.

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***

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

Of the total 285 individuals asked for input where demographics were documented (not including the large community forum and four stakeholder meetings held in August and October 2007) 47 were consumers, and 49 family members of consumers. This represents 34% of the total surveyed and interviewed over the last year. Our MHSa Leadership Council and Behavioral Health Advisory Committee also have a number of consumer and family member representatives. These council and committee members were involved in reviewing the data and survey results, discussing the findings, and helping with the final program selections and recommendations for funding.

Sixty-three percent of the survey respondents represented social services/behavioral health agencies. Twenty-four focus groups and key informant interviews were held with a range of social service and health/mental health organizations and community based nonprofit representatives in Tuolumne County including: MWRC (Mountain Women's Resource Center), ICES (Infant Child Enrichment Center), Jamestown Family Learning Center, A-TCAA's (Amador-Tuolumne Community Action Agency) Family Literacy Centers, DRAIL (Disability Resource Agency for Independent Living), WATCH(non-profit agency providing services to Tuolumne County residents with disabilities), MACT (Mariposa, Amador, Calaveras and Tuolumne County) Native American Health Board, Me-Wuk Indian Health Clinic, Me-Wuk Social Services, Tuolumne County Health/Veterans/CalWorks/Recreation /Probation/ Child Welfare Services Departments, First 5 Commission, Lilliput Foster Support Services, YES Partnership (youth drug and alcohol substance abuse prevention community coalition),Friday Night Live Program (substance free activities program), Tuolumne County Behavioral Health Systems of Care, Peer Center, Teen Center, Area 12 Agency on Aging, and the Sierra Hope Aids Council.

Focus groups and key informant interviews included representatives from regular education, the TCOE (Tuolumne Office of Education),Friendship School (preschool therapeutic program), Head Start, Tuolumne County Special Education, Columbia College Early Childhood Education, and both the Prevention and TUPE (Tobacco –Use Prevention Education) Coordinators at Tuolumne County Schools. A large focus group was also conducted with the Early Childhood Planning Council with 16 participants. Law enforcement agency representatives were involved in the PEI planning process through participation with the PEI Community Forum and key informant process.

Family members from the local NAMI (National Alliance on Mental Illness) organization, parents involved in Head Start's Parenting Support program, and Transition Age Youth (TAY) participating in the Teen Center all participated in a focus group to discuss their ideas and recommendations. DRAIL (Disability Resource Agency for Independent Living) and WATCH Resources management staff representing clients with severe disabilities were interviewed for input.

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

We have a small number of staff that were involved in facilitating focus groups and providing information on the PEI planning process. They had also attended state and regional MHSa training activities and PEI information sessions. As a result, these individuals are well trained, and include Bea Readell, Director, Anne Robin/Assistant Director and MHSa Coordinator, Susan Sells/ PEI Program Manager, Marty Hensley/Peer Help Center Coordinator and Sandi Romena/MHSa Education and Outreach contractor. The Assistant Director/MHSa Coordinator, the Behavioral Health Executive Director, the MHSa Leadership Council, and the Behavioral Health Advisory Board were involved in the initial MHSa CSS (Community Services and Support) planning process and attended numerous training opportunities in the past two years. As part of the current PEI planning process all focus groups,

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

interviews, stakeholder meetings and the large community forum all included an explanation of the MHSA components (specifically PEI funding) prior to gathering community input (see attachment #7)

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 PEI planning process began by revisiting the priorities and discussions generated and documented in Tuolumne County's MSHA CSS (Community Services and Support) planning process in 2005 and 2006, which had resulted in excess of 1,100 individuals participating in the planning process and providing nearly 6,000 comments regarding mental health needs, impacts, and issues facing Tuolumne County in 2004/2005. It was one of the largest community planning processes undertaken in Tuolumne County.

Knowledge of the CSS Planning process helped us to strengthen our PEI planning process and strategies for outreach beginning in fall, 2007. Because of the extensive CSS planning process, Tuolumne County's community residents and partner agencies were familiar with MHSA planning activities and very willing to provide new input specific to PEI. Our partner agencies and community organizations were also willing participants in gathering stakeholders for meetings, helping to distribute and collect surveys, and providing excellent feedback about proposed programs and services. Consumers and family members of consumers participated in focus groups, key informant interviews, forums, stakeholder meetings, and assisted individuals to complete the surveys. The experience from the CSS planning process helped us to better inform the community of opportunities for input as well as identifying appropriate locations for holding meetings. Also, it was discovered early in the PEI planning process that additional input was needed from individuals and organizations with expertise and experience specific to prevention and early intervention programs, services and strategies beyond the more formal MHSA planning processes.

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 successful planning efforts were both inclusive and effective. We obtained a total of 87 surveys with broad representation from our clients, family members, community members, and social service/health/mental health service staff, a total of 37 focus group and key informant data from a wide range of community representatives since April, 2008, and input from a large community forum and 4 stakeholder community meetings in 2007. We also involved the MHSA Leadership Council and Behavioral Health Advisory Committee, made up of consumers, family members of consumers, and community agency representatives, in the analysis of the data from the stakeholder input process, and in finalizing the priorities and providing input into the written PEI Plan. As noted above, we also held a focus group with our TAY (Transition Age Youth) that participate regularly with the Peer Center Teen Program. We have a very active TAY (Transition Age Youth) program at the Peer Center, and these youth have been included in the planning process. Their input ensured and created an opportunity to give youth a voice in the development of prevention and early intervention programs. In addition, and previously stated above, a focus group was held in Spanish at the Jamestown Family Learning Center for Hispanic women participating in the community ESL (English as a Second Language) class; consumers and family members of consumers and homeless persons attending the Tuolumne County Mental

PEI COMMUNITY PROGRAM PLANNING PROCESS**Form No. 2**

Health Fair; staff representing the Sierra Hope Aids Council along with a representative of PFLAG (Parents, Families and Friends for Lesbians and Gays); and key informant interviews with administrative staff from two large agencies that provide health services to Native Americans in Tuolumne County, the Tuolumne MeWuk Indian Health Center, and the MACT (Mariposa, Amador, Calaveras and Tuolumne) Health Board.

5. Provide the following information about the required county public hearing:**a. *The date of the public hearing:***

The Public Hearing took place during the Tuolumne County Behavioral Health Advisory Board meeting on Wednesday, December 10, 2008 at 5:15pm (see attachment #8)

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.*

Tuolumne County's draft PEI Plan was distributed across the county in locations consistent with the CSS distribution. It was available for viewing on the Tuolumne County Behavioral Health website during the thirty day public comment period, and it was distributed electronically to all members of the Tuolumne County MHSa Leadership Council and Tuolumne County Behavioral Health Advisory Board. In addition, copies of the plan were placed at partner agencies, the public library, the Tuolumne County Peer Support and Teen Center, and the two Tuolumne County Behavioral Health treatment centers. A copy was sent to the representative of the Tuolumne County NAMI (National Alliance on Mental Illness) chapter. A presentation specific to the PEI Plan was given on December 10, 2008 to the Tuolumne County First Five Commission with an opportunity for input. Comments from the First Five presentation were positive and enthusiastic.

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

No substantive recommendations for revisions were received during the Public Hearing (See attachments #9 and #10).

d. *The estimated number of participants:*

Twelve residents of Tuolumne County participated.

Note: County mental health programs will report actual PEI Community Program Planning expenditures separately on the annual MHSa Revenue and Expenditure Report.

PEI PROJECT SUMMARY

Form No. 3

County: Tuolumne County PEI Project Name: Early Childhood Education Project Date: 10/31/08

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	X	<input type="checkbox"/>	X	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	X	<input type="checkbox"/>	X	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	X	<input type="checkbox"/>		
4. Stigma and Discrimination	X	<input type="checkbox"/>	X	<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
Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	X	<input type="checkbox"/>	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	<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"/>		
6. Underserved Cultural Populations	X	<input type="checkbox"/>	X	<input type="checkbox"/>

PEI PROJECT SUMMARY

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

The strategies included in the *Early Childhood Education Project* were selected on the basis of the Tuolumne County's PEI stakeholder input and data analysis. Once the focus groups, key interviews and community meetings were completed and the survey results analyzed, the community input clearly prioritized 0 to 5 age group (and families of children 0-5) as the underserved population to support with PEI funds first, the second age group priority 6 to 12 age (and families of youth 6 to 12), and the third priority group 7 to 17 age (and families of youth 7 to 17). Community input from the PEI Planning Process indicated that the top priority in our county was the need to increase family support, education and counseling for parents of at-risk children. Results from a Head Start Parent and Staff Survey Results in 2007 designed to obtain quantitative data on social service needs, of which 111 parents in Tuolumne County whose children attend Head Start, stated that Parenting Skills Education was the highest priority overall (41% of parents surveyed considered this to be their number one need). In their development of a countywide plan, the Tuolumne Countywide Preschool Planning Committee, a multi-agency taskforce of early childhood educators/providers, identified the need for training and on-going support and coaching of preschool teachers and providers. Specific focus areas included identification of mental health/social emotional issues, along with interventions and strategies to address behavioral problems limiting student's access to the classroom.

For this reason, another survey was developed this summer to better assess effective parent education support strategies as part of the PEI Planning Process. This survey was designed to assess and evaluate a range of evidence based social and emotional competency skill building parenting curricula. Parents and local experts in the field of early childhood education and mental health services (Tuolumne County Behavioral Health administrators, clinical managers and therapists, parent educators, along with Head Start Curriculum Specialist and Head Start Mental Health Manager, Friendship School therapeutic preschool, a school psychologist, an early childhood education specialist, First Five Commission Executive Director and the Family Resource Center Literacy Director) were asked to review three programs that included Triple P, Incredible Years and Nurturing Parenting.(see attachment #11). These programs were scored based on a range of criteria that considered adaptability, applicability, cultural responsiveness, age range, content, strength based content and presentation methods. Twenty-four parents responded to the survey, including parents involved with child welfare services, grandparents raising grandchildren, foster parents, parents involved in the Parent Advisory Council, and parents attending parent education and support groups. Feedback from both professionals and parents pointed to two recurring themes - the need for a common "language/philosophy" across all family support services; and the need for ongoing training, coaching, and support to ensure that trained professional and paraprofessional staff from a range of agencies will continue to use and sustain the selected parent education support model.

Of all the parenting education programs reviewed, the Nurturing Parenting program received the highest marks overall and the most positive feedback from professionals and parents. Nurturing Parenting is a multi-level parenting and family support strategy that is culturally competent for our county, can be used for a variety of settings (one on one and group counseling, parenting classes, home visits, child care centers/preschools setting, health care clinics and family resource centers) and used by licensed counselors, parenting educators, home visitors, health care clinicians, public health nurses and child social workers when dealing with at-risk children and parents of children 0 to 5. A review of Tuolumne County demographics of children 0-5 revealed there are approximately 3,012 children age birth through 5 in Tuolumne (Department of Finance projection for 2008) National research from the Zero to Three Organization (www.zerotothree.org) as well as the national data from ACF (Administration for Children and Families) and the NIMH (National Institute for Mental Health) indicate that between 10-15% of

PEI PROJECT SUMMARY

the population, including 0-5, have a mental health/social emotional condition severe enough to warrant medical necessity for treatment services. Extrapolating this data to Tuolumne County, between 301 and 452 Tuolumne infants and preschool age children need mental health and/or social/emotional/developmental intervention.

