

**ALPINE COUNTY  
BEHAVIORAL HEALTH**

*Prevention and Early Intervention Component*

Mental Health Services Act  
Program and Expenditure Plan  
Fiscal Year 2007-2008 and 2008-09

AND

Fiscal Year 2009-2010 Annual Update  
Funding Request

SUBMITTED  
May 29, 2009

REVISED  
July 1, 2009

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

Form No. 1

FACE SHEET

County Name: <b>Alpine County</b>	Date: May 19, 2009
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COUNTY'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):

County Mental Health Director	Project Lead
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**AUTHORIZING SIGNATURE**

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

  
County Behavioral Health Director

5/20/09  
Date

Executed at Markleeville, California

## PEI COMMUNITY PROGRAM PLANNING PROCESS

**County:** Alpine County**Date:** July 1, 2009**1. The county shall ensure that the Community Program Planning Process is adequately staffed. Describe which positions and/or units assumed the following responsibilities:***a. The overall Community Program Planning Process*

The Alpine County Behavioral Health (ACBH) community program planning process for the Prevention and Early Intervention (PEI) component of MHSa was managed by Jodi Long, our county Quality Improvement Coordinator. Ms. Long provided vision and oversight to the planning process. Her functions consisted of obtaining stakeholder input, guiding the review of the input, working with stakeholders to develop recommendations, and finalizing the PEI Plan for submission to the State Department of Mental Health.

The planning process included the distribution of a PEI survey to key stakeholders, analysis of the survey results, review of the findings, and obtaining stakeholder input into the identification of high-priority populations and the selection of programs for funding. We collected 33 surveys and obtained a broad range of stakeholder input to develop recommendations for PEI funding. Stakeholder meetings were held to review survey results and provide ongoing input into the final PEI Plan. See Appendices A and B for sample survey and survey results.

Alpine County is the smallest county, by population, in California; it is estimated that there are currently just over 1,000 residents. The majority of residents (74%) are Caucasian; 19% are Native American; and 7% report other races/ethnicities. There are no Latino residents in Alpine County; a few Latinos work seasonally at the ski resort in Kirkwood, but often only live in the county during the winter, or live in Nevada and drive to jobs at the ski areas.

While we are knowledgeable of the issues faced by persons who are lesbian, gay, bisexual, transsexual, and questioning, we are also aware of the issues of stigma in this very small, rural community. We offer mental health services to these individuals and ensure that their need for privacy is respected.

We strive to offer culturally sensitive services to this community, and work closely with individuals from the Native American community to offer services that respect and follow their cultural traditions. We are discussing how to best offer services to ensure that we respect the elders in the community and involve them when possible.

The county is extremely remote and rugged; lacks public transportation; and is subject to isolation in winter due to weather conditions and highway closures. During the winter, the highway between the north county (Markleeville and Woodfords) and the south county (Bear Valley) is closed due to snow. As a result, staff have to drive long distances (over 100 miles) to reach the south county community. In addition, the majority of high school students are bused to

school in Gardnerville, NV. This greatly increases the risk of youth dropping out of school because they cannot readily access services in their home community.

*b. Coordination and management of the Community Program Planning Process*

The coordination and management of the community program planning process was conducted by Jodi Long. A stakeholder group was organized, a meeting arranged, and an informational group with key stakeholders was held. In addition, our contractor, Nancy M. Callahan, Ph.D., IDEA Consulting, helped to organize and manage the planning process. This process was instrumental in ensuring that consumers, family members, staff, allied agencies, and community members had a voice in expressing their vision for PEI funding.

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

The ACBH PEI planning process was designed to facilitate meaningful participation from a broad range of stakeholders. The community planning process was conducted over a few months and involved county staff, community agencies, clients, and family members.

In order to obtain stakeholder input, ACBH developed a PEI survey. This survey created a vehicle for obtaining input from a broader range of individuals, especially for those who were unable to attend an organized event for lack transportation, inclement weather, or other reasons. Input was obtained through a number of different ways, including informational groups and broadly distributed PEI surveys. In addition, clients who were currently receiving mental health services were invited to complete a PEI survey. A total of 33 surveys were collected.

ACBH staff coordinated with other service agencies and clients to solicit feedback and ideas. Specific outreach was made to individuals with serious mental illness (and their families and caregivers), as well as to traditionally underserved and unserved populations (e.g., Native American groups, families with young children, youth, agencies serving older adults).

One community stakeholder meeting was held and included a brief explanation of the PEI funding and an explanation of the concept of PEI; participants were then asked to complete the survey. The stakeholder meeting was held at the Behavioral Health Clinic on March 10, 2009 at 12:00 pm; lunch was provided. There were 6 participants: 3 Native Americans and 3 Caucasians. Consumers, family members, and staff attended the stakeholder meeting.

The PEI surveys were collected and analyzed to help establish PEI priorities for use in planning and selecting the identified PEI programs and services. A total of 33 surveys were collected during this PEI planning process. The survey results show that the individuals who completed the surveys reflected all age groups: ages 0-17 (3%); ages 18-59 (73%); ages 60+ (15%) (9% did report age). These respondents reflected the cultural composition of the county with 73% Caucasian, 9% Native American, and 6% Other (12% were unknown/declined to answer).

Once the stakeholder meeting was conducted and the survey results were analyzed, the MHSA Steering Committee met to discuss possible projects. The MHSA Steering Committee is

comprised of members from a number of different agencies, as well as clients, family members, and community representatives.

The MHSA Steering Committee discussed the PEI Survey results, the priority populations for the county, and options for prevention and early intervention programs. The group had a comprehensive discussion of the potential options and then identified the highest priorities for PEI funding. The PEI stakeholder/community input, results of the informational groups, survey results, and previous information obtained during the initial CSS planning process were used to identify these priorities and develop recommendations for PEI funding.

There were a number of different ideas and priorities identified during the Steering Committee meeting. This group assessed and discussed the community capacity and strengths, identified existing strengths of the county and priority populations, and reviewed the amount of funding available from PEI. These issues were discussed and the group was able to identify the highest priority populations and subsequently select the recommended programs.

While there were several priorities identified through this planning process, two projects were selected for funding. One project focuses on prevention and early intervention services for children and youth, while the other high priority is meeting the needs of the adult population, especially the Native American community, to help strengthen families. Both evidence-based programs that we have selected for serving these populations have been proven effective with the Native American population.

### **1. Children and Youth Second Step Program – Project 1:**

The stakeholder group reviewed the survey data and discussed the needs of children and youth in Alpine County. There was extensive discussion regarding the survey results and the problems identified for children and youth who are living in the county. We discussed how many of the children are from families who have a history of using drugs and alcohol. In addition, some of the children have a history of child abuse and neglect, and violence in the home. These children from stressed families are at high risk for emotional disturbance.

In addition to having a history of substance abuse, many of the parents have been involved in domestic violence. As a result, their children feel lost when they are removed from the home, or when a parent leaves the home. When a child has lost his/her family bond, and have trauma as a result of being exposed to the violence, substance abuse, and absent parenting, he/she is at high risk of school and behavior problems.

We also discussed the Native American culture and specifically that, in this culture, the family unit is the key component. When the family is not employed, there is a higher probability of the parents abusing alcohol and/or being involved in domestic violence. If Child Protective Services gets involved, the family may be separated and everyone is traumatized. This may result in the child having trouble in school, emotional problems, and/or being at risk for using substances.

As a result of the input from the stakeholder surveys and the discussions with the MSHA Steering Committee, we plan to offer an intensive program to children, youth, and their families in the schools and after school. The evidence-based practice selected for this PEI component is the Second Step Program. This program develops social competence, pro-social behavior, and reduces the incidence of negative, aggressive, and/or antisocial behaviors. This will help to address children and youth with academic problems, empower them to develop a strong social support network, and get them involved in positive relationships with adults.

## **2. Strengthening Families - Project 2:**

The second recommendation from stakeholder input and the Steering Committee was to develop an early intervention program for adults, to help them develop positive parenting skills, communication skills, and life skills. This early intervention program is for adults and teens who are pregnant and/or have young children. It would offer parenting education for young parents, including fathers, and help them learn positive parenting and behavior management techniques.

The evidence-based practice selected for this PEI component is the Strengthening Families Program. It is a 14-session, science-based program which develops parenting skills, child life skills, and family life skills. This program is specifically designed for high-risk families.

These two areas were considered the highest priority for funding by the MSHA Steering Committee. Each of these programs will be developed and/or enhanced to meet the Prevention and Early Intervention objectives of the community.

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

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

The PEI Planning process included discussion groups and informational sessions across the county. This strategy ensured that the opinions of unserved and underserved populations were included in the planning process. We also strived to include family members of unserved and underserved populations. Of the 30 individuals who responded to the question, "Have you or a family member ever received mental health services," 50% responded 'Yes.' This clearly demonstrated that the planning process included our target population.

Staff directly and informally engaged under-represented citizens to solicit their input. To reach un/under-served adults, informational groups were held and surveys distributed to individuals involved in different county programs. The surveys were also distributed to the Native American community to obtain input from this important population.

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

The survey results show that the individuals who completed the surveys reflected all age groups: ages 0-17 (3%); ages 18-59 (73%); ages 60+ (15%). The ages of 9% of the respondents were unreported. These respondents reflected the cultural composition of the county with 73% Caucasian, 9% Native American, and 18% Other. A wide representation of the community completed the survey, including community members (29%), consumers (9%), business/community members (5%), and county staff (55%). 2% reported multiple roles.

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

Small and personal informational groups were held with adults with a serious mental illness and youth with a serious emotional disturbance. Family members were included in informational group and planning activities and were asked to complete a survey. Of the 30 individuals who responded to the question, “Have you or a family member ever received mental health services,” 50% responded ‘Yes.’ This data clearly demonstrates that the planning process included our target population.

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

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

Of the 30 individuals who responded to the question, “Have you or a family member ever received mental health services,” 50% responded ‘Yes.’ This data clearly demonstrates that the planning process included our target population. The MHSA Steering Committee also has consumer and family member representatives. These committee members were involved in reviewing the data and survey results, discussing the findings, and making the final program selections and recommendations for funding.

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

55% of the survey respondents were county staff. Surveys were completed by Behavioral Health, Health and Human Services Agency departments (social services, public health), law enforcement agencies, and probation.

- *Educators and/or representatives of education*

Surveys were also distributed to persons involved in the educational system. Persons working within the schools were involved in the MHSA Steering Committee process and provided input into the development of core recommendations for this plan.

- *Representatives of law enforcement*

Surveys were distributed to law enforcement staff.

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

Family members, youth, and adult clients were asked to complete a survey. Members of the Native American community were also asked to complete a survey and give their ideas and recommendations.

Surveys were distributed at the local senior center. 15% of respondents were older adults, demonstrating excellent participation in this planning process for this small, remote county.

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

The ACBH staff was involved in facilitating informational groups and providing information on the PEI planning process. These individuals participated in MHSA training activities and PEI information sessions. The MHSA Steering Committee has been involved throughout in the MHSA Community Services and Supports planning process and participated in MHSA-related training opportunities over the past several years. These individuals provided training and answered questions for stakeholders during the planning process, the informational groups, and informational sessions.

#### **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.*

We utilized the learning experiences gained in our initial CSS planning process to develop and implement the PEI planning process. The community is now familiar with MHSA planning activities. Our allied agencies and community organizations are willing participants in gathering stakeholders for meetings, distributing and collecting surveys, and providing feedback about proposed programs and services. Community members participated in organizing groups and assisting individuals to complete the surveys. The experience from the CSS planning process helped us to better inform the community of opportunities for input, as well as identify appropriate locations for holding meetings.

We also have a better understanding of the unserved and underserved individuals in our community. This knowledge helps to improve our outreach efforts and to ensure that we are

focused on the inclusion of these individuals in informational groups and distribution of surveys. We have formed stronger relationships with these groups and now have a history of inclusion and collaboration in our efforts to obtain information from these key populations.