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

Nurturing Parenting was selected as the priority intervention for Tuolumne County Behavioral Health's PEI plan. This universal prevention program is a multi-level parenting and family support strategy to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. Two full time staff, working together as a team from Tuolumne County Behavioral Health Department (mental health case manager/therapist) and a community based agency with expertise in early child development and parent education (parent educator) will train and implement Nurturing Parenting parent education services throughout Tuolumne County. This team will first be trained, and then oversee and coordinate ongoing community-wide Nurturing Parenting and Early Childhood Development trainings for up to 50 parent educators, pre-school and Head Start teachers, Tuolumne County School Readiness staff and Special Education Psychologists, public health nurse home visitors, behavioral health therapists and case managers, social workers involved with child protection services, clinical staff from the Tuolumne MeWuk Indian Health Center and the MACT Health Board, and family resource center staff that provide support services to families with children 0 to 5 each year. These trainings will include how to address behavioral problems and will draw on social learning, cognitive behavioral and developmental theory, as well as research into risk and protective factors associated with the development of social and behavioral problems in children. The training program will foster positive parenting skills and activities to promote positive brain development in children birth to 5 years. In the second year of implementation, the Early Childhood Prevention/Intervention team will be trained as community trainers in order to ensure sustainability and cost savings for this project, and will expand the training of trainers to 2 new persons each year. This multidisciplinary team, as well as the Tuolumne County Office of Education Special Education Psychologists and School Readiness staff, will provide on-site consultation and follow up coaching to preschool and Head Start teachers to assist in the identification, and long range management of children with behavioral health problems.

In addition, ongoing parent education classes, group counseling sessions and one-on-one counseling will be provided at non traditional sites by the mental health therapist and parent educator team, for 120 parents or other primary caregivers of young children. These services will target parents in stressed families (pregnant and parenting teens, special needs, poverty communities, substance abuse, abuse and/or neglect, domestic violence, social isolation, lack of basic needs, homelessness, parent's with developmental delays or mental illness) and Spanish speaking parents. . A Spanish speaking consultant will be hired to provide Nurturing Parenting education and life skills instruction to Spanish parents in ESL classes weekly in both Jamestown and Tuolumne City.

Each Parent Education Workshop will accommodate up to 20 participants and last an average of ten weeks. The *Early Childhood Education* team will be trained to facilitate the following workshops: "Community-Based Education in Nurturing Parenting"; "Nurturing Program for Prenatal Families"; "Nurturing Program for Parents and Their Infants, Toddlers, and Preschoolers"; "Crianza con Carino, Meeting the Needs of Spanish Speaking Families", "Nurturing Skills for Teen Parents and Their Families"; and the "Nurturing Program for Families in Substance Abuse Treatment and Recovery". Workshops will address social and emotional health and development, positive self esteem and asset building, parent-child relationship building, and the importance of nurturing relationships to both the child's and parent/caregiver's mental health, including maternal depression. The classes will focus on increasing parents' knowledge of typical and atypical development, their ability to recognize "red flags" in their children and themselves indicating a need for early intervention, and how they can improve the parent-child relationship as well as the mental

PEI PROJECT SUMMARY

health of their young children and themselves. Access to services will be addressed by offering workshops in the community where young children and families gather, including childcare settings, preschools, Family Resource/Literacy Centers, MeWuk Indian Health Center, MACT Health Board health clinics and faith communities. Information and outreach to families and referrals to providers regarding this program will be provided through existing early childhood agencies and collaboratives serving Tuolumne County including the First Five Tuolumne County, Child Find Screenings sponsored by the Tuolumne County Office of Education, Family Literacy Centers in Jamestown and Tuolumne City, the Infant, Child Enrichment Center and the Jamestown Family Resource Center, Head Start sites, MeWuk Indian Health Center services, MACT Health Board clinic services and the Early Childhood Education Council. These services will use culturally and linguistically appropriate staff with sensitivity to special needs of parents and children. Transportation assistance will be provided if needed and appropriate, and overall services will be offered countywide as resources permit.

In addition the *Early Childhood Education Project* will also provide intensive parent support and coaching through one on one counseling and/or group counseling support for at-risk parents identified in the parent education classes that need to improve the parent-child relationship. During the first year, approximately twenty five parents with children zero to 5 will receive individualized one-on-one counseling and/or group counseling, with up to twelve sessions with the Early Childhood Education behavioral health therapist and parent educator team, both trained and certified as facilitators in the “Nurturing Skills for Families” curricula (developed for small parent support groups and one on one sessions) curricula. Parents will be selected and referred to groups and individualized counseling by parenting education classes, community based agencies, County Departments including child welfare and substance abuse services, probation department and others who work with parents in need of intensive support.

In addition the *Early Childhood Education Project* will also provide intensive parent support and coaching through one on one counseling and/or group counseling support for at-risk parents identified in the parent education classes that need to improve the parent-child relationship. During the first year, approximately twenty five parents with children zero to 5 will receive individualized one-on-one counseling and/or group counseling, with up to twelve sessions with the Early Childhood Education behavioral health therapist and parent educator team, both trained and certified as facilitators in the “Nurturing Skills for Families” curricula (developed for small parent support groups and one on one sessions) curricula. Parents will be selected and referred to groups and individualized counseling by results from the pre and post assessments completed in the parent education classes (including the AAPI-2 -Adult Adolescent Parenting Inventory which measures parent child relational function as a predictor of risk for negative outcomes and/or abuse and neglectful behaviors in parents). Parents will also be selected based on referrals from community based agencies, County Departments including child welfare and substance abuse services, probation department and others who work with parents in need of intensive support.

Tuolumne County Behavioral Health’s PEI *Early Childhood Education Project* will also help to organize and co-sponsor with Lilliput Children Services (local non-profit agency providing support and services to foster and adoptive parents) both education and support groups, as well an annual community training for foster care and adoptive parents of children ages zero to five. The Foster Care/Adoption support group is a six week session providing education and support to new foster care and adoptive parents, with 6 participants each session for 3 sessions planned each year (total 18 parent participants) The community workshop is an eight hour training held annually for up to 75 community members, targeting both parents and /or professionals working with foster care and adopted children. Debra Riley, M.S., representing the Center for Foster Care/Adoption Support and Education will be the key note speaker for the community connections next workshop in March, 2009. The Center for Foster Care/Adoption Support and Education

PEI PROJECT SUMMARY

helps children and families from foster care and adoptive backgrounds receive the support they need to grow into successful, productive adults.

The two team members hired and trained in Nurturing Parenting, along with the Spanish speaking consultant hired to work with ESL families will meet monthly with the identified and trained group of providers working with families of children zero to five. The purpose of these monthly meetings will be to coordinate the ongoing strategies and services specific to Nurturing Parenting using a common language/philosophy across all family support services; identify possible community gaps and possible need for training/coaching/support; share successes; and overall ensure that the selected education support model is sustained long term through this collaborative community wide effort.

Milestones and Timelines for Implementation:

Parent Education Classes and Counseling Sessions:

- Within three months after a contract has been signed with Tuolumne County, the two staff from both Tuolumne County Behavioral Health and a community based early childhood education organization will have been hired and trained, along with a Spanish speaking parent educator, and outreach will be underway, materials will be prepared, and parent workshop sites secured.
- By the end of the first twelve months of project, 120 parents and caregivers will have participated in the six (ten week session) workshops.
- By the end of the first twelve months of project, 25 parents/caregivers will have been selected and be receiving the twelve week group and one on one counseling/coaching sessions.
- By the end of the first twelve months, 18 adoptive and foster parents/caregivers will have received the six week education/support services through Lilliput Children Services.
- By the end of the first twelve months, an eight hour Community Connections Workshop will be held for up to 75 parents and/or professionals raising or working with foster care and adopted children.

Training and Education:

- Within twelve months after contract has been signed with Tuolumne County, the two staff will have been trained as trainers in Nurturing Parenting Curricula, and thereafter identify and train up to 2 new persons in year two and year three to complete training of trainers process.
- Within three months after a contract has been signed with Tuolumne County, Spanish speaking parent educator/consultant will be hired and trained as a training of trainers in Nurturing Parenting's "Crianza con Carino, Meeting the Needs of Spanish Speaking Families".
- By the end of twelve months 50 community agency staff will have been trained in Nurturing Parenting curricula and Early Childhood Development, with access to materials for clients representing parents with children zero to five.

PEI PROJECT SUMMARY

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served March 2009 – June 2010 (program will be in operation 16 months through June 2010) t		Number of months in operation through June 2009
	Prevention	Early Intervention	
Parent Education Classes	Individuals: 120 Families:	Individuals: Families:	3 months
Provider Education and Training	Individuals: 25 Families:	Individuals: 25 Families:	3 months
Parent Counseling/Coaching Support	Individuals: Families:	Individuals: 25 Families:	3 months
Lilliput Services Foster/Adoptive Parents Education and Support Classes	Individuals: 18 Families:	Individuals: Families:	3 months
Lilliput Services Foster Care and Adoptive Parents Education Workshop “Community Connections“	Individuals: 75 Families:	Individuals: Families:	3 months

TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 238 Families:	Individuals: 50 Families:	
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PEI PROJECT SUMMARY

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

The *Early Childhood Education Project* team from Tuolumne County Behavioral Health Department and a community based agency with expertise in early child development and parent education will together assess parent's needs and coordinate, link and refer parents receiving the PEI services to Tuolumne County Behavioral Health counseling, primary care provider, and support services as well as other social services as needed. In addition the *Early Childhood Education Project* will also provide intensive parent support and coaching through one on one counseling and/or group counseling support for at-risk parents identified in the parent education classes that need to improve the parent-child relationship. Services will be provided at non-traditional mental health sites such as a family resource center, Head Start pre-schools, two family learning centers, health care clinics and state pre-schools. This project will facilitate county and system-wide integration of early childhood mental health and developmental education by providing Nurturing Parenting and Early Childhood Development trainings and materials to a range of community-based service providers, and meeting monthly with these trained agencies that provide services to parents and caregivers of children zero to five. These monthly meetings will guarantee coordination of the ongoing strategies and services specific to Nurturing Parenting by using a common language/philosophy across all family support services community-wide and ensuring that the selected education support model is sustained long term through this collaborative effort. Leveraged funds (both cash and non-cash in-kind) totaling an estimated \$20,000 has been identified from collaborating agencies, and includes use of community and school facilities, staff and resources from Family Literacy Programs and Friendship School funded through the Department of Education Even Start funds and the Tuolumne County First 5 Commission, staff and resources from the federally funded Tuolumne County Head Start Programs, and staff and resources from the Infant Child Enrichment Center Parenting Education and Day Care Resource and Referral services funded through the State Department of Education.

5. Collaboration and System Enhancement

The *Early Childhood Education Project* is a strong collaborative model of agencies and collaboratives working together to provide services to parents of children zero to five. This PEI project will be coordinated and linked with existing county-wide agencies and collaboratives through the Tuolumne County Behavioral Health Children Systems of Care Services, Head Start, Infant Child Enrichment Services, Friendship School, Tuolumne MeWuk Indian Health Center, MACT Health Board, Tuolumne County Office of Education, Child Protective Services/Probation Department/Health Department, child care providers, primary care medical providers, Early Childhood Planning Council, Tuolumne County First Five Commission, and Prevent Child Abuse Tuolumne County. The purpose of the coordination will be to ensure that all community wide organizations work together to fill gaps, reduce redundancy and strengthen the current early childhood education and mental health support systems in our community. Jamestown Family Resource Centers, Family Literacy Centers, Tuolumne MeWuk Indian Health Center, MACT Health Board, preschools, childcare centers and homes, and faith based communities have agreed to provide safe and comfortable facilities for the parent education/counseling/coaching and provider education and training components of the project. Funding for the Early Childhood Education PEI project will be leveraged by collaborating agencies with existing prevention services (estimated at \$20,000) currently funded by Tuolumne County First Five Commission funds, Head Start, Department of Education programs, and after the first year Tuolumne County Mental Health (EPSDT) funds. The program will be sustained through ongoing PEI funding, the leveraged funds listed above, and EPSDT.

PEI PROJECT SUMMARY

6. Intended Outcomes

The outcomes and measures for the *Early Childhood Education Project* include:

Individual outcomes:

Parent/Caregiver Education: Parents and caregivers completing the parent/caregiver parent education workshop will have a better understanding of typical and atypical development of infants and young children and how they can improve the mental health of their children. They will be able to identify signs of concerns regarding their children's mental health, and access resources for early intervention. They will also be able to identify areas of concern in their relationship with their children and their own mental health, and identify resources for further assessment. These outcomes will be measured through the use of the Adult Adolescent Parenting Inventory (AAPI-2), the Nurturing Skills Competency Scale (NSCS) and a number of data gathering instruments to ensure families are increasing their nurturing parenting skills. In addition, the percentage of parents/caregivers completing the workshop will be tracked.

Parents and caregivers completing the three foster care/adoptive parenting education/support group sessions will have a better understanding of critical issues specific to foster care and adopted children, and will be able to identify signs and concerns regarding their children's mental health, and access resources for early intervention. Participants will complete standardized pre and post test/assessments to help evaluate effectiveness of program, and the percentage of parents/caregivers completing the sessions will be tracked.

Provider Education and Training: Early childhood teachers and social service providers completing Nurturing Parenting and Mental Health training will demonstrate increased understanding of early childhood development and will be able to identify signs of mental health issues, as measured by retrospective survey. Providers will also demonstrate competency in using the AAPI-2 and NSCS by meeting established measures for administering the instruments.

Parent Counseling/Coaching: Outcomes for parents and caregivers receiving one on one counseling/coaching and/or participating in the group support sessions will include improvement in the child's mental health, improvement in parent-child relationships, and increased parental ability to improve the mental health of their children, as measured by standardized pre- and post-assessments by parents, mental health providers and early intervention providers. Standardized assessments will include the AAPI-2 (Adult Adolescent Parenting Inventory) which measures parent child relational function as a predictor of risk for negative outcomes and/or abuse and neglectful behaviors in parents. Progress over time will be tracked with pre- and post-program assessments.

System/Program Outcomes:

System/program outcomes for this project include increased service coordination; expanded community education, training opportunities, and support for non-mental health professionals concerning early parent-child relationships, early emotional-social development and challenges of foster and adoptive parenting; expanded education, training opportunities, support, and supervision for mental health professionals; expanded ongoing interagency and interdisciplinary collaboration; and evaluated outcomes and changes for children and families, service providers, service systems, and communities.

PEI PROJECT SUMMARY

8. Coordination with Other MHSA Components

The Tuolumne County MHSA Leadership Council will continue to provide advice, monitor and offer input and feedback on all MHSA programs, including the PEI *Early Childhood Education Project*. The Workforce Education and Training (WET) funding will be used to partially support the training needed for providers with the Early Childhood Education Project.

9. Additional Comments (optional)

N/A

PEI PROJECT SUMMARY

Form No. 4

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

County Name: **Tuolumne** Date: **10/31/08**
 PEI Project Name: **Early Childhood Education Project**
 Provider Name (if known): **CBO and Tuolumne County Behavioral Health**
 Intended Provider Category: **CBO to be selected through RFP process**
 Proposed Total Number of Individuals to be served: FY 07-08 **N/A** FY 08-09 **288**
 Total Number of Individuals currently being served: FY 07-08 **0** FY 08-09
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 **0** FY 08-09 **288**
 Months of Operation: FY 07-08 **0** FY 08-09 **6 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			
BH Project Coordinator (.10 FTE)		\$6,063	\$6,063
BH Clinician (1.FTE)		\$51,000	\$51,000
			\$0
b. Benefits and Taxes @ 40%		\$22,825	\$22,825.
c. Total Personnel Expenditures	\$0	\$79,888	\$79,888
2. Operating Expenditures			
a. Facility Cost	\$0	\$3,689.	\$3,689.
b. Other Operating Expenses	\$0	\$18,669	\$18,669
c. Total Operating Expenses	\$0	\$22,358.	\$22,358.
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Early Childhood Ed. CBO	\$0	\$98,754	\$98,754
Lilliput Foster Care Services	\$0	\$3,000	\$3,000
TCOE MH/ECE Consulting	\$0	\$5,000	\$5,000
Mercedes Tune Consulting	\$0	\$20,000	\$20,000
a. Total Subcontracts	\$0	\$126,754	\$126,754
4. Total Proposed PEI Project Budget	\$0	\$229,000	\$229,000
B. Revenues (list/itemize by fund source)			
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$229,000	\$229,000
6. Total In-Kind Contributions	\$0	\$20,000	\$20,000

PEI PROJECT SUMMARY

BUDGET NARRATIVE

Mental Health Services Act Prevention and Early Intervention Component Early Childhood Education Project FY 2008-009

Proposed Expenses and Revenues

A. Expenditure

1. Personnel

- a. **Salaries and Wages.** Costs for Salaries and wages amount to \$57,063 and includes costs for a 0.10 PEI Project Coordinator to coordinate the *Early Childhood Education Project*, and a 1.0 FTE Behavioral Health Clinician to team with an Early Childhood Education parent educator to work as a multidisciplinary team to provide parent education, parent counseling/coaching, training county providers (including preschool and Head Start staff) and coordination of a collaborative of agencies meeting monthly specific to Nurturing Parenting activities county-wide.
- b. **Benefits and Taxes.** Benefits are estimated at \$22,825 (40% of salaries and wages) for FY 2008-2009, and include costs for P.E.R.S., county disability benefits, workers compensation, vacation and sick time accrual, social security, health and life insurance, Medicare, and Unemployment Compensation
- c. **Total Personnel Expenditures** is \$79,888 per year.

2. Operating Expenditures:

- a. **Facility Costs** are estimated at \$3,689 per year for use of buildings. This includes costs for janitorial supplies, janitorial services, building maintenance outside services, building alarm services and utilities.
- b. **Other Operating Expenses.** Operating expenditures are estimated at \$18,669. This category includes costs for office supplies, equipment, equipment maintenance, communications, , program supplies, outreach materials, local and out of county employee travel/mileage and training, copying/printing,
- c. **Total Operating expenditures** for this program are estimated at \$22,358 per year.

3. Subcontracts/Professional Services

- Early Childhood Education Agency (to be identified through RFP process as soon as possible) totals \$98,754. This represents the costs for a contract with a local community based organization to provide an Early Childhood Education parent educator to work as a multidisciplinary team with a clinician from Tuolumne County Behavioral Health to provide parent education, parent counseling/coaching, training county providers (including preschool and Head Start staff) and

PEI PROJECT SUMMARY

coordination of a collaborative of agencies meeting monthly specific to Nurturing Parenting activities county-wide.

- Tuolumne County Office of Education \$5,000. This represents the costs for a contract with the Tuolumne County Office of Education Special Education Psychologist and School Readiness Staff to assist with on-site mental health/early childhood education consultation and follow up coaching to preschool and Head Start teachers in the identification, and long range management of children with behavioral health problems.
- Lilliput Foster Care Services \$3,000. This represents the costs for a contract with a local community based organization to assist with a portion of the costs to provide education and support groups for foster care and adoptive parents, as well an annual community training for foster care and adoptive parents of children ages zero to five.
- Mercedes Tune Consulting \$20,000. This represents costs for a contract with a local consultant to provide parent education and life skills classes for 40 Hispanic parents each year participating in the ESL classes at the two Family Literacy/Resource Center sites.

a. Total Subcontracts is \$126,754.

4. Total Proposed PEI budget is \$229,000

B. Revenues:

1. Total Revenue. N/A

C. Total Funding Requested for PEI Project is \$229,000.

D. Total In-Kind Contributions:

Leveraged funds (both cash and non-cash inkind) totaling an estimated \$20,000 has been identified from collaborating agencies, and includes use of community and school facilities, staff and resources from Family Literacy Programs and Friendship School funded through the Department of Education Even Start funds and the Tuolumne County First 5 Commission, staff and resources from the federally funded Tuolumne County Head Start Programs, and staff and resources from the Infant Child Enrichment Center Parenting Education and Day Care Resource and Referral services funded through the State Department of Education.

PEI PROJECT SUMMARY

Form No. 3

County: Tuolumne County PEI Project Name: School Based Violence Prevention Projects Date: 10/31/08

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	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	X	<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"/>
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	<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"/>		
6. Underserved Cultural Populations	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PEI PROJECT SUMMARY

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

The strategies included in the *School Based Violence Prevention Programs* were selected on the basis of the Tuolumne County's PEI stakeholder input and data analysis. As was stated previously, input was obtained through a large community forum with 70 in attendance held in August, 2007, four community stakeholder meetings in October, 2007 with a total of 50 participants, 37 focus groups and key informant interviews, and over 300 widely distributed PEI surveys with data gathered from 87 respondents.