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

Our planning process was successful for this small, geographically rugged county, with a total population of just over 1,000. We obtained a total of 33 surveys with broad representation from our clients, family members, community members, and county staff. Of the 33 surveys collected, 3% of the respondents were children and TAY; 73% were Adults; and 15% were Older Adults. The ages of 9% of the respondents were unreported. We also involved stakeholders in the analysis of the data from the stakeholder input process, in finalizing the priorities for the PEI plan, and in providing input into the written PEI Plan.

Once the surveys were collected and analyzed, the MHSA Steering Committee met to discuss the findings. Through discussion of the survey results and conversations regarding the needs of the community, everyone came together to create one, coordinated vision for the county. This process was extremely effective at bringing stakeholders together to create one comprehensive PEI Plan for Alpine County.

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

- a. The date of the public hearing:*

The Public Hearing was held on Thursday, May 14, 2009 at 12:00 noon at the Hung-A-Lel-Ti Wellness Center.

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

The draft PEI Plan was available for public review and comment from April 14, 2009 through May 14, 2009. The draft PEI Plan was distributed to the Behavioral Health Board for review and comment. The draft PEI Plan was also available across the county in locations consistent with the CSS Plan distribution. It was available for viewing on the Alpine County website. In addition, copies of the plan were placed at the Wellness Center, partner agencies, the public library, and a number of public facilities. The plan has been made available to clients, family members, and other interested stakeholders.

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

Public comments were favorable and the community is supportive of the PEI Plan. Minor recommendations to the Plan were given, as follows:

- Specify the schools and educational centers where the Second Step program will be implemented, including the Woodfords Indian Education Center.
- Clarify the target population of the Strengthening Families program to include all age groups, including older adults, to better capture extended families.
- Include domestic violence support as a component of the Strengthening Families program.
- Offer child care services for parents who participate in the Strengthening Families parent-training groups.

The Steering Committee has reviewed these recommendations and determined that these changes will strengthen our PEI Plan. These changes have been incorporated into this document.

*d. The estimated number of participants:*

Nine (9) individuals participated in the Public Hearing: 4 Native Americans and 5 Caucasians. Participants included consumers, family members, staff, and representatives from partner agencies.

## PEI PROJECT SUMMARY

Form No. 3

County: **Alpine County**

PEI Project Name: **CHILDREN AND YOUTH SECOND STEP PROGRAM**

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

### 1. PEI Key Community Mental Health Needs

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

### 2A. PEI Priority Populations

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

## **PEI PROJECT SUMMARY – Children and Youth Second Step Program**

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

The stakeholder group reviewed the survey data and discussed the needs of children and youth in Alpine County. There was extensive discussion regarding the survey results and the problems identified for children and youth who are living in the county. We discussed that many of the children are from families who have a history of using drugs and alcohol. In addition, some of the children have a history of child abuse and neglect, and violence in the home. These children from stressed families are at high risk for emotional disturbance.

In addition to having a history of substance abuse, many of the parents have been involved in domestic violence. As a result, their children feel lost when they are removed from the home, or when a parent leaves the home. When the child has lost their family bond, and have trauma as a result of being exposed to the violence, substance abuse, and absent parenting, they are high risk of school and behavior problems.

We also discussed the Native American culture and how the family unit is the key component. When the family is not employed, there is a higher probability of the parents abusing alcohol and/or being involved in domestic violence. If Child Protective Services gets involved, the family may be separated and everyone is traumatized. This may result in the child having trouble in school, emotional problems, and/or being at risk for using substances.

As a result of the input from the stakeholder surveys and the discussions with the MSHA Steering Committee, we plan to offer an intensive program to children, youth, and their families in the schools and after school. The evidence-based practice selected for this PEI component is the Second Step Program. This program develops social competence, pro-social behavior, and reduces the incidence of negative, aggressive, and/or antisocial behaviors. This strategy will help to address children and youth with academic problems, empower them to develop a strong social support network, and get them involved in positive relationships with adults.

### 3. PEI Project Description – Children and Youth Second Step Program

The highest priority population for PEI funding was services for children and youth. As a result, we have developed the Children and Youth Second Step Program to meet the community’s priority for early identification of children with unmet mental health needs through the development of school and community-based services for children and youth.

The Second Step Program is a classroom-based, social skills program for children ages 4-14 years. It teaches social-emotional skills aimed at reducing impulsive and aggressive behavior, while increasing social competence. The program includes in-school curriculum, a parent training component, and after-school skill development. It develops skills in empathy, impulse control, and anger management. The Second Step Program will be implemented in all elementary schools in Alpine County, including the Woodfords Indian Education Center, as well as in local preschools.

There will be two half-time positions used for this program. We will hire a licensed/waivered mental health clinician and a Case Manager. The clinician will be used to implement the Second Step Program within the schools, helping students develop social-emotional skills, utilizing a social learning mode. The clinician will also utilize the Mental Health Screening Tool to assess children for mental health symptoms that may indicate the child needs a referral and treatment for more intensive mental health services. The clinician will work with the parents involved in the Second Step Program, helping them develop skills to manage behavior and promote self-esteem. Child care services will be provided during these parent training groups. The Case Manager will work closely with the Clinician in implementing the Second Step Program. In addition, this individual will provide linkage and support to families to help them implement the social skills learned in the Second Step Program within their home environment.

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

<b>Activity</b>	<b>Time from Initiation of Program (signed contract, budget authority to hire staff)</b>
Hire staff	2 months
Purchase Second Step Program	2 months
Train staff in Second Step Program	4 months
Train teachers in schools and education centers	6 months
Deliver Second Step Program activities	6 months

**PEI PROJECT SUMMARY – Children and Youth Second Step Program, *continued***

**4. Programs.**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	<b>Prevention</b>	<b>Early Intervention</b>	
	Individuals: Families:	Individuals: Families:	
Children and Youth Second Step Program	Individuals: Families:	Individuals: Families:	
	See FY 09/10 Update Exhibit D (below) for anticipated number of clients to be served in FY 2009-2010.		
	Families:	Families:	
	Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
<b>TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>Individuals:</b> <b>Families:</b>	<b>Individuals:</b> <b>Families:</b>	

**5. Alternate Programs.**

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

## **PEI PROJECT SUMMARY – Children and Youth Second Step Program, *continued***

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

Alpine County is a small, rural community. All MHSA and Mental Health staff in this small community share the same office building and the same management staff. Linking services is as simple as walking across the hall. In addition, all Health and Human Services are in the same building, so linkages to other programs are also easy. If a child or family needs services from providers outside of the county, MHSA and/or County staff are available to provide transportation to needed resources.

Each staff person ‘wears many hats’ in this small, rural county. As a result, the same staff people attend many of the same meetings, in their different job capacities. This helps to create a ‘seamless’ system between programs and ensures that clients and families receive the services that they need in a timely manner.

### **7. Collaboration and System Enhancements.**

This project builds collaboration between the schools, health services, preschools, community organizations, the local Tribe, and mental health services. Through training activities utilizing the Mental Health Screening tool, early identification of behaviors of concern, and development of culturally-relevant activities, this program will promote wellness and recovery for children, youth, and families. As noted above, this is a collaborative project that combines an excellent, early intervention program with the development of a supportive, culturally-relevant early intervention program to promote healthy behaviors for children, youth, and families.

### **8. Intended Outcomes.**

Children will greatly benefit from this program through early identification of mental health behaviors of concern. Community agency staff will be trained to use the Mental Health Screening Tool to identify problem behaviors and make appropriate referrals for services. In addition, the Second Step Program will achieve positive outcomes, including improved social behavior, impulse control, and anger management. Parents will demonstrate positive family relationships and positive parenting skills. Outcomes will be collected through the use of survey instruments that the staff and/or youth and family complete. This information will be collected at admission, every six months, and at discharge, to provide information on the effectiveness of the program.

Outcomes related to stability in living situation, school performance, encounters with law enforcement, social relationships, and family relationships will be collected and analyzed. A Risk/Resiliency Instrument and Youth Satisfaction Survey and Youth Satisfaction Survey for Families will be used to collect these outcome measures.

## **9. Coordination with Other MHSA Components.**

The Second Step Program will complement our CSS Program by offering additional skills and supports to local teachers, children, youth, and families. With a priority for Native American children and families, we will continue to expand access to services for unserved and underserved populations.

## **10. Additional Comments.**

Whenever possible, bicultural staff will be hired to ensure that services are culturally relevant to our Native American population.

**PEI PROJECT SUMMARY**

Form No. 3

County: **Alpine County**

PEI Project Name: **STRENGTHENING FAMILIES PROGRAM**

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

**1. PEI Key Community Mental Health Needs**

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

**2A. PEI Priority Populations**

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

## **PEI PROJECT SUMMARY – Strengthening Families Program, *continued***

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

The stakeholder group reviewed the survey data and discussed the needs of children and youth in Alpine County. There was extensive discussion regarding the survey results and the problems identified for children and youth who are living in the county. We discussed that many of the children are from families who have a history of using drugs and alcohol. In addition, some of the children have a history of child abuse and neglect, and violence in the home. These children from stressed families are at high risk for emotional disturbance.

In addition to having a history of substance abuse, many of the parents have been involved in domestic violence. As a result, their children feel lost when they are removed from the home, or when a parent leaves the home. When the child has lost their family bond, and have trauma as a result of being exposed to the violence, substance abuse, and absent parenting, they are high risk of school and behavior problems.

We also discussed the Native American culture and how the family unit is the key component. When the family is not employed, there is a higher probability of the parents abusing alcohol and/or being involved in domestic violence. If Child Protective Services gets involved, the family may be separated and everyone is traumatized. This may result in the child having trouble in school, emotional problems, and/or being at risk for using substances.

The second recommendation from the Stakeholder input and Steering Committee was to develop an early intervention program for adults, to help them develop positive parenting skills, communication skills, and life skills. The evidence-based practice selected for this PEI component is the Strengthening Families Program. It is a 14-session, science-based program to develop parenting skills, child's life skills, and family life skills, and is specifically designed for high-risk families.

### **3. PEI Project Description – Strengthening Families Program**

The Strengthening Families Program is an evidence-based practice that is science-based and develops parenting skills, child life skills, and family life skills. This early intervention program is for adults and teens who are pregnant and/or have young children. It will offer parenting education for parents, including fathers, and help them learn positive parenting and behavior management techniques. It is specifically designed for high-risk families. It has separate components for families with children ages 3 to 5; children ages 6 to 11; and youth ages 12 to 16.

The program consists of 2-hour group sessions, often preceded by a meal. It will be implemented at the Tribal Wellness Center and will be available to the Native American community. When our second Wellness Center is developed, we will also offer the Strengthening Families Program in that community.

There will be two half-time positions used for this program. We will hire a licensed/waivered mental health clinician and a Case Manager. The clinician will be used to implement the Strengthening Families Program in the community, holding the group session for parents and their children. The clinician will serve as the team leader, and provide coaching and guidance to the parents and children. The clinician will also utilize a Mental Health Screening Tool to assess children in the program for mental health symptoms that may indicate the child needs a referral and treatment for more intensive mental health services. The clinician will also work with the parents involved in the Strengthening Families Program, helping them develop and enhance their skills to manage behavior and promote self-esteem. Child care services will be provided during these parenting group sessions. Persons who are victims of domestic violence will receive support and treatment to help them address their issues.

The Case Manager will work closely with the Clinician in implementing the Strengthening Families Program. In addition, this individual will provide linkage and support to parents to help them implement the skills learned in the Strengthening Families Program within their home environment.