Once the focus groups, key interviews and community meetings were completed and the survey results analyzed, the community input clearly prioritized children/youth in stressed families who are high risk for behavioral health services (6 to 12 age group and families of children 6 to 12) as the second most important underserved age group, and the third priority group 13 to 17 age (and families of youth 13 to 17). The PEI surveys indicated that both community/domestic violence and school failure or dropout were considered a high priority to address for youth, and families of youth 6 to 17 years old. Schools were identified as one of the top three most effective community settings where prevention and early intervention services should be provided. Tuolumne County has twelve school districts with a total of twelve schools, and 7,174 students were enrolled in Tuolumne County public schools (K-12th) for 2007/2008 school year. (California Department of Education 2007-2008) Of these students approximately 9.8% are Hispanic, 3% Native American; .8% Asian; .5% Pacific Islander; 1.1%; African American, and 84.8% White. Tuolumne County school age youth include .015% English Learners and 38.7% of students receive free or reduced price meals.

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

Based on the PEI Planning input and data described above, and because the fifth most effective prevention strategy identified through the comprehensive planning process was the Mountain Women's Resource Center's (MWRC) *Bullying Prevention Program*, this agency's "universal" violence prevention program was selected as one of two programs to support through PEI funds. The Mountain Women's Resource Center is a non-profit agency that provides a 24 hour crisis line for victims of domestic violence and sexual assault, peer counseling, emergency and transitional shelters, legal assistance and support group services. MWRC's *Bullying Prevention* curriculum targets close to 1,000 students in the 4th and 9th grades each year in seven school districts. The workshop is presented over a 3-day period (each session is 45 minutes). The program's main goals are to engage students in activities which teach about respect, empowerment and choice by 1) Increasing empathy for the victim, the perpetrator of bullying, and the bystander and 2) Providing strategies for victims and bystanders to remain safe. Prevention Educators lead interactive discussions throughout the workshop incorporating role-plays as teaching tools. After identifying what behaviors are considered bullying students explore what feelings and needs victims, perpetrators and bystanders might be experiencing after watching a skit their peers perform. After creating empathy, three strategies/solutions are shared; 1) Stand up to the Person; 2) Walk Away; 3) Get an Adult. In addition, there is an emphasis on the role of a bystander and the difference they can make in a bullying situation. Students are encouraged to stand up for one another even if they aren't friends with the person being bullied. On the last day of the Bullying Prevention workshops, the Prevention Educators invite the students to join together creating a circle. After listening to a real story about bullying, students make empathy guesses on how the people in the story felt. They do this for both a victim of bullying and for someone who was doing the bullying. Program facilitators use role plays, videos, juggling and art to make the workshops interactive and fun. PEI funds would expand this program from a 1 FTE position to a 1.8 FTE, thereby allowing one full time and one part time prevention staff to increase time and involvement in the current seven school districts, and increase number of students served from 1000 to an estimated 1500

PEI PROJECT SUMMARY

each year. This additional time will allow staff to provide; 1) Workshops to additional schools; 2) Presentations to after school programs; 3) Follow up sessions on the playground allowing students to practice their skills.

This education and awareness of bullying prevention on campuses will positively contribute to students' well-being, emotional health and safety as well as supporting schools' zero tolerance for violence policies.

In addition, a new violence prevention program was selected to be implemented by local community based organization (to be identified through an RFP Process) in two school districts annually (Sonora Union High School District and Summerville High School with 2471 students total in 9th thru 12th grade) titled "*Breaking Down the Walls*". This three day universal and selective curriculum, planned to be held once a year at two high school districts (once in fall, once in spring) creates an atmosphere of tolerance and respect on campus, helps to eliminate harassment in all its forms; enhances self-management skills of students (especially communication skills), and fosters positive connections. As a violence prevention program *Breaking Down the Walls* teaches students how to communicate and really listen to teach others, giving them the tools to work together in time of question or conflict. *Breaking Down the Walls* is also a leadership program as it empowers positive leaders from a variety of peer groups to help create a school climate that is safe, comfortable and supportive for everyone. Both students and staff are invited to participate side by side, thus providing the opportunity for the entire school community to connect.

The first day begins in the morning with a school wide assembly with Phil Boyte, one of the nation's leading youth speakers, with 20 years' experience. The assembly focuses on school climate and creating a community of care, setting the tone for the next 2 days. The activities are fun, intense and dynamic. Next, up to 20 selected student leaders are trained in the afternoon of the first day to help facilitate the workshop days that will take place the next two days. These students receive training in leadership, listening skills, motivation, student support and what is required to be a positive role model. The next two days are facilitated by Phil Boyte and the trained student leaders. Both workshop days are day-long intense range of activities and inspirational interactions with up to 150 students and the 20 leaders each day. Students are chosen to participate by staff recommendation, peer recommendation and by student application. There is room for 350 students total to participate in the more intensive workshop days over the two day period. The *Breaking Down the Walls*'s goal is that the students who participate then plant the seeds of its meaning in their friends, their family and their community so that respect, support and encouragement will continue to grow on school campuses. By working with a cross section of their peers, students learn they are not isolated from, but rather a part of a community that needs each other to be fully successful. Along the way, students discover the power of getting to know one another as well as the impact they have on those around them.

Milestones and Timelines for Implementation:

- By the first year after funding has been allocated, over 1000 fourth graders in seven school districts will have had an opportunity to participate in the MWRC *Bullying Prevention Program*, at least three times a year, with up to nine sessions at each school district that total 45 minutes each session.(an increase from three sessions currently a year at each school district)
- By the end of the first year , two high schools (Sonora High and Summerville High) will have implemented *Breaking Down the Walls* program, school wide, impacting a total of 2471 students 9th thru 12th grade.
- By the end of the second year, both Sonora High and Summerville will implement *Breaking down the Walls* program again, impacting approximately 2471 students, and Big Oak Flat-Groveland High School will implement program for first time, impacting approximately 199 students total (9th thru 12th grade) – total 2670.

PEI PROJECT SUMMARY

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2010 (16 months)		Number of months in operation through June 2009
	Prevention	Early Intervention	
Bullying Prevention Program	Individuals: 1500 Families:	Individuals: Families:	4months
Breaking Down the Walls	Individuals: 2471 Families:	Individuals: Families:	4months
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 3971 Families:	Individuals: Families:	

PEI PROJECT SUMMARY

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

The *School Based Violence Prevention Programs* Challenge Day staff will be trained to link youth identified with behavioral health illness or emotional disturbance to a range of behavioral health services in Tuolumne County, including the Tuolumne County Behavioral Health counseling and support services as needed. Mountain Women's Resource Center Bullying Prevention staff are currently trained to work closely with schools to refer a student and their family to the appropriate community resource, including behavioral health services, when identified with an immediate need.

Mountain Women's Resource Center staff, as well as schools' facilities and staff will all be used as leveraged resources to support the expanded Bullying Prevention programs, with an estimated \$60,000 of leveraged in-kind.

6. Collaboration and System Enhancements

This program ensures collaboration among the Tuolumne County Office of Education, nine local school districts, Mountain Women's Resource Center (a community-based organization) and Tuolumne County Behavioral Health. In addition, *the School Based Violence Prevention Program* provides all students instruction and support in character education, anti-violence, anti-bullying, and resiliency skills etc. Schools will provide facilities for the interventions. School district administrators or their designees will monitor and coordinate services, ensure parent permission and collaboration, and monitor individual student outcomes. MWRC Bullying Prevention Program current funds will be used to leverage funds for the *Bullying Prevention Project*.

7. Intended Outcomes

Individual Outcomes:

- Helps to eliminate harassment in all its forms;
- Enhances self-management skills of students (especially communication skills)
- Fosters positive connections between students and school staff
- Provides support and linkages to community resources, including behavioral health services, as identified

Program/systemic outcomes

- Creates an atmosphere of tolerance and respect on campus,
- Expands and strengthens ongoing interagency and interdisciplinary collaboration and improve access to behavioral health services
- Evaluates outcomes and changes for students and schools

Data will be gathered through pre- and post- surveys with teachers and students

8. Coordination with Other MHSA Components

The Tuolumne County MHSA Leadership Council will continue to provide advice, monitor and offer input and feedback on all MHSA programs, including the *PEI School Based Violence Prevention Programs*.

PEI PROJECT SUMMARY

9. Additional Comments (optional)

N/A

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: **Tuolumne** Date: **10/31/08**

PEI Project Name: **School-Based Violence Prevention Projects**

Provider Name (if known) **Mountain Womens Resource Center and CBO**

Intended Provider Category **CBOs**

Proposed Total Number of Individuals to be served: FY 07-08 **N/A** FY 08-09 **3,971**

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

Total Number of Individuals to be served through PEI Expansion: FY 07-08 **0** FY 08-09 **3,971**

Months of Operation: FY 07-08 _____ FY 08-09 **6 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
_____			\$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)			
MWRC Bullying Prevention	\$0	\$20,000.	\$20,000.
CBO (to be identified thru RFP process) Breaking Down the Walls	\$0	\$20,000.	\$20,000.
	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$0	\$40,000.	\$40,000.
B. Revenues (list/itemize by fund source)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$40,000.	\$40,000.
6. Total In-Kind Contributions	\$0	\$60,000.	\$60,000.

PEI Revenue and Expenditure Budget Worksheet

BUDGET NARRATIVE

Mental Health Services Act Prevention and Early Intervention Component School Based Violence Prevention Projects FY 2008-009

Proposed Expenses and Revenues

A. Expenditure

1. Personnel

- a. Salaries and Wages – N/A
- b. Benefits and Taxes –N/A
- c. Total Personnel Expenditures - N/A

2. Operating Expenditures:

- a. Facility Costs – N/A
- b. Other Operating Expenses-N/A
- c. Total Operating expenditures –N/A

3. Subcontracts/Professional Services

- Mountain Women’s Resource Center *Bullying Prevention Program*- \$20,000.
This represents the costs for a contract with a local community based organization to provide the *Bullying Prevention* Program to 1500 students in the 4th-9th grades in seven school districts each year.
- *Breaking Down the Walls* contractors (to be identified through RFP process as soon as possible) totals \$20,000. This represents the costs for a contract with a local community based organization to provide a new violence prevention program to be implemented in two school districts annually (Sonora Union High School District and Summerville High School with 2471 students total in 9th thru 12th grade) titled “*Breaking Down the Walls*”.

a. Total Subcontracts is \$40,000.

4. Total Proposed PEI budget is \$40,000

B. Revenues:

1. Total Revenue. N/A

C. Total Funding Requested for PEI Project is \$40,000.

D. Total In-Kind Contributions:

The budget includes an estimated \$60,000 of in-kind contributions from Mountain Women’s Resource Center’s current *Bullying Prevention* Program, as well as schools’ facilities and staff time, to be counted as leveraged resources to support both *Bullying Prevention* and *Breaking Down the Walls* school based programs.