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

<b>Activity</b>	<b>Time from Initiation of Program (signed contract, budget authority to hire staff)</b>
Hire staff	2 months
Purchase Strengthening Families Program	2 months
Train staff in Strengthening Families Program	4 months
Deliver Strengthening Families Program activities	6 months

**PEI PROJECT SUMMARY – Strengthening Families Program, *continued***

**4. Programs.**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	<b>Prevention</b>	<b>Early Intervention</b>	
	Individuals: Families:	Individuals: Families:	
<b>Strengthening Families Program</b>	Individuals: Families:	Individuals: Families:	
	Individuals:	Individuals:	
See FY 09/10 Update Exhibit D (below) for anticipated number of clients to be served in FY 2009-2010.			
	Individuals: Families:	Individuals: Families:	
	Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
<b>TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>Individuals: Families:</b>	<b>Individuals: Families:</b>	

**5. Alternate Programs.**

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

## **PEI PROJECT SUMMARY – Strengthening Families Program, *continued***

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

Alpine County is a small, rural community. All MHSA and Mental Health staff in this small community share the same office building and the same management staff. Linking services is as simple as walking across the hall. In addition, all Health and Human Services are in the same building, so linkages to other programs are also easy. If a parent or family needs services from providers outside of the county, MHSA and/or County staff are available to provide transportation to needed resources. If a child or family needs services from providers outside of the county, MHSA and/or County staff are available to provide transportation to needed resources. Each staff person ‘wears many hats’ in this small, rural county. As a result, the same staff people attend many of the same meetings, in their different job capacities. This helps to create a ‘seamless’ system between programs and ensures that clients and families receive the services that they need in a timely manner.

### **7. Collaboration and System Enhancements.**

This program builds upon the collaboration between Behavioral Health, law enforcement, education, and social services. Through training activities utilizing the Mental Health Screening tool, early identification of behaviors of concern, and development of culturally-relevant activities, this program will promote wellness and recovery for parents, children, and families. As noted above, this is a collaborative project that combines an excellent, early intervention program with the development of a supportive, culturally-relevant early intervention program to promote healthy behaviors for children, youth, and families.

### **8. Intended Outcomes.**

Outcomes of the Strengthening Families Program include preventing substance abuse and domestic and/or child abuse risk factors through improving family relationships. The program also increases. Outcomes will be collected through the use of survey instruments that the staff and/or youth and family complete. This information will be collected at admission, every six months, and at discharge, to provide information on the effectiveness of the program.

Outcomes related to stability in living situation, school performance, encounters with law enforcement, social relationships, and family relationships will be collected and analyzed. A Risk/Resiliency Instrument and Youth Satisfaction Survey and Youth Satisfaction Survey for Families will be used to collect these outcome measures.

## **9. Coordination with Other MHSA Components.**

The Strengthening Families Program will complement our CSS Program by offering additional skills and supports to local teachers, children, youth, and families. With a priority for Native American children and families, we will continue to expand access to services for unserved and underserved populations. This program will be closely coordinated with our other MHSA and core mental health service delivery programs to meet each individual's need.

## **10. Additional Comments.**

Whenever possible, bicultural staff will be hired to ensure that services are culturally relevant to our Native American population.

**Alpine County Behavioral Health  
Mental Health Services Act FY 2009-2010 Annual Update  
Prevention and Early Intervention Funding Request**

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*Supplement to the Prevention and Early Intervention Program and Expenditure Plan for Fiscal Years 2007-2008 and 2008-2009*

Per DMH Notice No. 08-28, “counties that have not yet submitted their initial component Work Plans may include the applicable Exhibit E – Funding Requests for FY 2009/10...as part of their initial component plan submission.”

Alpine County Behavioral Health has included “Exhibit E – Funding Requests for FY 2009/10” as a supplemental component of the PEI Program and Expenditure Plan for Fiscal Years 2007/08 and 2008/09. In addition, ACBH has included “Exhibit D – MHSA Work Plan Description” as a narrative to this supplement. Budget narratives have been included as supporting documentation.

The draft PEI Plan was available for public review and comment from April 14, 2009 through May 14, 2009. The draft PEI Plan was distributed to the Behavioral Health Board for review and comment. The draft PEI Plan was also available across the county in locations consistent with the CSS Plan distribution. It was available for viewing on the Alpine County website. In addition, copies of the plan were placed at the Wellness Center, partner agencies, the public library, and a number of public facilities. The plan has been made available to clients, family members, and other interested stakeholders.

Public comments were favorable and the community is supportive of the PEI Plan. Minor recommendations to the Plan were given, as follows:

- Specify the schools and educational centers where the Second Step program will be implemented, including the Woodfords Indian Education Center.
- Clarify the target population of the Strengthening Families program to include all age groups, including older adults, to better capture extended families.
- Include domestic violence support as a component of the Strengthening Families program.
- Offer child care services for parents who participate in the Strengthening Families parent-training groups.

The Steering Committee has reviewed these recommendations and determined that these changes will strengthen our PEI Plan. These changes have been incorporated into this document.

Please refer to Question 5 in the *Prevention and Early Intervention FY 2007-08 and 2008-09 Program and Expenditure Plan* (above) for more information regarding the Public Hearing, feedback, and changes to the PEI Plan.

**COUNTY CERTIFICATION  
MHSA FY 2009/10 ANNUAL UPDATE**

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

  
\_\_\_\_\_  
*County Behavioral Health Director*

  
\_\_\_\_\_  
*Date*

Executed at Markleeville, California



**County Name**

Alpine

**Work Plan Title**

Second Step – Children and Youth Program

**Population to Be Served**

- Children and youth, ages 4-14, in schools and preschools
- Families of at-risk children and youth
- All genders, races/ethnicity, with an emphasis on the Native American population

**Work Plan Description**

We have developed the Children and Youth Second Step Program to meet the community’s priority for early identification of children with unmet mental health needs through the development of school and community-based services for children and youth.

The Second Step Program is a classroom-based, social skills program for children ages 4-14 years. It teaches social-emotional skills aimed at reducing impulsive and aggressive behavior, while increasing social competence. The program includes in-school curriculum, a parent training component, and after-school skill development. It develops skills in empathy, impulse control, and anger management. The Program is implemented in all elementary schools in Alpine County, including the Woodfords Indian Education Center, as well as local preschools.

There are two half-time positions used for this program. We will hire a licensed/waivered mental health clinician and a Case Manager. The clinician will be used to implement the Second Step Program within the schools, helping students develop social-emotional skills, utilizing a social learning mode. The clinician will also utilize the Mental Health Screening Tool to assess children for mental health symptoms that may indicate the child needs a referral and treatment for more intensive mental health services. The clinician will work with the families involved in the Second Step Program, helping them develop skills to manage behavior and promote self-esteem. Child care services will be provided during parent-training groups.

The Case Manager will work closely with the Clinician in implementing the Second Step Program. In addition, this individual will provide linkage and support to families to help them implement the social skills learned in the Second Step Program within their home environment.

This project builds collaboration between the schools, health services, preschools, community organizations, the local Tribe, and mental health services. Through training activities utilizing the Mental Health Screening Tool (MHST), early identification of behaviors of concern, and development of culturally-relevant activities, this program will promote wellness and recovery for children, youth, and families. The Second Step Program will achieve positive outcomes including improved social behavior, impulse control, and anger management. Parents will demonstrate positive family relationships and positive parenting skills.

The Second Step Program will complement our CSS Program by offering additional skills and supports to local teachers, children, youth, and families. With a priority for Native American children and families, we will continue to expand access to services for unserved and underserved populations.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients by Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

25 Total

Number of Clients by Type of Prevention

\_\_\_\_\_ Early Intervention

25 Indicated/Selected

\_\_\_\_\_ Universal



**County Name**

Alpine

**Work Plan Title**

Strengthening Families Program

**Population to Be Served**

- Adults, ages 18+, who are pregnant and/or have young children
- High-risk families
- All genders, races/ethnicity, with an emphasis on the Native American population

**Work Plan Description**

The Strengthening Families Program is an evidence-based practice that is science-based and develops parenting skills, child life skills, and family life skills. This early intervention program is for adults and teens who are pregnant and/or have young children. It will offer parenting education for young parents, including fathers, and help them learn positive parenting and behavior management techniques. It is specifically designed for high-risk families. It has separate components for families with children ages 3 to 5; children ages 6 to 11; and youth ages 12 to 16.

The program consists of 2-hour group sessions, often preceded by a meal. It will be implemented at the Tribal Wellness Center and will be available to the Native American community. When our second Wellness Center is developed, we will also offer the Strengthening Families Program in that community.

There are two half-time positions used for this program. We will hire a licensed/waivered mental health clinician and a Case Manager. The clinician will be used to implement the Strengthening Families Program in the community, holding the group session for parents and their children. The clinician will serve as the team leader, and provide coaching and guidance to the parents and children. The clinician will also utilize a Mental Health Screening Tool to assess children in the program for mental health symptoms that may indicate the child needs a referral and treatment for more intensive mental health services. The clinician will work with the parents involved in the Strengthening Families Program within the home environment, helping them develop and enhance their skills to manage behavior and promote self-esteem. Child care services will be provided during these parenting group sessions. Persons who are victims of domestic violence will receive support and treatment to help them address their issues.

The Case Manager will work closely with the Clinician in implementing the Strengthening Families Program. In addition, this individual will provide linkage and support to parents to help them implement the skills learned in the Strengthening Families Program within their home environment.

This program builds upon the collaboration between Behavioral Health, law enforcement, education, and social services. Through training activities utilizing the Mental Health Screening tool, early identification of behaviors of concern, and development of culturally-relevant activities, this program will promote wellness and recovery for parents, children, and families. As noted above, this is a collaborative project that combines an excellent, early intervention program with the development of a supportive, culturally-relevant early intervention program to promote healthy behaviors for children, youth, and families.

Outcomes of the Strengthening Families Program include preventing substance abuse and domestic and/or child abuse risk factors through improving family relationships. The program also increases family strengths and resiliency and reduces problem behaviors in children.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients by Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

20 Total

Number of Clients by Type of Prevention

\_\_\_\_\_ Early Intervention

20 Indicated/Selected

\_\_\_\_\_ Universal

EXHIBIT E4-PEI Funding Request

FY 2009/10 Mental Health Services Act  
Prevention and Early Intervention Funding Request

County: Alpine

Date: 6/29/2009

PEI Work Plans			FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Type of Intervention			Estimated MHSA Funds by Age Group			
No.	Name			Universal Prevention	Selected/ Indicated Prevention	Early Intervention	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.	1	Second Step	\$111,132	\$0	\$111,132	\$0	\$55,566	\$22,226	\$16,670	\$16,670
2.	2	Strengthening Families	\$115,520	\$0	\$115,520	\$0	\$28,880	\$28,880	\$28,880	\$28,880
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
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16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										
24.										
25.										
26.	<b>Subtotal: Work Plans<sup>a/</sup></b>		<b>\$226,652</b>	<b>\$0</b>	<b>\$226,652</b>	<b>\$0</b>	<b>\$84,446</b>	<b>\$51,106</b>	<b>\$45,550</b>	<b>\$45,550</b>
27.	<b>Plus County Administration</b>		<b>\$29,348</b>							
28.	<b>Plus Optional 10% Operating Reserve</b>		<b>\$22,500</b>							
31.	<b>Total MHSA Funds Required for PEI</b>		<b>\$278,500</b>							

a/ Majority of funds must be directed towards individuals under age 25--children, youth and their families and transition age youth . Percent of Funds directed towards those under 25 years= 59.81%

## 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:	Alpine	Date:	7/1/09
Project Name: <b>Second Step</b>	4. Children and Youth at Risk for School Failure		
Provider Name (if known):	<b>Alpine County Behavioral Health</b>		
Intended Provider Category:	County Agency		
Proposed Total Number of Individuals to be served:		FY 09/10	25
Total Number of Individuals currently being served:		FY 09/10	0
Total Number of Individuals to be served through PEI Expansion:		FY 09/10	25
Months of Operation:		FY 09/10	12

Proposed Expenses and Revenues	Total Program/PEI Project Budget	
	FY 09/10	Total
<b>A. Expenditure</b>		
1. Personnel (list classifications and FTEs)		
a. Salaries, Wages		\$0
Mental Health Clinician (.5 FTE)	\$33,863	\$33,863
Case Manager (.5 FTE)	\$17,640	\$17,640
		\$0
b. Benefits and Taxes @ 30 %	\$15,451	\$15,451
<b>c. Total Personnel Expenditures</b>	<b>\$66,954</b>	<b>\$66,954</b>
2. Operating Expenditures		
a. Facility Cost		\$0
b. Other Operating Expenses	\$44,178	\$44,178
<b>c. Total Operating Expenses</b>	<b>\$44,178</b>	<b>\$44,178</b>
3. Subcontracts/Professional Services (list/itemize all subcontracts)		
_____		\$0
_____		\$0
_____		\$0
<b>a. Total Subcontracts</b>	<b>\$0</b>	<b>\$0</b>
<b>4. Total Proposed PEI Project Budget</b>	<b>\$111,132</b>	<b>\$111,132</b>
<b>B. Revenues (list/itemize by fund source)</b>		<b>0</b>
_____		\$0
_____		\$0
_____		\$0
<b>1. Total Revenue</b>	<b>\$0</b>	<b>\$0</b>
<b>5. Total Funding Requested for PEI Project</b>	<b>\$111,132</b>	<b>\$111,132</b>
<b>6. Total In-Kind Contributions</b>		<b>\$0</b>

**Alpine County Behavioral Health  
Prevention and Early Intervention Plan  
Fiscal Year 2009-2010 Budget Narrative**

All budgeted amounts are based on historical averages for other Mental Health programs. Salaries and Benefits amounts are based on the most current pay schedule of Alpine County Behavioral Health (ACBH).

***Project: Second Step – Children and Youth Program***

**A. Expenditures**

1. Personnel – Expenditures are based on current County Personnel Salary tables; benefits are included at 30%.

Mental Health Clinician (0.5 FTE) – The Clinician will be used to implement the Second Step Program within the schools, helping students develop social-emotional skills, utilizing a social learning mode. The clinician will also utilize the Mental Health Screening Tool to assess children for mental health symptoms that may indicate the child needs a referral and treatment for more intensive mental health services. The clinician will work with the families involved in the Second Step Program, helping them develop skills to manage behavior and promote self-esteem. This position will promote the delivery of culturally and linguistically competent services and help engage diverse communities in services.

Case Manager I (0.5 FTE) – The Case Manager will work closely with the Clinician in implementing the Second Step Program. In addition, this individual will provide linkage and support to families to help them implement the social skills learned in the Second Step Program within their home environment. This position will advocate for recovery-based services and be responsive to requests for services. This position will promote the delivery of culturally and linguistically competent services and help engage diverse communities in services.

2. Operating Expenditures – Expenditures include the costs that support the project, including rent, utilities, office supplies; mileage reimbursement for personal vehicles to delivery services in the community; child care services for parents attending training groups; and one-time expenditures associated with the evidence-based practice, including materials and training.
3. Subcontracts/Professional Services – No expenditures for this category are expected in this Fiscal Year.

**B. Revenues**

As 2009-10 is our implementation year, ACBH is not projecting any revenues for this fiscal year.

## 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:	Alpine	Date:	7/1/09
Project Name:	<b>Strengthening Families</b> 3. Children and Youth in Stressed Families		
Provider Name (if known):	<b>Alpine County Behavioral Health</b>		
Intended Provider Category:	County Agency		
Proposed Total Number of Individuals to be served:		FY 09/10	20
Total Number of Individuals currently being served:		FY 09/10	0
Total Number of Individuals to be served through PEI Expansion:		FY 09/10	20
Months of Operation:		FY 09/10	12

Proposed Expenses and Revenues	Total Program/PEI Project Budget	
	FY 09/10	Total
<b>A. Expenditure</b>		
1. Personnel (list classifications and FTEs)		
a. Salaries, Wages		\$0
Mental Health Clinician (.5 FTE)	\$33,863	\$33,863
Case Manager (.5 FTE)	\$17,640	\$17,640
		\$0
b. Benefits and Taxes @ 30 %	\$15,451	\$15,451
<b>c. Total Personnel Expenditures</b>	<b>\$66,954</b>	<b>\$66,954</b>
2. Operating Expenditures		
a. Facility Cost		\$0
b. Other Operating Expenses	\$48,566	\$48,566
<b>c. Total Operating Expenses</b>	<b>\$48,566</b>	<b>\$48,566</b>
3. Subcontracts/Professional Services (list/itemize all subcontracts)		
_____		\$0
_____		\$0
_____		\$0
<b>a. Total Subcontracts</b>	<b>\$0</b>	<b>\$0</b>
4. Total Proposed PEI Project Budget	<b>\$115,520</b>	<b>\$115,520</b>
<b>B. Revenues (list/itemize by fund source)</b>		<b>0</b>
_____		\$0
_____		\$0
_____		\$0
1. Total Revenue	\$0	\$0
<b>5. Total Funding Requested for PEI Project</b>	<b>\$115,520</b>	<b>\$115,520</b>
<b>6. Total In-Kind Contributions</b>		<b>\$0</b>

**Alpine County Behavioral Health  
Prevention and Early Intervention Plan  
Fiscal Year 2009-2010 Budget Narrative**

All budgeted amounts are based on historical averages for other Mental Health programs. Salaries and Benefits amounts are based on the most current pay schedule of ACBH.

***Project: Strengthening Families***

**C. Expenditures**

1. Personnel – Expenditures are based on current County Personnel Salary tables; benefits are included at 30%.

Mental Health Clinician (0.5 FTE) – The clinician will be used to implement the Strengthening Families Program in the community, holding the group session for parents and their children. The clinician will serve as the team leader, and provide coaching and guidance to the parents and children. The clinician will also utilize a Mental Health Screening Tool to assess children in the program for mental health symptoms that may indicate the child needs a referral and treatment for more intensive mental health services. The clinician will work with the parents involved in the Strengthening Families Program within the home environment, helping them develop and enhance their skills to manage behavior and promote self-esteem. This position will promote the delivery of culturally and linguistically competent services and engage diverse communities in services.

Case Manager I (0.5 FTE) – The Case Manager will work closely with the Clinician in implementing the Strengthening Families Program. In addition, this individual will provide linkage and support to parents to help them implement the skills learned in the Strengthening Families Program within their home environment. This position will advocate for recovery-based services and be responsive to requests for services. This position will promote the delivery of culturally and linguistically competent services and engage diverse communities in services.

2. Operating Expenditures – Expenditures include the costs that support the project, including rent, utilities, office supplies; mileage reimbursement for personal vehicles to delivery services in the community; child care services for parents attending training groups; and one-time expenditures associated with the evidence-based practice, including materials and training.
3. Subcontracts/Professional Services – No expenditures in this category are expected.

**D. Revenues**

As 2009-10 is our implementation year, ACBH is not projecting any revenues for this fiscal year.

## PEI Revenue and Expenditure Budget Worksheet

**Form No. 5**

County: Alpine

Date: 6/29/2009

	Client and Family Member, FTEs	Total FTEs		Budgeted Expenditure FY 2009-10	Total
<b>A. Expenditures</b>					
<b>1. Personnel Expenditures</b>					
a. PEI Coordinator					\$0
b. PEI Support Staff					\$0
c. Other Personnel (list all classifications)					\$0
_____					\$0
_____					\$0
_____					\$0
d. Employee Benefits					\$0
e. Total Personnel Expenditures			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>2. Operating Expenditures</b>					
a. Facility Costs					\$0
b. Other Operating Expenditures				\$22,598	\$22,598
c. Total Operating Expenditures			<b>\$0</b>	<b>\$22,598</b>	<b>\$22,598</b>
<b>3. County Allocated Administration</b>					
a. Total County Administration Cost				\$0	\$6,750
<b>4. Total PEI Funding Request for County Administration Budget</b>			<b>\$0</b>	<b>\$29,348</b>	<b>\$29,348</b>
<b>B. Revenue</b>					
1 Total Revenue				\$0	\$0
<b>C. Total Funding Requirements</b>			<b>\$0</b>	<b>\$29,348</b>	<b>\$29,348</b>
<b>D. Total In-Kind Contributions</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Alpine County Behavioral Health**  
***Prevention and Early Intervention Plan***  
**Fiscal Year 2009-2010 Budget Narrative**

All budgeted amounts are based on historical averages for other Mental Health programs. Salaries and Benefits amounts are based on the most current pay schedule prepared by the ACBH.

***Administration – Prevention and Early Intervention Projects***

**A. Expenditures**

1. Personnel – No expenditures for this category are expected in this Fiscal Year.
2. Operating Expenditures – Expenditures include the costs associated with evaluating and reporting the PEI projects.
3. County Allocated Administration – Expenditures include A-87 costs estimated for the PEI projects.

**B. Revenues**

We are not projecting any revenues at this time.

## Alpine County Behavioral Health Services Prevention and Early Intervention Survey

**Please help us with our mental health Prevention and Early Intervention (PEI) planning activities by giving us your ideas about the different types of mental health PEI programs that are needed in our community.** The California Department of Mental Health and the Mental Health Services Act (MHSA) offer funding to develop PEI activities in our county. PEI focuses on making *preventative mental health care* a regular component of community health and wellness.

### SERVICES: Prevention and Early Intervention

1. Please select **THREE** of the following community issues that you think are most important for Prevention and Early Intervention in Alpine County:

- |  |  |
|--|--|
| <input type="checkbox"/> Suicide   | <input type="checkbox"/> Community/domestic violence                             |
| <input type="checkbox"/> Arrest and detention in jail  | <input type="checkbox"/> Removal of children from their homes/families           |
| <input type="checkbox"/> School failure or dropout   | <input type="checkbox"/> Number of undetected mental health problems             |
| <input type="checkbox"/> Homelessness  | <input type="checkbox"/> Stigma/discrimination related to mental health problems |
| <input type="checkbox"/> Unemployment  | <input type="checkbox"/> Problems facing military veterans and their families    |
| <input type="checkbox"/> Prolonged suffering/trauma  | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Lack of mobile response to address behavior management problems in community settings |  |

2. Please select **THREE** of the following settings that you think would be the most effective for identifying Alpine County residents with a need for Prevention and Early Intervention services:

- |   |   |
|---|---|
| <input type="checkbox"/> Doctor's offices or clinics  | <input type="checkbox"/> Workplace (e.g., Employee Assistance Programs) |
| <input type="checkbox"/> Healthcare settings (e.g., hospitals)                                      | <input type="checkbox"/> Unemployment/employment centers                |
| <input type="checkbox"/> Schools (e.g., public, private, trade)                                     | <input type="checkbox"/> In-home (e.g., postal carriers, family)        |
| <input type="checkbox"/> Faith-based organizations  | <input type="checkbox"/> Other _____                                    |
| <input type="checkbox"/> Law enforcement (e.g., jails, courts, probation)                           |   |
| <input type="checkbox"/> Social services (e.g., WIC program, CalWORKS)                              |   |
| <input type="checkbox"/> Community organizations (e.g., community centers, family resource centers) |   |

3. Please select **TWO** of the following as the best approaches for addressing mental illness Prevention and Early Intervention in Alpine County:

- Provide early screening, diagnosis, and treatment for mental illness (at primary health care, school/college, pre-school, child care, and workplace settings)
- Provide education and support services for parents, grandparents, and caregivers at community centers, churches, and other community settings
- Provide resource and referral information (at primary health care, school/college, pre-school, child care, nursing home, and workplace settings)
- Train educators, law enforcement, emergency responders, doctors, nurses, and nursing home staff on early recognition and response to mental illness
- Incorporate PEI into work-based programs (e.g., Employee Assistance Programs, Workplace Health Promotion Programs)
- Other \_\_\_\_\_

## POPULATIONS: Prevention and Early Intervention

Please rate the following groups to indicate which ones you think have the greatest need for Prevention and Early Intervention services in Alpine County: (circle one score per line)

1=Very Low Need	2=Low Need	3=Moderate Need	4= High Need	5=Very High Need	
People who start to show serious signs of mental illness.	1	2	3	4	5
Children/youth in stressed families, at high risk for mental illness.	1	2	3	4	5
People at risk of being arrested or put in jail.	1	2	3	4	5
People facing trauma (e.g., loss of a loved one, home, or employment; isolation; repeated abuse; domestic violence; refugees).	1	2	3	4	5
People who often do not get the mental health services they need (e.g., based on race, culture, language, age, gender, lifestyle, or beliefs).	1	2	3	4	5
People with a family history of mental health problems and/or use of substances.	1	2	3	4	5
People who have attempted or might attempt suicide.	1	2	3	4	5

Please check which populations below you think are the highest priorities for Prevention and Early Intervention services. Check all that apply and write-in any suggestions you might have.