PEI PROJECT SUMMARY

Form No. 3

County: Tuolumne County **PEI Project Name:** Suicide Prevention and Stigma Reduction Project **Date:** 10/31/08
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
B. 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	<input type="checkbox"/>	<input type="checkbox"/>	X	X
3. Children and Youth in Stressed Families	X <input type="checkbox"/>	X <input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	X	X	X	X
6. Underserved Cultural Populations	X		X	X

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

The strategies included in the *Suicide Prevention and Stigma Reduction Project* were selected on the basis of the Tuolumne County's PEI stakeholder input and data analysis. Once the focus groups, key interviews and community meetings were completed and the survey results analyzed, the community input indicated that people who have attempted or might attempt suicide have one of the greatest needs for behavioral health prevention and early intervention services in Tuolumne County. Suicide was selected as one of the top most important community issues specific to prevention and early intervention on the PEI survey, and suicide prevention training and services were listed as the fourth largest gap in our community. Stigma/discrimination was listed as the third most glaring barrier to accessing behavioral health support and counseling, and stigma/discrimination education was considered a very high priority and important community issue specific to prevention and early intervention services needed.

In February of 2007 a community-wide Suicide Prevention Task Force was formed to address the concerns of high number of suicides in 2006 (19 suicides – which make the county's suicide rate twice the state average, based on statewide suicide statistics and per county populations). Dr. Todd Stolp, Tuolumne County Health Officer and Sheriff Jim Mele are the co-chairs for this ongoing task force, and representatives from all sectors of the community actively participate. The co-chairs, with support and assistance from the Behavioral Health Prevention and Early Intervention Program Manager, planned and held an annual retreat for 60 participants in Tuolumne County on September 18th, 2008 to create a long range strategic plan and coordinate with the Statewide Suicide Prevention efforts. Sandra Black, from the Department of Mental Health attended this retreat and provided an overview of the MHSA Statewide Suicide Prevention activities/plans and discussed how our local community can work with the state to address this issue. Two NAMI representatives participated in this retreat, along with two members of Behavioral Health's Leadership Council, and two consumer/staff members that coordinate the Peer Help Center for Tuolumne County Behavioral Health. Two documents were developed for the retreat that list samples of evidence – based prevention/early intervention programs specific to four age groups – youth, transitional age youth, adults and older adults. The 60 retreat participants broke down into four committees – and are currently planning over the next four months to come up with a recommended list of strategies specific to prevention, intervention, public education, professional training and monitoring/research by January, 2009, with ongoing support and resourcing from the TCBH Prevention and Early Intervention Program Manager. In January, 2009 the four committee action plans will be completed and presented to the Suicide Prevention Task Force by the individual committee chairs, and then a discussion will take place as to how to fund all the community strategies.

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

Suicide Prevention and Stigma Reduction Project:

Tuolumne County Behavioral Health's Prevention and Early Intervention Program Manager intends to provide 10% FTE time to help with coordination and oversight of PEI funds for implementation of critically needed professional training in suicide prevention for mental health therapists, case managers, law enforcement, public health nurses and community based paraprofessionals that provide social service support to residents in Tuolumne County; as well as training sectors of the community in suicide prevention gatekeeper programs, including ASIST AND QPR. Applied Suicide Intervention Skills training (ASIST) is a two day-intensive, interactive and practice-dominated course designed to help individuals recognize and review risk, and intervene to prevent the immediate risk of suicide. Question, Persuade and Refer Gatekeeper Program (QPR) is a 90 minute training for the general public and teaches participants the warning signs for suicide and the three-step QPR method. These trainings, and training of trainers, will be targeted to business leaders, school professionals, church pastors, peer help services staff, civic groups and any other sector of our community identified needing training at the Suicide Prevention Task Force meeting on January 29, 2009. In addition, a Depression and Mental Health Stigma Reduction Community Education Plan will be implemented that includes ongoing public service announcements and media articles about the effectiveness of treatment for mental illnesses and substance use

disorders, and presentations regarding stigma of mental illness and education to an array of civic organizations, businesses, social service agencies, PTA, church groups, peer support center consumers, NAMI, and parents as part of the ESL classes through the family resource center and family literacy sites, and the general public.

Milestones and Timelines for Implementation:

- By the end of the first year thirty professional staff will receive intensive suicide prevention training, twelve persons representing different sectors of the community will be trained as trainers in the QPR and ASIST Programs, and up to two hundred persons representing different sectors of Tuolumne County will have been trained in both the QPR and ASIST
- By the end of the first twelve months of project, ten community presentations will have been held, ten ongoing radio PSAs will have aired, and five articles will have been published in the local paper and community newsletters specific to stigma reduction and mental illness.

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2010 (16 months)		Number of months in operation through June 2009
	Prevention	Early Intervention	
Professional suicide prevention trainings	Individuals: 30 Families:	Individuals: Families:	4 months
Community-wide gatekeeper suicide prevention trainings (ASIST and QPR)	Individuals: 200 Families:	Individuals: Families:	4 months
Training of trainers in ASIST and QPR	Individuals: 12 Families:	Individuals: Families:	
Stigma Reduction and Mental Illness Media Campaign	Individuals: County-wide exposure Families:	Individuals: Families:	
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 230 Families:	Individuals: Families:	

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

The *Suicide Prevention and Stigma Reduction Project* will train and educate the community and professionals working with clients with mental illness including depression and suicidal ideation to intervene and refer to behavioral health support services available in our community. Trainings and education workshops will be held throughout the county, including Chamber of Commerce, School sites, numerous community service organizations, Peer Center, Teen Center, Family Literacy and Resource Centers (3 total), and a range of community based organizations and social service agencies.

In addition, Tuolumne County Behavioral Health has arranged for LGBT-TRISTAR in San Francisco to provide two four hour workshops to our Behavioral Health staff and the community at large next summer, 2009. Tri-Star provides these workshops at no cost to our agency. The workshops will provide a basic introduction to the LGBT community and its diversity, the issues, challenges and opportunities that are associated with providing prevention, treatment and recovery support services to LGBT clients. Participants will obtain practical information that can be applied to improve services for LGBT consumers.

6. Collaboration and System Enhancements

The *Suicide Prevention and Stigma Reduction Programs* are strong collaboration models that impact and work closely with all sectors of Tuolumne County as part of the community-wide Suicide Prevention Task Force including: PFLAG (Parents, Families and Friend of Families for Lesbians and Gays), Sierra Hope Aids Council, Tuolumne MeWuk Indian Health Center, MACT Health Board, Mountain Women's Resource Center, Infant Child Enrichment Center, Jamestown Family Learning Center, Family Literacy Centers, DRAIL, Me-Wuk Social Services, Tuolumne County Health/CalWorks/Recreation /Probation/ Child Welfare Services Departments, Lilliput Foster Support Services, YES Partnership Program, Friday Night Live Program (substance free activities), Tuolumne County Behavioral Health Systems of Care, Peer Center, Teen Center, Area 12 Agency on Aging, the Tuolumne Office of Education (TCOE), Sonora High School and Summerville High School Districts, K-8 Elementary Schools, Tuolumne County Sheriff Department, California Highway Patrol, NAMI organization, Area 12 Agency on Aging, Catholic Charities, Sonora Regional Hospital; Columbia College, Amador-Tuolumne Community Action Agency, Visiting Nurses Association, Chamber of Commerce, and numerous community civic organizations. Leveraged funds estimated to be \$40,000 total will be matched with PEI funds to help fund the Suicide Prevention Task Force's annual strategic plan, from the Sonora Area Foundation, a small local private foundation, and numerous local civic organizations who have pledged funds to support suicide prevention ongoing in our community. In addition, two "Cultural Responsiveness in Serving LGBT" workshops will be held next summer, at not cost, with an estimated value of \$3,500 for Tuolumne Behavioral Health staff and community-based organizations in our community.

7. Intended Outcomes

The outcomes and measures for the *Suicide Prevention and Stigma Reduction Programs* include:

- **Individual outcomes**

Tuolumne County residents who are trained in QPR program will be able to recognize and review risk, and intervene to prevent the immediate risk of suicide. Professionals working with clients at-risk of suicide who have received intensive training will be able to intervene and help suicidal clients; and Tuolumne County residents who are informed and educated about stigma and mental health illness will access behavioral health services more readily for themselves and/or refer family members/friends/coworkers for help.

- **System and Program outcomes**

A long range strategic plan will be completed and implemented by the Suicide Prevention Task Force; all sectors of community will be trained and educated about suicide prevention; professional groups representing behavioral

health, law enforcement, primary care, schools will be better trained about suicide prevention and effective intervention methods; and all sectors of community will be informed and educated about stigma and mental health illness.

8. Coordination with Other MHSA Components

The Tuolumne County MHSA Leadership Council will continue to provide advice, monitor and offer input and feedback on all MHSA programs, including the *PEI Suicide Prevention and Stigma Reduction Project*. Peer Center Staff funded through Tuolumne County's MHSA Community Services and Supports (CSS) funds, are involved with both the planning and implementation of Suicide Prevention Task Force's long range strategic plan, and are targeted to receive the "training of trainers" gatekeeper education once the overall plan is completed. The CSS Outreach consultant responsible for public education specific to mental illness and recovery will be assisting the PEI Program Manager in implementing the Stigma Reduction Project's public awareness campaign.

9. Additional Comments (optional)

N/A

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

County Name: Tuolumne Date: 10/31/08
 PEI Project Name: **Suicide Prevention and Stigma Reduction Projects**
 Provider Name (if known): **Tuolumne County Behavioral Health**
CBOs, county agencies, community service organizations, churches, etc. not yet identified
 Intended Provider Category:
 Proposed Total Number of Individuals to be served: FY 07-08 N/A FY 08-09 230
 Total Number of Individuals currently being served: FY 07-08 0 FY 08-09 _____
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 230
 Months of Operation: FY 07-08 _____ FY 08-09 6 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				
	PEI Project Coordinator (.10% FTE)		\$6,063	\$6,063
				\$0
				\$0
	b. Benefits and Taxes @ 40%		\$2,425	\$2,425
c. Total Personnel Expenditures		\$0	\$8,488.	\$8,488.
2. Operating Expenditures				
a. Facility Cost				
		\$0	\$0	\$0
b. Other Operating Expenses				
		\$0	\$3,982	\$2,982
c. Total Operating Expenses		\$0	\$3,982.	\$2,982
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
	Suicide Prevention Training Costs(Providers to be selected for training support once Suicide Task Force meets Jan.29		\$40,000.	\$40,000.
a. Total Subcontracts				\$0
4. Total Proposed PEI Project Budget		\$0	\$51,470	\$52,470
B. Revenues (list/itemize by fund source)				
1. Total Revenue				
		\$0	\$0	\$0
5. Total Funding Requested for PEI Project				\$51470
6. Total In-Kind Contributions		\$0	\$43,500.	\$43,500

Budget Narrative
Mental Health Services Act Prevention and Early Intervention Component
Suicide Prevention and Stigma Reduction Education Projects
FY 2008-009

Proposed Expenses and Revenues

A. Expenditure

1. Personnel

a. Salaries and Wages.