### Children and Youth in Stressed Families

- |  |   |
|--|---|
| <input type="checkbox"/> Children who are adopted and/or in foster care          | <input type="checkbox"/> Children of first generation immigrants    |
| <input type="checkbox"/> Children and youth who are abused /neglected            | <input type="checkbox"/> Children and youth who are homeless        |
| <input type="checkbox"/> Children living in poverty                              | <input type="checkbox"/> Children whose parent has lost his/her job |
| <input type="checkbox"/> Children from diverse cultures                          |   |
| <input type="checkbox"/> Children whose parent(s) have drug and alcohol problems |   |
| <input type="checkbox"/> Other suggestions/comments _____                        |   |
| <input type="checkbox"/> Other suggestions/comments _____                        |   |

### Children and Youth At-Risk of School Failure

- |  |  |
|--|--|
| <input type="checkbox"/> Youth at risk of school violence          | <input type="checkbox"/> Middle school youth at risk of failure    |
| <input type="checkbox"/> Children/youth who are abused / neglected | <input type="checkbox"/> Children / youth in gangs                 |
| <input type="checkbox"/> Children in foster care                   | <input type="checkbox"/> Children from diverse cultures            |
| <input type="checkbox"/> Children with severe behavior problems    | <input type="checkbox"/> Children suspended, expelled, dropped out |
| <input type="checkbox"/> Other suggestions/comments _____          |  |
| <input type="checkbox"/> Other suggestions/comments _____          |  |

### Children and Youth At-Risk of or Experiencing Juvenile Justice Involvement

- |  |  |
|--|--|
| <input type="checkbox"/> Middle school age youth at risk of violence | <input type="checkbox"/> Children/youth who are violent/aggressive |
| <input type="checkbox"/> Children/youth who bully                    | <input type="checkbox"/> Children / youth in gangs                 |
| <input type="checkbox"/> Children / youth who abuse substances       | <input type="checkbox"/> Siblings of youth in juvenile hall        |
| <input type="checkbox"/> Siblings of gang members                    | <input type="checkbox"/> Youth at risk of gang involvement         |
| <input type="checkbox"/> Children with severe behavior problems      | <input type="checkbox"/> Children from diverse cultures            |
| <input type="checkbox"/> Youth at risk of school violence            | <input type="checkbox"/> Youth/Parent with conflicts               |
| <input type="checkbox"/> Other suggestions/comments _____            |  |
| <input type="checkbox"/> Other suggestions/comments _____            |  |

**Trauma Exposed Individuals**

- Victims of sexual assault or domestic violence
- Refugees and immigrants
- Siblings of gang members
- Children/youth who experience traumatic life events
- Military personnel returning home
- Other suggestions/comments \_\_\_\_\_
- Other suggestions/comments \_\_\_\_\_
- Parents of out-of-control children/youth
- Parents whose children abuse substances
- Adults who experience traumatic life events

**High-risk Adults and Older Adults**

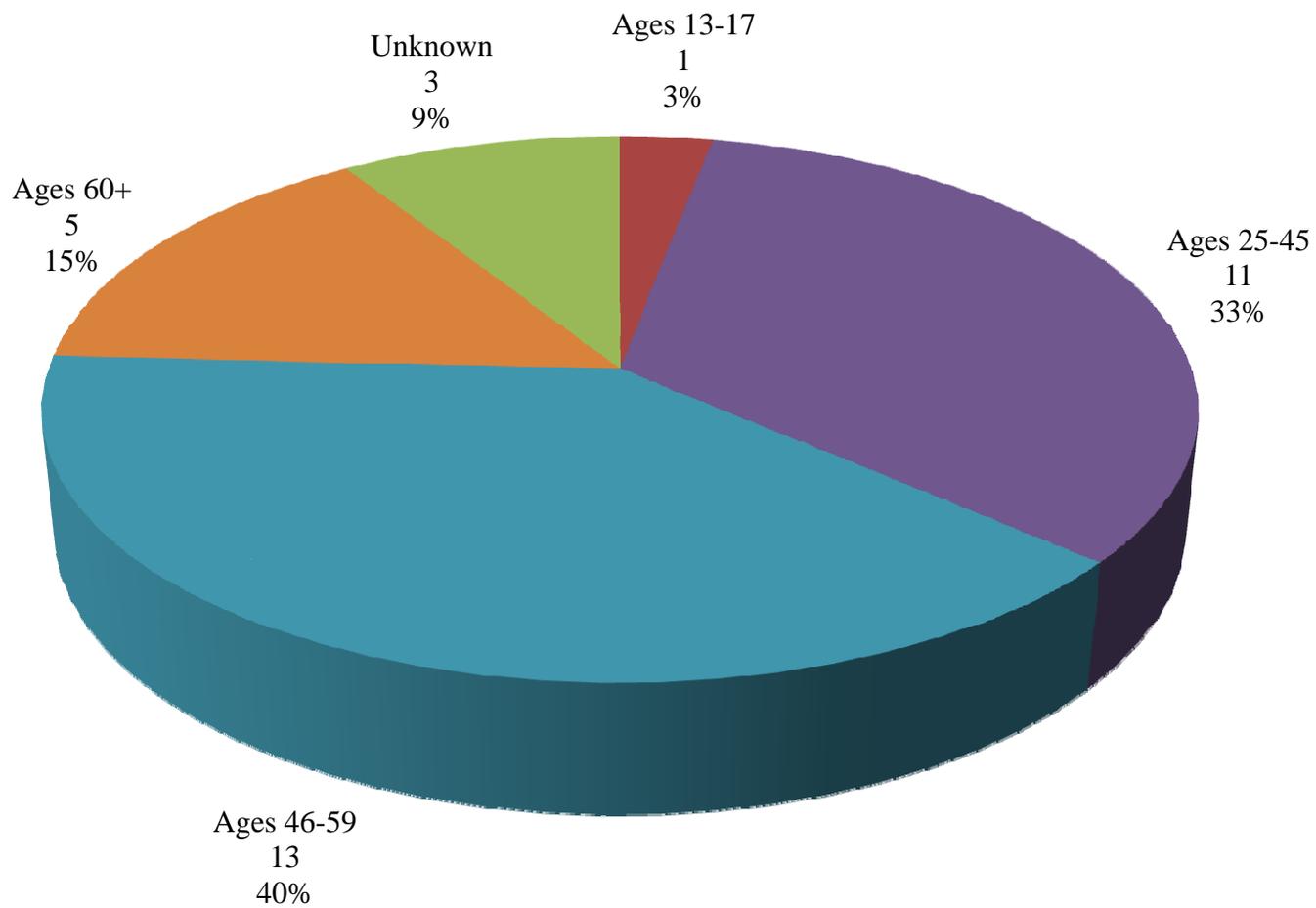
- Persons who are home-bound
- Persons who are addicted to prescription meds
- Persons who experience immigration stressors
- Women who are pregnant and abuse substances
- Persons returning to the community from jail/prison
- Native Americans who experience historical and other emotional trauma
- Other suggestions/comments \_\_\_\_\_
- Other suggestions/comments \_\_\_\_\_
- Persons who have lost a loved one
- Persons who are chronically ill
- Military personnel returning home
- Persons who abuse substances

**Suicide Prevention**

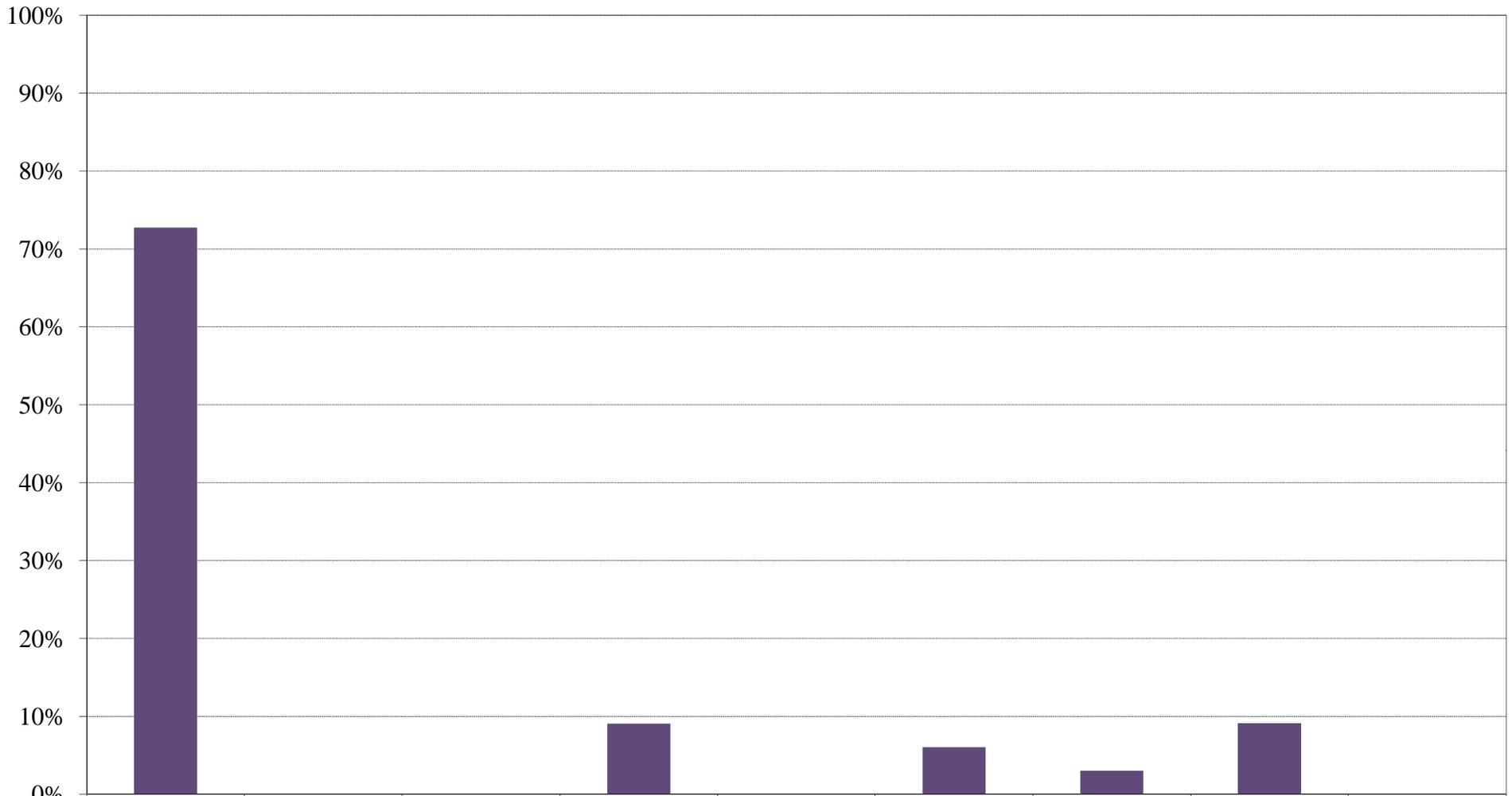
- Youth who do not have a support system
- Youth who are homeless
- Youth who are isolated from their social network
- Youth who have lost their boy friend / girl friend
- Persons who have lost a significant relationship (spouse)
- Persons who have significant medical / health problems
- Persons who have experienced rejection over long periods of time
- Other suggestions/comments \_\_\_\_\_
- Other suggestions/comments \_\_\_\_\_
- Males who have lost employment
- Persons who abuse substances



### Alpine County Prevention & Early Intervention Survey Number and Percent of Survey Respondents by Age (N=33)

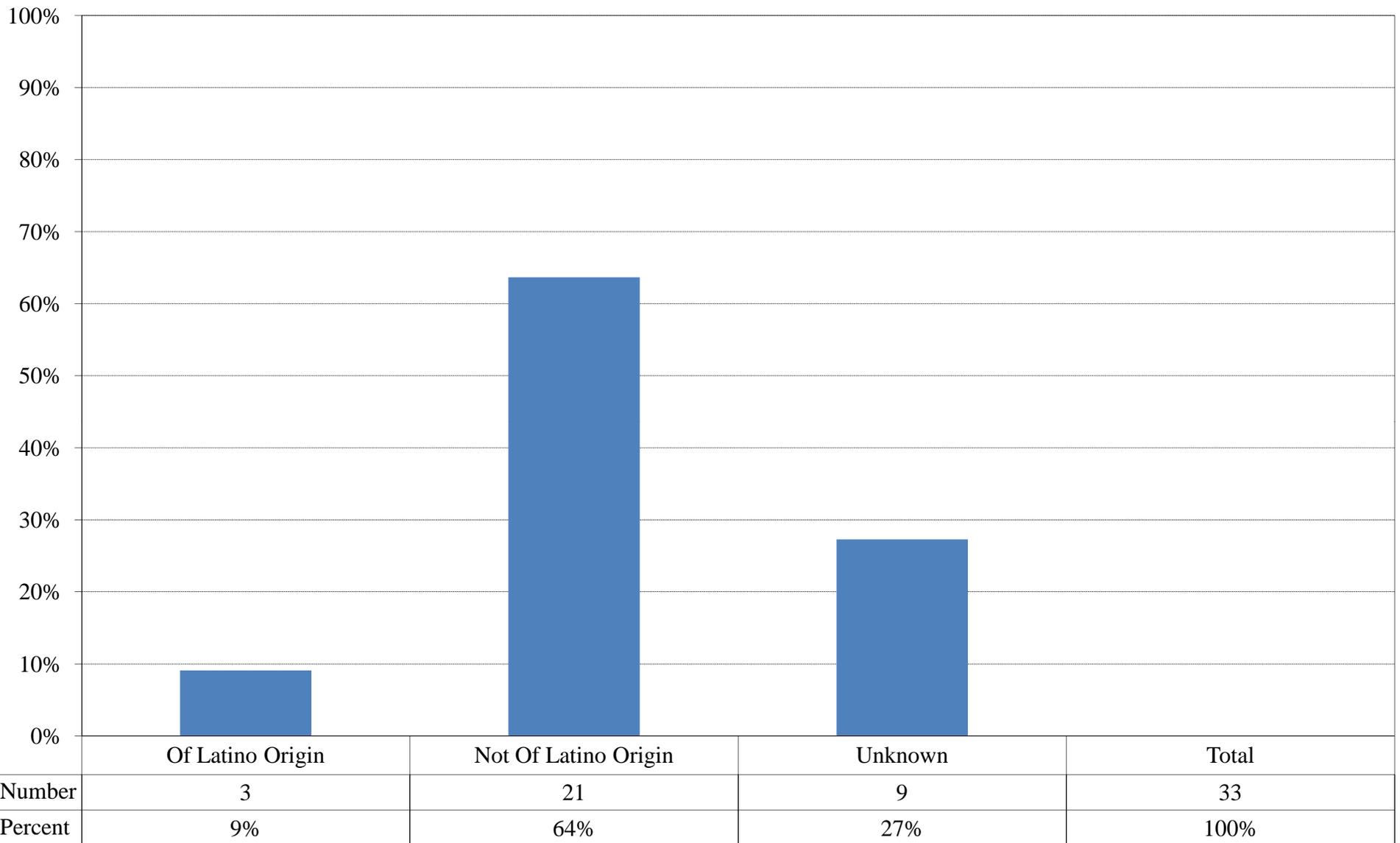


**Alpine County Prevention & Early Intervention Survey  
Number and Percent of Survey Respondents by Race (N=33)**



	Caucasian	African American	Asian	American Indian or Alaskan Native	Pacific Islander	Other	Decline to Answer	Unknown	Total
Number	24	0	0	3	0	2	1	3	33
■ Percent	73%	0%	0%	9%	0%	6%	3%	9%	100%

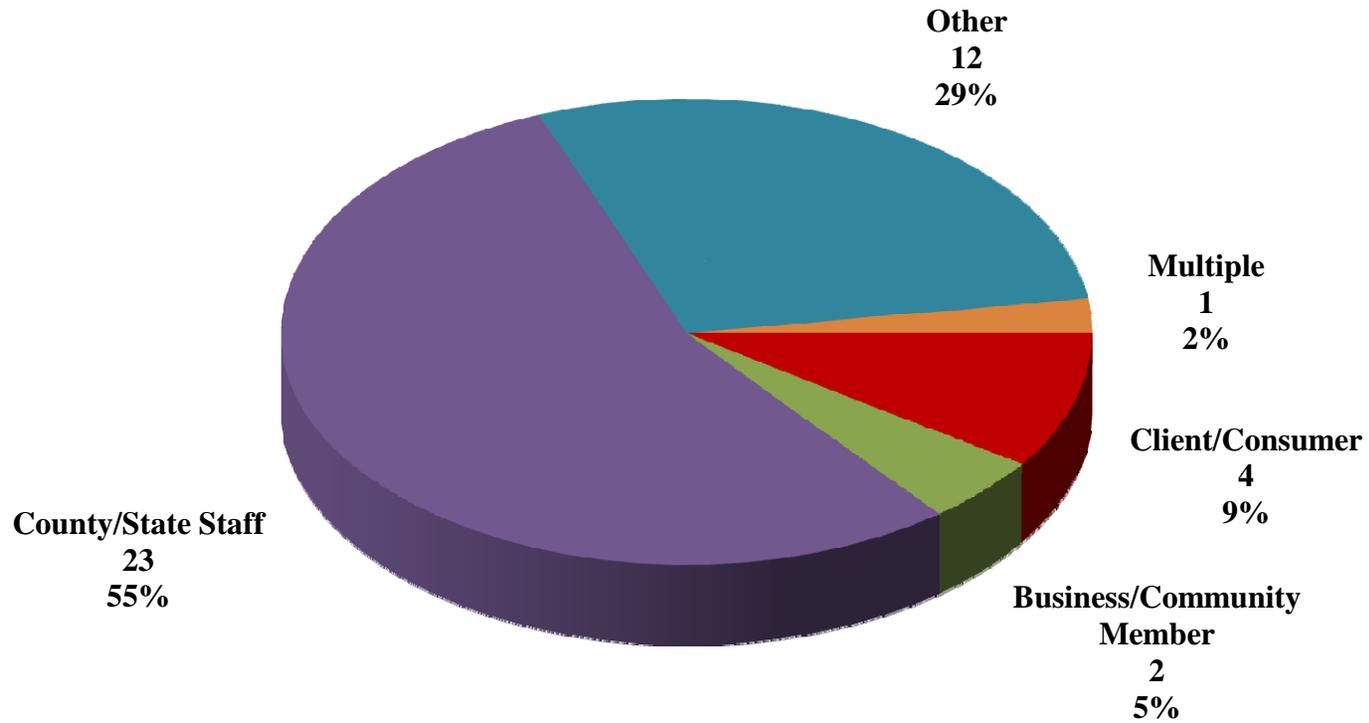
**Alpine County Prevention & Early Intervention Survey  
Number and Percent of Survey Respondents by Ethnicity (N=33)**



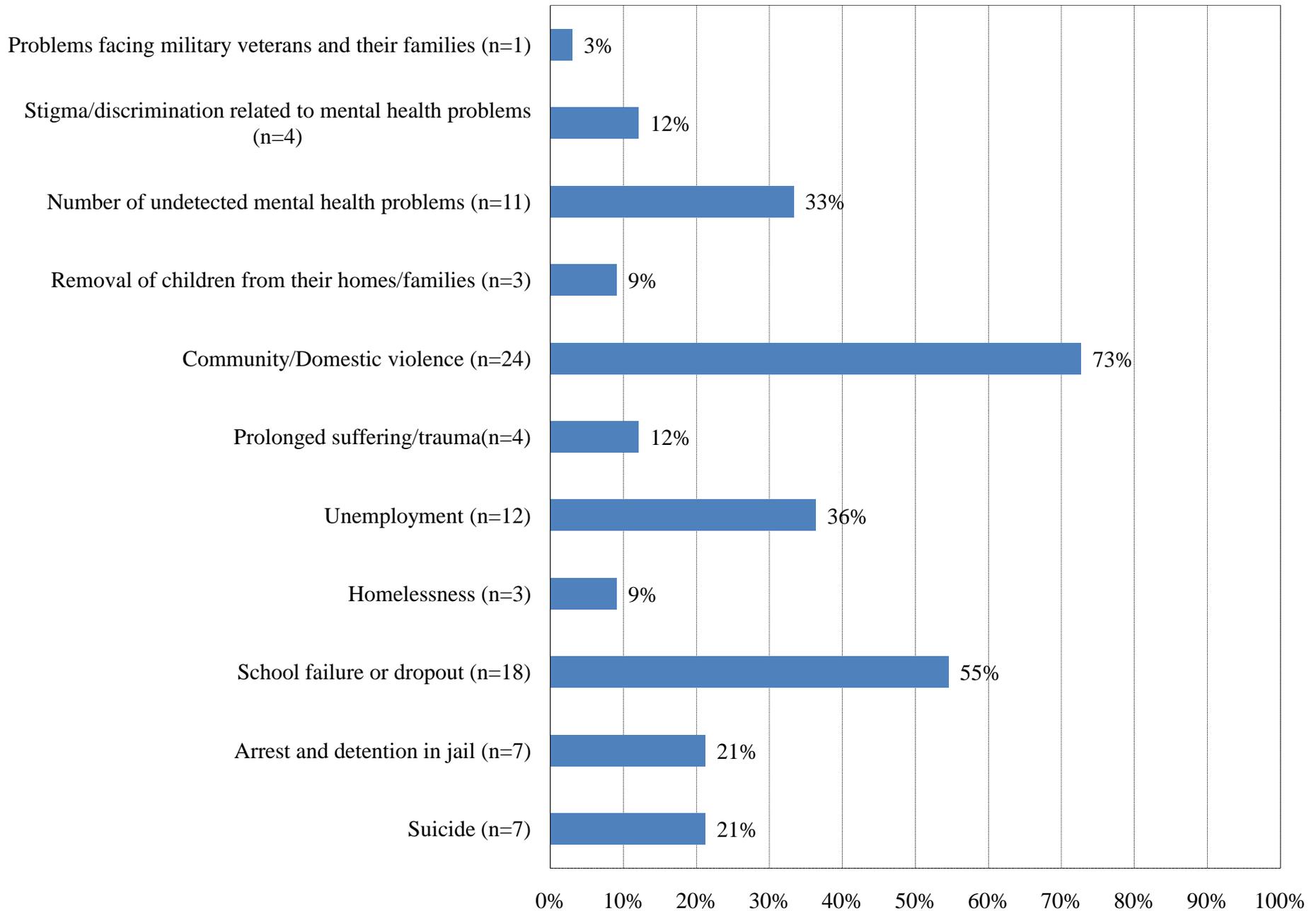
**Alpine County Prevention & Early Intervention Survey  
Number and Percent of Participants by Stakeholder Role(s)**