Costs for Salaries and wages amount to \$6,063 and includes 0.10 of a FTE position for the PEI Project Coordinator to help implement and oversee the *Suicide Prevention and Stigma Reduction Education* training programs for professionals who provide a range of social service support to residents of all ages in Tuolumne County (mental health therapists, case managers, law enforcement, public health nurses and community based paraprofessionals); as well as training sectors of the community in suicide prevention gatekeeper programs, including ASIST AND QPR.

b. Benefits and Taxes. Benefits are estimated at \$2,425 (40% of salaries and wages) for FY 2008-2009, and include costs for P.E.R.S., county disability benefits, workers compensation, vacation and sick time accrual, social security, health and life insurance, Medicare, and Unemployment Compensation

c. Total Personnel Expenditures is \$8,488 per year.

2. Operating Expenditures:

a. Facility Costs – N/A

b. Other Operating Expenses. Operating expenditures are estimated at \$3,982 and include marketing and outreach materials, facilitation costs for community presentations, local travel/mileage costs, copying/printing and miscellaneous costs to implement a Stigma Reduction Education campaign community wide.

c. Total Operating expenditures for this program are estimated at \$3,982 per year.

3. Subcontracts/Professional Services

Suicide Prevention training costs estimated to be \$40,000. Agencies with professionals targeted for the training will be identified through an annual strategic planning process on January 29, 2009, and will include agencies that provide a range of social service support to residents of all ages in Tuolumne County (mental health therapists, case managers, law enforcement, public health nurses and community based paraprofessionals). In addition, a contract will also be provided to a local community based organization identified through the strategic planning on January 29, 2009 that will be responsible for training sectors of the community in suicide prevention gatekeeper programs, including ASIST and QPR. These trainings, and training of trainers, will be targeted to business leaders, school professionals, church pastors, peer help services staff, civic groups and any other sector of our community.

a. Total Subcontracts is \$40,000

4. Total Proposed PEI budget is \$52,470

B. Revenues:

1. Total Revenue. N/A

C. Total Funding Requested for PEI Project is \$52,470

D. Total In-Kind Contributions:

The budget includes an estimate of in-kind contributions estimated to be \$43,500, and include \$40,000 of leveraged funds anticipated to be matched with PEI funds to help fund the Suicide Prevention Task Force's annual strategic plan in January, 2009 from the Sonora Area Foundation, a small local private foundation, and numerous local civic organizations who have pledged funds to support suicide prevention ongoing in our community. In addition, two "Cultural Responsiveness in Serving LGBT" workshops will be held next summer, at not cost, with an estimated value of \$3,500 for Tuolumne Behavioral Health staff and community-based organizations in our community.

PEI Administration Budget Worksheet

Form No.5

County: **Tuolumne**

Date: **10/31/08**

	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		40		\$24,261	\$24,261
b. PEI Support Staff		20		\$5,824	\$5,824
c. Other Personnel (list all classifications)					\$0
_____					\$0
_____					\$0
_____					\$0
d. Employee Benefits 40%				\$12,035	\$12,035
e. Total Personnel Expenditures			\$0	\$42,120	\$42,120
2. Operating Expenditures					
a. Facility Costs			\$0	\$3,653.	\$3,653.
b. Other Operating Expenditures			\$0	\$10,957	\$10,957
c. Total Operating Expenditures			\$0	\$14,610	\$14,610.
3. County Allocated Administration					
a. Total County Administration Cost			\$0	\$0	\$0
4. Total PEI Funding Request for County Administration Budget			\$0	\$56,730	\$56,730
B. Revenue					
1. Total Revenue					\$0
C. Total Funding Requirements			\$0	\$56,730	\$56,730.
D. Total In-Kind Contributions			\$0	\$0	\$0

BUDGET NARRATIVE
Mental Health Service Act Prevention and Early Intervention Component
Administration
FY 2007-08 and 2008-009

A. Expenditures

1. Personnel Expenditures:

- a. **Salaries and Wages** are estimated at \$30,085.
PEI Coordinator - the .40 FTE PEI Coordinator will provide overall PEI coordination under the direction of the MHSA Coordinator to ensure appropriate implementation of PEI plan's three projects including monitoring subcontracts; coordinating and reporting; and providing ongoing planning, program development and evaluation.
PEI Support Staff - the .20 PEI Support Staff will provide clerical support to the PEI Coordinator for the activities listed above.
- b. **Benefits and Taxes.** Benefits are estimated at \$12,035 (40% of salaries and wages) for FY 2008-2009, and include costs for P.E.R.S., county disability benefits, workers compensation, vacation and sick time accrual, social security, health and life insurance. Medicare, and Unemployment Compensation
- c. **Total Personnel Expenditures** are \$42,120

2. Operating Expenditures:

- a. **Facility Costs** are estimated at \$3,653 per year for use of buildings. This includes costs for janitorial supplies, janitorial services, building maintenance outside services, building alarm services and utilities.
- b. **Other Operating Expenses.** Operating expenditures are estimated at \$10,957. This category includes costs for office supplies, equipment, equipment maintenance, furnishings, program supplies, employee travel/mileage and training, printing and copying, communications, computer support, and postage costs.
- c. **Total Operating expenditures** for this program are estimated at \$14,610 a year.

3. County Allocated Administration.

No allocated A-87 County Administration is budgeted as this time.

4. Total Proposed PEI budget for Administration is \$56,730.

B. Revenue:

- 1. **Total Revenue.** N/A

C. Total Funding Requested for PEI Project is \$56,730.

D. Total In-Kind Contributions: None

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:	Tuolumne
Date:	10/31/08

#	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
	Early Childhood Education Project	\$0	\$230,000	\$230,000	\$230,000	\$0	\$0	\$0
	School Based Violence Prevention Projects		\$40,000	\$40,000	\$40,000			
	Suicide Prevention and Stigma Reduction Projects		\$51,470	\$51,470	\$12,868	\$12,868	\$12,867	\$12,867
			\$51,470	\$0				
	Administration		\$56,730.	\$56,730.	\$49,923	\$2,269	\$2,269.	\$2,269
	Total PEI Funds Requested:	\$0	\$378,200	\$378,200.	\$332,791	\$15,137	\$15,136	\$15,136

*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).

LOCAL EVALUATION OF A PEI PROJECT Form No. 7 22 County: Tuolumne Date: 10/31/08

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.

N/A Tuolumne County is defined as a “very small county”

PEI FOCUS GROUP QUESTIONS

- 1) What prevention/early intervention services/programs/strategies are currently available in our community
- 2) Where are the gaps?
- 3) What new services/programs/strategies would you like to see? What current services need strengthening and enhancement?
- 4) Of the services just identified, what are your top three?
- 5) Who are partners to help fund/leverage funds to provide possible new and expanded services?
- 6) What underserved cultural populations exist in Tuolumne County that are currently unlikely to seek help due to possible stigma, lack of knowledge, or other barriers (such as ethnically/racially diverse communities, members of gay and lesbian communities, disabled)
- 7) What type of mental/emotional issues do you feel need the most preventative attention for infants/children 0 to 5? Examples listed below

Suicide	Stigma	Depression
Bi-Polar Disorder	Schizophrenia	Aggression
ADD/ADHD	Attachment Disorders	Others?

June 24, 2008

Tuolumne County MHSA- Prevention and Early Intervention Community Survey

The Mental Health Services Act (MHSA) approved by voters in 2004 as Proposition 63, is launching its Prevention and Early Intervention (PEI) Program. We want to know what you think about services to be offered and groups of people to be helped by behavioral health prevention and early intervention programs in Tuolumne County. With your assistance, we can better plan for the needs of our community.

Prevention in mental health involves reducing risk factors or stressors, building protective factors and skills, and increasing support. Prevention promotes positive cognitive social and emotional development and encourages a state of well-being.

Early Intervention is directed toward individuals and families for who a short, relatively low-intensity intervention is appropriate to measurably improve mental health problems and avoid the need for more extensive mental health treatment.

PEI funding is to be used for programs/strategies that prevent mental health problems or to intervene early, *not* for filling gaps in treatment and recovery services for individuals who have been diagnosed with a serious mental illness or serious emotional disturbance and their families.

If you have questions regarding this survey or planning process, please do not hesitate to call Susan Sells, Prevention/Early Intervention Program Manager at Tuolumne County Behavioral Health, 209-533-6245, or e-mail SUSells@co.tuolumne.ca.us

Attachment #4

Your opinion is important, and we want to know what you think about services to be offered and groups of people to be helped by behavioral health prevention and early intervention programs in Tuolumne County. Please help us by answering the following questions. The information you provide will be confidential and anonymous.

1. Please rate (check) the following groups to indicate which ones you think have the greatest need for behavioral health prevention and early intervention services in Tuolumne County. (select one score per item below)

1	2	3	4	5
Very Low Need	Low Need	Moderate Need	High Need	Very High Need
<hr/>				
Children/youth in stressed families, at high risk for behavioral health services				
1____	2____	3____	4____	5____
<hr/>				
Children/youth at risk for failing or dropping out of school				
1____	2____	3____	4____	5____
<hr/>				
Children/youth at risk of being arrested and/or with juvenile justice involvement				
1____	2____	3____	4____	5____
<hr/>				
People (children, youth, young adults, adults, older adults) facing trauma (e.g. loss of loved one, home, and/or employment; isolation; repeated abuse, child abuse, domestic violence, refugees)				
1____	2____	3____	4____	5____
<hr/>				
People who often do not get the behavioral health services they need (e.g. based on race, culture, language, age, gender, lifestyle, or beliefs)				
1____	2____	3____	4____	5____
<hr/>				
People who have serious/acute substance abuse problems				
1____	2____	3____	4____	5____
<hr/>				
People who have attempted or might attempt suicide				
1____	2____	3____	4____	5____
<hr/>				
Veterans who have returned from active service				
1____	2____	3____	4____	5____
<hr/>				
People who start to show serious signs of mental illness				
1____	2____	3____	4____	5____

2. Other priority groups (s) needing behavioral health prevention and early intervention services. Please specify group(2) and level of need.