**(N=42)**

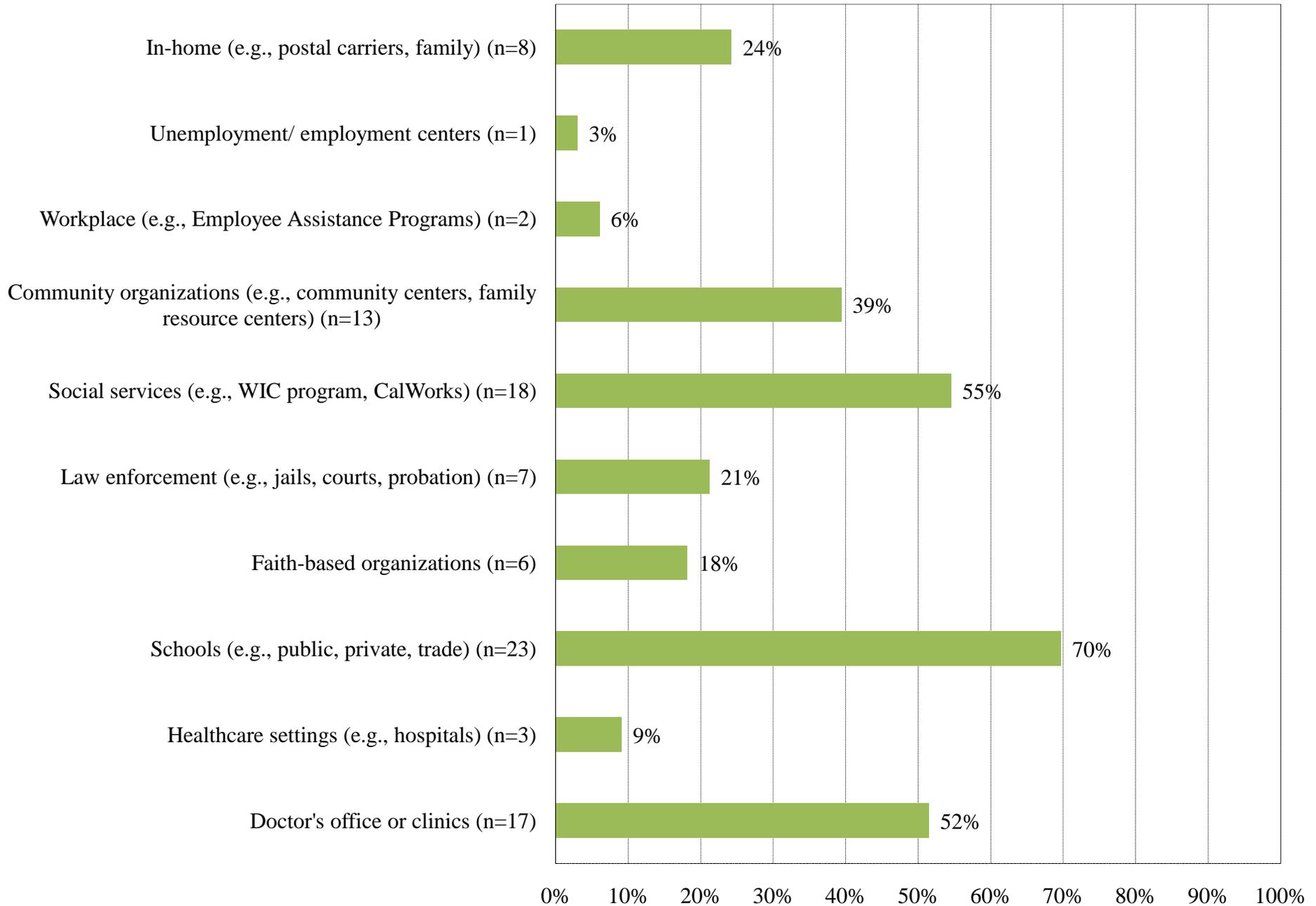
**\*Some participants chose more than one answer.**



**Alpine County Prevention & Early Intervention Survey**  
**Community Issues that are Most Important for Prevention and Early Intervention**  
**N=33**



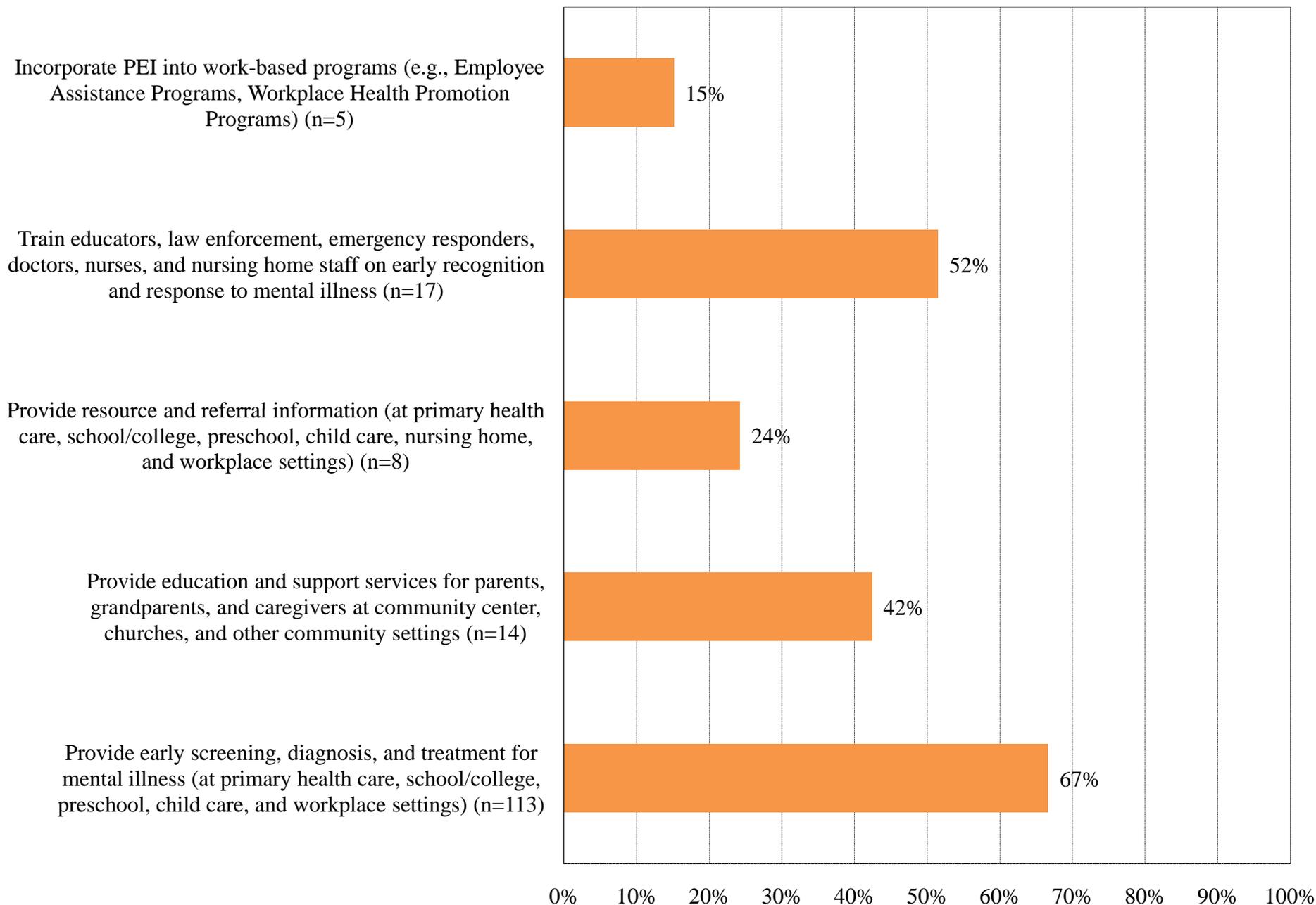
**Alpine County Prevention & Early Intervention Survey**  
**Most Effective Settings for Identifying Alpine County Residents for Prevention & Early Intervention Services**  
**N=33**



# Alpine County Prevention & Early Intervention Survey

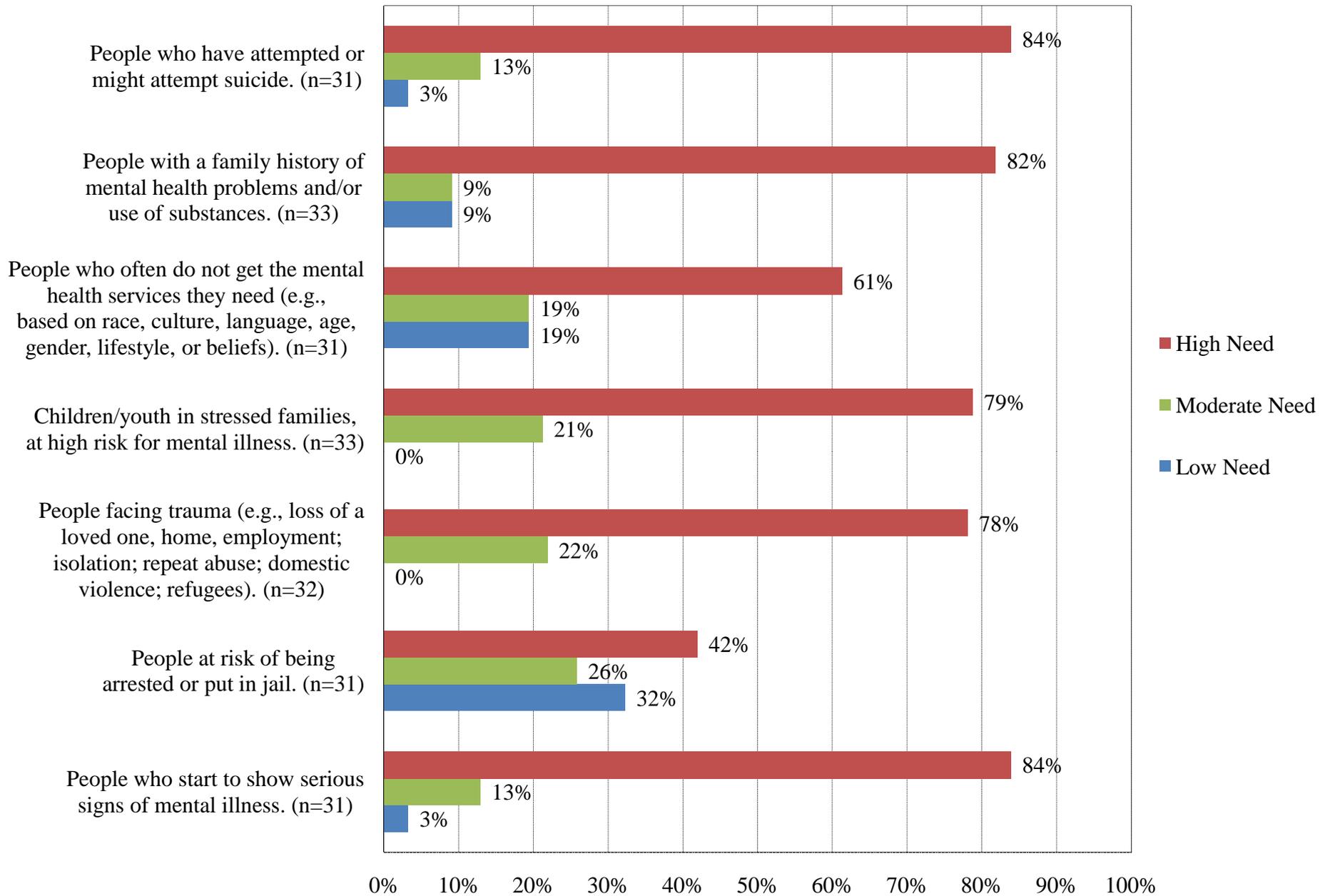
## Approaches Best for Addressing Mental Illness Prevention and Early Intervention