3. Please select three of the following community issues that you think are most important for behavioral health prevention and early intervention in Tuolumne County. (Select three)

- Suicide
- Arrest and detention in jail
- School failure or dropout
- Unemployment
- Poverty
- Homelessness
- Prolonged suffering/trauma
- Community/domestic violence
- Removal of children from their homes/families
- Number of undetected mental health problems
- Stigma/discrimination related to mental health problems

Other, please specify: _____

4. Please select three of the following places that you think would be the most effective community settings for identifying Tuolumne County residents with a need for behavioral health prevention and early intervention services. (Select three)

- Doctor's offices or clinics
- Healthcare settings (e.g. hospitals, nursing homes)
- Mental Health clinics and counseling services
- Day care Centers, Day Care Providers, Pre-schools (e.g. Head Start, State Preschool Centers)
- Community Organizations (peer drop in centers, family resource centers, youth recreation centers, homeless shelters for youth and adults, Dawn's Light Grief Support Center)
- Social Services (e.g. WIC Program, CalWORKS, ICES Raising Healthy Families)
- Schools (e.g. public, private)
- Faith-based Church organizations
- Law Enforcement (e.g. jails, courts, probation)
- Workplaces (e.g. Employee Assistance Programs)
- Unemployment/employment Centers (Job Connection)
- In-home (e.g. family, postal carriers, emergency responders)
- Other, please specify: _____

5. What are the two best approaches for addressing behavioral health prevention and early intervention in Tuolumne County? (Select two)

- Provide early and periodic screening, diagnosis and treatment for mental illness (at primary health care, pre-school and day care centers, child care, school/college, and workplace settings).
- Provide education and support services for parents, grandparents, and caregivers at family resource centers, churches, and other community settings.
- Provide resource and referral information (at primary health care, pre-school, school/college, child care, nursing home and workplace settings)
- Provide active outreach and prevention advocacy services to reach at risk groups
- Train educators, law enforcement, emergency responders, doctors, nurses, and nursing home staff on early recognition and response to mental illness
- Work-based programs (e.g. Employee Assistance Programs, Workplace Health Promotion Programs)
- Other, please specify: _____

6. What age group do you think would benefit most from behavioral health early intervention?

- 0-5 6-12 13-17 18-25 26-59 60+

7. What type of mental/emotional issues do you feel need the most preventative attention?

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Stigma | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Bi-Polar Disorder | <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Aggression |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Attachment Disorders | |
| <input type="checkbox"/> Posttraumatic Stress Disorder | <input type="checkbox"/> Other: _____ | |

8. I am:

- a person who receives behavioral health services
- a family member of a person who receives behavioral health services
- a community member
- a person who provides behavioral health services
- a person from social services
- a person from a health agency
- a person from education
- a person from law enforcement/criminal justice
- a representative from a faith based organization
- an advocate for Behavioral Health Services
- Other, please specify : _____

Voluntary Demographic Information

Age: _____ Sex: _____ Zip Code: _____

Race: _____ Black/African American
_____ Asian (please specify below with "other")
_____ Pacific Islander
_____ White/Caucasian
_____ Hispanic/Latino
_____ American Indian/Native American

_____ Other (or Asian), please specify: _____

Other Comments

Please feel free to make any other comments here:

Check here if you would like to be contacted regarding this survey or for more information: _____

Name: _____ Phone: _____ Email: _____

Demographics

GROUP	Cons	Fam	Oth	Child/ Youth	TAY	Adult	Older Adult	Afri-Amer	Asian/ Pac Is	Cauc/Whit e	Hisp/ Latino	Native Amer	Oth/ Unk	Total
Survey Responses - 87total	16	22	49		7	70	10	1	2	74	8	2		87
Focs Grp w/Area 12 Agency on Aging			3			2	1			3				3
Focs Grp w/BH Advisory Council	3	2	9			12	2			14				14
Focus Grp w/BH Child System of Care			9			8	1			9				9
Focus Grp w/BH Leadership Council	5	7	7		1	17	1			18	1			19
Focus Grp w/Chapman/Schneid TCOE			2			2				2				2
Focus Grp w/Childhood Plan.Council	2	2	12			14	2			14	2			16
Focus Grp w/CWS		2	9			10	1			10	1			11
Focus Grp w/First 5 Commission			14			14				14				14
Focus Grp w/Friendship School Staff			3			3				3				3
Focus Grp w/ICES management Staff		1	7			8				7	1			8
Focus Grp w/MWRC manage. Staff		1	11			12				11	1			12
Focus Grp w/Law Enforcement			3			3				3				3
Focus Grp w/Lilliput Services			3			2	1	1		2				3
Focus Grp w/NAMI Members		5				5				5				5
Focus Grp w/Peer Center	7					7				7				7
Focs. Grp w/TC Health Dept. Staff		1	7			8				8				8
Focs. Grp w/Veterans	8					8				8				8
Focus Grp w/WATCH manage. Staff		2	14			15	1		1	15				16
Focus Grp w/Teen Center	6				6					6				6
Focus Grp w/Sierra Hope/PFLAG		1	3			3	1			4				4
Focus Grp w/Spanish ESL Class		1	8		1	8					9			9
Focus Grp w/Probation Department			1				1			1				3
Interview w/Erin Begley Tuol. Rec. Dept			1			1				1				1
Interview w/Evelyn Thompson ICES		1				1				1				1
Interview w/Lynn Nolte Cal Works			1			1				1				1
Interview w/D Dotson Jamestown EI			1			1				1				1
Interview w/Marcia Williams FLCs		1				1				1				1
Interview w/Sheila Kruse First 5			1			1				1				1
Interview w/Mercedes Tunes			1			1					1			1
Interview w/Joe Silva TCOE			1			1				1				1
Interview w/L.Botts Head Start/ECS			1				1			1				1
Interview w/S. Bowe Head Start/ECS			1			1				1				1
Interview w/Shana Monaco YES/FNL			1			1				1				1
Interview w/Dr. Stolp Health Officer			1			1				1				1
Interview w/M Dyken JamestownRec.C.			1			1				1				1
Interview w/Kristy Gilliam DRAIL			1			1				1				1
Interview w/Mark Gee TCBH Therapist			1			1				1				1
Interview w/F. Kearns Me-Wuk Ind. Clin.			1			1						1		1
Interview w/K.Kerns MACT			1			1						1		1
TOTAL	47	49	189	0	15	249	21	2	3	252	24	4	0	285

Note did not count 70 residents that attended the August 29, 2007 forum, nor the additional 42 that participated in the four stakeholder meetings held in October, 2007.

Tuolumne County Behavioral Health's Prevention/Early Intervention Planning

Tuolumne County's Behavioral Health Department is currently conducting a community input process to identify mental health needs and priority populations as part of Mental Health Services Act (MHSA) Prevention & Early Intervention (PEI) planning. Input is being solicited in a variety of ways including community forums, focus groups, and community surveys.

The Mental Health Services Act (MHSA) or Prop 63 was approved by voters in November 2004 to impose a 1% tax on millionaires in order to create and expand successful mental health programs benefiting consumers and the community.

Prevention in mental health involves reducing risk factors or stressors, building protective factors and skills, and increasing support. Prevention promotes positive cognitive social and emotional development and encourages a state of well-being. Early Intervention is directed toward individuals and families for who a short, relatively low-intensity intervention is appropriate to measurably improve mental health problems and avoid the need for more extensive mental health treatment.



PEI funding is to be used for programs/strategies that prevent mental health problems or to intervene early, *not* for filling gaps in treatment and recovery services for individuals who have been diagnosed with a serious mental illness or serious emotional disturbance and their families.

Key PEI Mental Health Needs:

- Disparities in access to behavioral health services
- Psycho-social impact of trauma
- At-risk children, youth, and young adult populations
- Stigma and discrimination
- Suicide risk

Key PEI Priority Populations:

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

Your agency's feedback and input is important, and we want to know what you think about services to be offered and groups of people to be helped by behavioral health prevention and early intervention programs in Tuolumne County.

If you have questions regarding this planning process, contact Susan Sells, Prevention/Early Intervention Program Manager at Tuolumne County Behavioral Health, 209-533-6245, or e-mail SUSells@co.tuolumne.ca.us.



**BOARD OF SUPERVISORS
COUNTY OF TUOLUMNE**

**2 SOUTH GREEN STREET
SONORA, CA 95370**

EXCERPT FROM THE OFFICIAL MINUTES OF December 9, 2008

Application-MHSA PEI Plan Anne Robin, Assistant Director of Behavioral Health Services, requested consideration of approving the application for the Mental Health Services Act Prevention and Early Intervention (PEI) Plan, and responded to questions from the Board.

Discussion ensued.

It was moved by Supervisor Maffei, seconded by Supervisor Murrison, and carried by unanimous vote, to approve the application for the Mental Health Services Act PEI Plan.

Application-MHSA WET Plan Ms. Robin requested consideration of approving the application for the Mental Health Services Act Workforce Education and Training (WET) Plan, and responded to questions from the Board.

Discussion ensued.

It was moved by Supervisor Maffei, seconded by Supervisor Bass, and carried by unanimous vote, to approve the application for the Mental Health Services Act WET Plan.

The Board recessed at 12:02 p.m. and reconvened at 1:30 p.m.

DISTRIBUTION

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Ag/Weights/Air | <input type="checkbox"/> CoClerk/Elections | <input type="checkbox"/> ISS | <input type="checkbox"/> Sheriff |
| <input type="checkbox"/> Airports | <input type="checkbox"/> County Counsel | <input type="checkbox"/> Library | <input type="checkbox"/> Superior Court |
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> District Attorney | <input type="checkbox"/> Probation | <input type="checkbox"/> Grand Jury |
| <input type="checkbox"/> Animal Control | <input type="checkbox"/> Family Support | <input type="checkbox"/> Public Defender | <input type="checkbox"/> TGH |
| <input type="checkbox"/> Assessor | <input type="checkbox"/> Victim/Witness | <input type="checkbox"/> Public Works | <input type="checkbox"/> Treasurer/Tax |
| <input type="checkbox"/> Auditor/Controller | <input type="checkbox"/> Facilities | <input type="checkbox"/> Roads | <input type="checkbox"/> Rev Recovery |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Farm Advisor | <input type="checkbox"/> Solid Waste | <input type="checkbox"/> VNA/Hospice |
| <input type="checkbox"/> CAO | <input type="checkbox"/> Fire | <input type="checkbox"/> Surveyor | |
| <input type="checkbox"/> CDD | <input type="checkbox"/> Health | <input type="checkbox"/> Purchasing | COMMENTS: |
| <input type="checkbox"/> Building | <input type="checkbox"/> Hsp/VNA/Veterans | <input type="checkbox"/> Recorder | |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Recreation | |
| <input type="checkbox"/> Fire Prevention | <input type="checkbox"/> HSA | <input type="checkbox"/> Schools | |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Environ Health | | |

**TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD
SPECIAL MEETING**

Wednesday, December 10, 2008 @ 5:15 p.m. @

Tuolumne County Behavioral Health Department, 105 E. Hospital Road

Take the first ramp on the corner of Hospital Road and Nevada Street to reach the Behavioral Health Department. Phone Number: 533-6245

AGENDA

CHAIRPERSON

Melody Roberson

VICE

CHAIRPERSON

Elena Linehan

OTHER MEMBERS

Alexandra Campbell

Jennifer Carrier

Janet Darone

Don Elder

Kristy Gillen

Mary Leamy

Edith McCullough

**BOARD OF
SUPERVISOR'S
REPRESENTATIVE**

Paolo Maffei

SECRETARY

Leslie Miller

COMMITTEES

Contract Review

Performance Outcome

Systems of Care

MHSA Leadership Council

I. Public Hearing for the Mental Health Services Act (MHSA) Prevention/Early Intervention Plan, Workforce Education and Training Plan and Capital Facilities/Technology Needs Proposal

II. **Action Item**

To consider approving the following:

A. MHSA Prevention/Early Intervention Plan

B. MHSA Workforce Education and Training Plan

C. MHSA Capital Facilities/Technology Needs Proposal

BEHAVIORAL HEALTH AND RECOVERY UPCOMING EVENTS

NAMI for Tuolumne County: 1st Thursday of each month @ St. James Church

Executive Committee: TBA @ 105 E. Hospital Road

Contract Review Committee: Second Tuesday every second month @ 7:30 a.m. @ 105 E. Hospital Road

Performance Outcome: First Tuesday of every month @ 7:30 a.m. @ 105 E. Hospital Road.

MHSA Leadership Council: 4th Thursday of every month @ 5:30 p.m. @ 105 E. Hospital Road

This agenda can be made available in alternative formats upon request.

If you require a modification to allow your participation, please contact us @533-6245.

Late Agenda material can be reviewed at the Behavioral Health Department, 105 East Hospital Road, Sonora, CA 95370

Tuolumne County Behavioral Health Advisory Board
Public Hearing
(Minutes of the meeting of December 10, 2008)

Members Present

Elena Linehan
Alexandra Campbell
Kristy Gillen
Edith McCullough
Mary Leamy
Jennifer Carrier
Melody Roberson

Members Absent

Don Elder*
Janet Darone
Paolo Maffei

Others Present

Kathi Bramblett
Sandi Romena
Ron Hamilton
Anne Robin
Susan Sells
Leslie Miller

*Excused

I. Public Hearing for the Mental Health Services Act (MHSA) Prevention/Early Intervention Plan, Workforce Education and Training Plan, and Capital Facilities/Technology Needs Proposal

Elena Linehan, Vice Chair, called The Public Hearing to order at 5:25 p.m. Everyone introduced themselves.

- A. Prevention/Early Intervention Plan
1. Edith McCullough found two minor grammatical errors on page 4 of the Plan.
 2. Ms. McCullough also questioned why Form No. 2 was on Page 9 of the Plan when it was referred to on Page 3. Anne Robin explained that we are following the application order as it came from the State. The Form will be completed before going to the State.
 3. Mary Leamy said that she was very excited about the Plan and that we have needed it for a long time.
- B. Workforce Education and Training Plan
1. Alexandra Campbell asked why there are no clinical psychologists hired for these projects. Anne Robin explained that currently the classification for licensed clinical specialist could include clinical psychologists, but they may not like the salary range. It is not an exclusion just who is in the market place.
- C. Capital Facilities/Technology Needs Proposal
1. There were questions as to why this Proposal was so much smaller than the PEI and WET Plan. Kathi Bramblett explained that the Capital Facilities Proposal was just an overview of the strategy as opposed to the specific project. Each individual project is submitted for funding. Once this proposal is approved it gives her the authority to go ahead with the individual projects. These projects will have a 30-day posting, but will not require a Public Hearing.
 2. Alexandra Campbell asked about the amount of money. Kathi Bramblett explained that this is just what they thought they would need based on projects that are on the burner. Anne Robin said that the Capital Facilities has to be used on County Properties or where we have a 20-year lease. There are strict limitations that the funds be used for bricks and mortar.

II. Action Item – To Consider Approving the MHSA Prevention/Early Intervention Plan, MHSA Workforce Education and Training Plan, and MHSA Capital Facilities/Technology Needs Proposal

- A. MHSA Prevention/Early Intervention Plan
Elena Linehan entertained a motion to accept the Prevention/Early Intervention Plan. Kristi Gillen made a motion to accept the Prevention/Early Intervention Plan as presented. Alexandra Campbell seconded the motion and it passed.
- B. MHSA Workforce Education and Training Plan
Elena Linehan entertained a motion to accept the Workforce Education and Training Plan. Alexandra Campbell made a motion to accept the Workforce Education and Training Plan. Mary Leamy seconded the motion and it passed.
- C. MHSA Capital Facilities/Technology Needs Proposal
Elena Linehan entertained a motion to accept the Capital Facilities/Technology Needs Proposal. Jennifer Carrier made a motion to accept the Capital Facilities/Technology Needs Proposal. Elena Linehan seconded the motion and it passed.

Elena Linehan said that it was a pleasure to provide an overview for the County while the transition has been going on. It has been an exciting time.

Sandi Romena distributed a flyer about the new Crisis Stabilization Program Walk Through on December 18, 2008. This generated some questions:

Edith McCullough asked if clients can be held against their will in the Crisis Stabilization Program. Anne Robin explained that they can be in the Crisis Stabilization Program on a 5150, but we cannot apply physical or chemical restraints. The Program can call the Sonora Police Department if they feel the client is at risk. The hope is that the client can be stabilized and go home instead of being admitted to an inpatient unit.

Alexandra Campbell wanted to know if only Medi-Cal Clients will be admitted. Anne Robin said that the Crisis Stabilization Program will cover all Tuolumne County residents.

The question was raised as to what will happen if the 4 beds in the Crisis Stabilization Program are occupied. We would try to keep the client in the Program until a bed became available, but they may need to be sent out-of-county.

There was another question about where we found the people to staff the Crisis Stabilization Program. We have transferred some of our own staff, some are coming from Tuolumne General Medical Facility's Acute Psychiatric Unit and some from the outside.

In response to a question regarding the 23-hours the CAIP/Crisis Stabilization Program will be opened Anne Robin said that the busiest time for law enforcement receiving crisis calls is 3 p.m. to 11 p.m. The 3 p.m. to 11 p.m. walk-in is voluntary and the staff will try to reduce the crisis. If the client escalates, they can be referred to the Crisis Stabilization Program or to Sonora Regional Medical Center.

Jennifer Carrier asked how many beds there were in Tuolumne General Medical Facility's Acute Psychiatric Unit. Anne said that there were 16 beds, but that Tuolumne County residents only use on average 2.9 of those beds each month.

The meeting was adjourned at 5:55 p.m.

Attachment #11
Parenting Curriculum Review

Curriculum:

Name _____

1.) Adaptability/Applicability

Does the curriculum appear to be adaptable/flexible/applicable to a variety of presentors in a variety of settings for parents, grandparents, foster parents?

Settings: home visits, parenting classes, child care centers/preschools, family child care, family learning centers, therapy

Presentors: peers, para professionals & professionals in the various arenas of behavioral health, health, early childhood education, social services

Target Audience: parents, grandparents, foster parents, learning disabled

Please rate this question on a scale of 1-5 (circle the applicable number):

1= Curriculum applicable in one specific setting by one type of professional for one audience

2= Curriculum applicable in at least 2 settings, by more than one type of professional

3= Curriculum applicable in more than 2 settings

4= Curriculum is appropriate for most settings by several different types of presentors for most audiences

5= Curriculum could be taught in all of the above settings by all of the above presentors for all target audiences

Comments: _____

2.) Culturally Responsive

Is the curriculum culturally relevant/responsive to Tuolumne County residents: social-economically, family cultures, ethnicity, geographically...?

Please rate this question on a scale of 1-5 (circle the applicable number):

1= Is not relevant/responsive to Tuolumne County parents and would put many parents off

2= Is somewhat relevant/responsive to Tuolumne County parents

3= Is relevant enough

4= Is very relevant

5= Is very applicable/relatable to all Tuolumne County parents

Comments/Notes: _____

3.) Age Range

Is the curriculum developmentally appropriate and cover information about all ages of childhood (from birth through age 18; infants, toddlers, preschoolers, school agers, teenagers)? Only choose a rating when the curriculum materials demonstrate that it includes an age range that it claims to.

Please rate this question on a scale of 1-5 (circle the applicable number):

1= The material does not appear to be developmentally accurate and leaves out the 0-3 age group

2= The material is somewhat geared toward 0-3 age group

3= The material has some material for 0-3 , but more focused on 3 and up

4= It covers children ages 0-12 equally

5= It covers all ages of children 0-18, giving equal weight to all groups

Question #3:
Comments/Notes:

4.) Content

Does the curriculum cover the following topics:

- Attachment –building and maintaining relationships
- Developmental stages of childhood
- Feelings and how to deal with them
- Parent’s goals
- Belief systems
- Using needs to motivate children
- Temperament
- Communicating effectively
- Playing with your child
- Brain development and how it affects behavior
- House rules, how to create & enforce
- Written materials easy to read (i.e. 5th grade level)
- Behavior focused parenting
- Behavior modification
- The parental role
- Relevance of past experiences
- Safety issues
- Self Esteem
- Sibling and peer relationships
- Relationship focused parenting
- Values & ways of integrating into family life
- Managing stress
- Learning styles
- Specific discipline techniques
- Other _____

Please rate this question on a scale of 1-5 (circle the applicable number):

1= It omits key content that I believe is critical for parenting curriculum, or the reading material is complex and difficult to comprehend

2= It covers some of the above content and some of the key content, is at an appropriate reading level

3= It covers a competent amount of content & is at an appropriate reading level

4= It covers much of the above content in a thorough manner with written materials that are easy to read and comprehend

5= It appears to cover all the topics above in a thorough manner with written materials that are easy to read and comprehend

Comments/Notes: _____

4.) Strength Based

Is the curriculum strength based and does it build positive relationships between parents and children?

Please rate this question on a scale of 1-5 (circle the applicable number):

1= The curriculum does not address strengths in parents and does not include parents in a way that will build relationships with their child

2= The curriculum addresses strengths in a cursory way

3= The curriculum addresses strengths

4= The curriculum includes parent’s strengths and is relationship based

5= Identifying and building on parent’s strengths and their relationship with their children are key components

Question #4:

Comments/Notes: _____

5.) Presentation Methods

Does the curriculum use a variety of presentation methods such as lecture, videos, group interaction and power point ? Does it also include the following practice driven curriculum:

- Figuring out solutions
- Hearing other's experiences
- Role playing "real" situations
- Sharing specific situations in a group
- Being given solutions to problems
- Activities and games that teach
- Group brainstorming

Please rate this question on a scale of 1-5 (circle the applicable number):

1= It has limited presentation methods that are only applicable to one type of learner

2= Uses at least two types of presentation methods

3= Uses an adequate variety of presentation methods and practice

4= It incorporates a good variety of presentation methods with a good amount of practice

5= It incorporates a large variety of presentation methods that are geared for many types of learners and appropriate practice is a key part of the curriculum

Comments/Notes: _____

6. Parent Handouts/Workbooks

1= The format is hard to read, I don't like the visuals and I would not use it

2= I might use the materials

3= They are adequate

4= They are good

5= The format is user friendly, appropriate and very attractive such that I couldn't wait to use the materials

7. Overall Rating

After reviewing the curriculum for all of the above and any other indicator I think is important for a parenting curriculum:

1= I would not teach or attend a class with this curriculum

2= I would reluctantly use this curriculum

3= I feel neutral about this curriculum

4= I like this curriculum

5= I would love to use this curriculum or learn from this curriculum

Comments/Notes: _____