N=33



# Alpine County Prevention & Early Intervention Survey

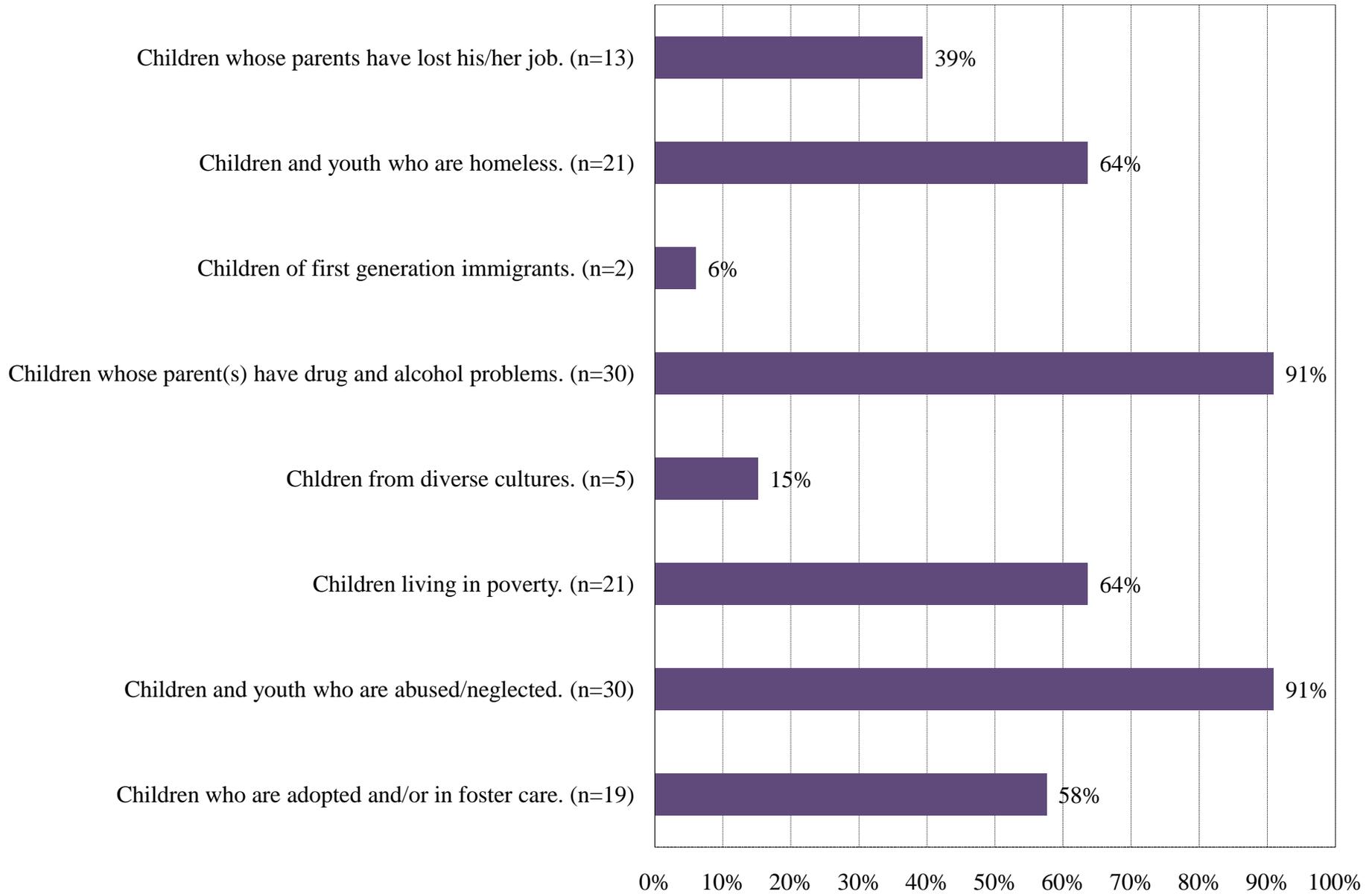
## Specific Populations' Level of Need for Prevention & Early Intervention Services in Alpine County



# Alpine County Prevention & Early Intervention Survey

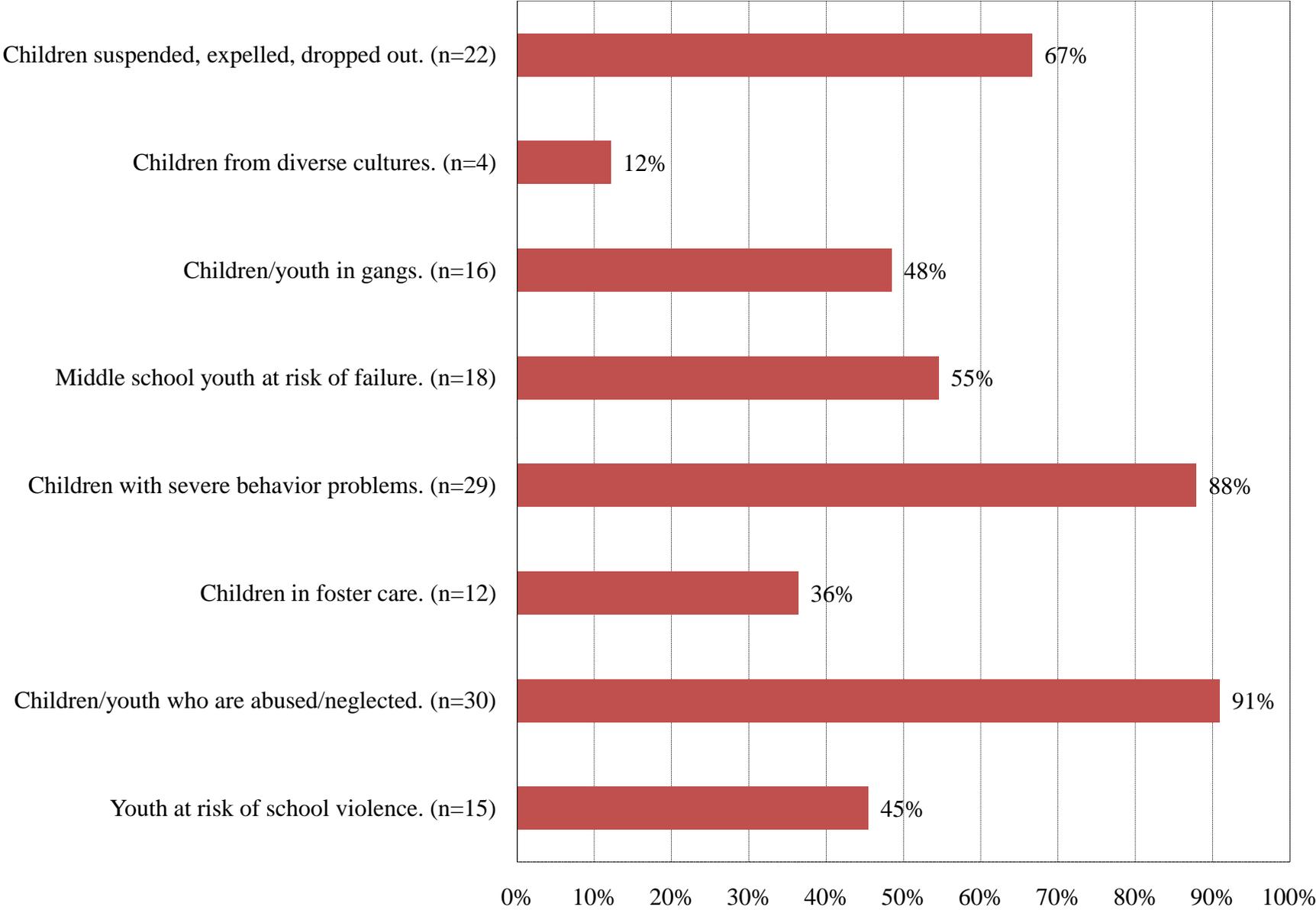
## Highest Priority Populations of Children and Youth in Stressed Families

N=33



**Alpine County Prevention & Early Intervention Survey**  
**Highest Priority Populations of Children and Youth at Risk for School Failure**

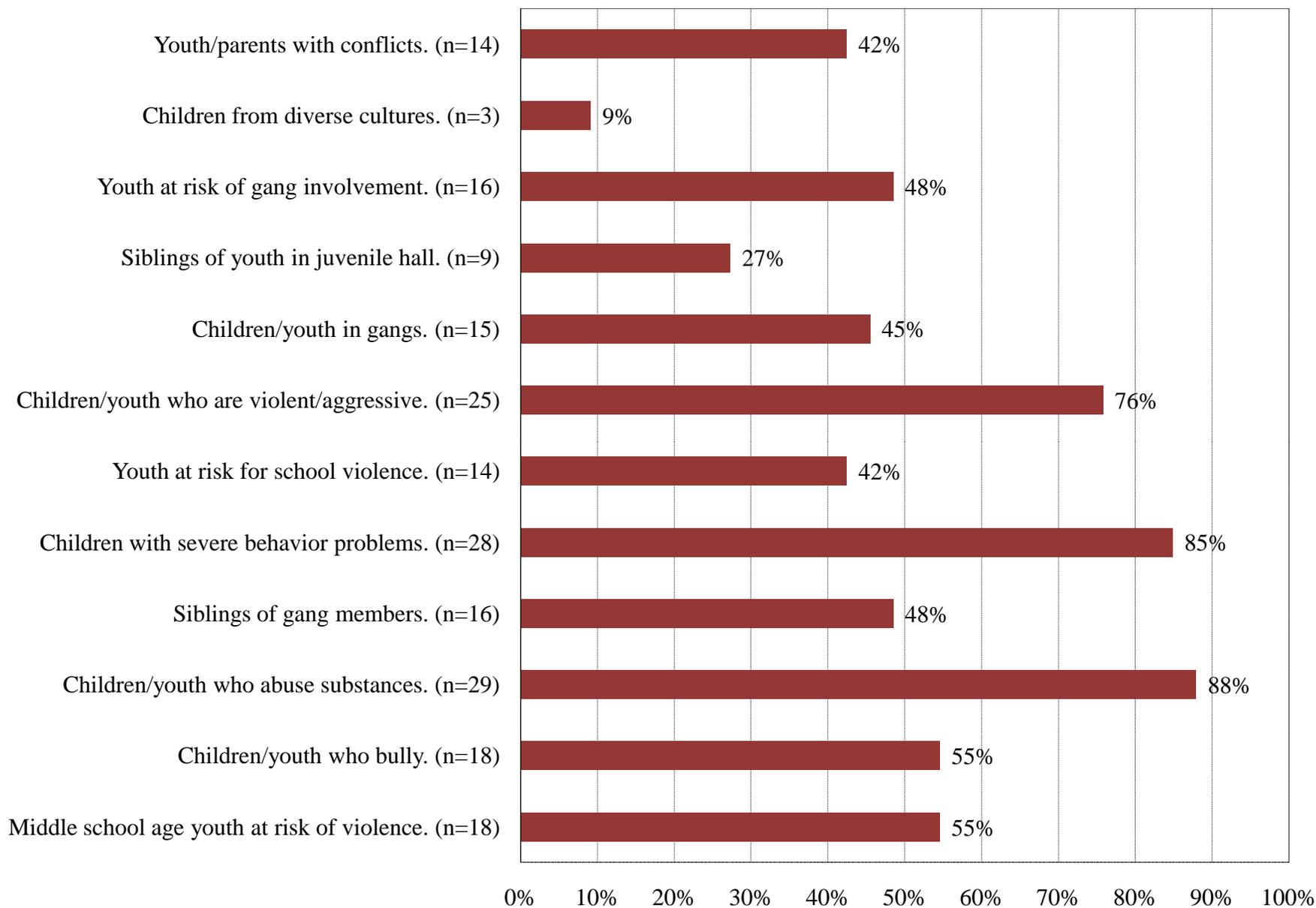
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# Alpine County Prevention & Early Intervention Survey

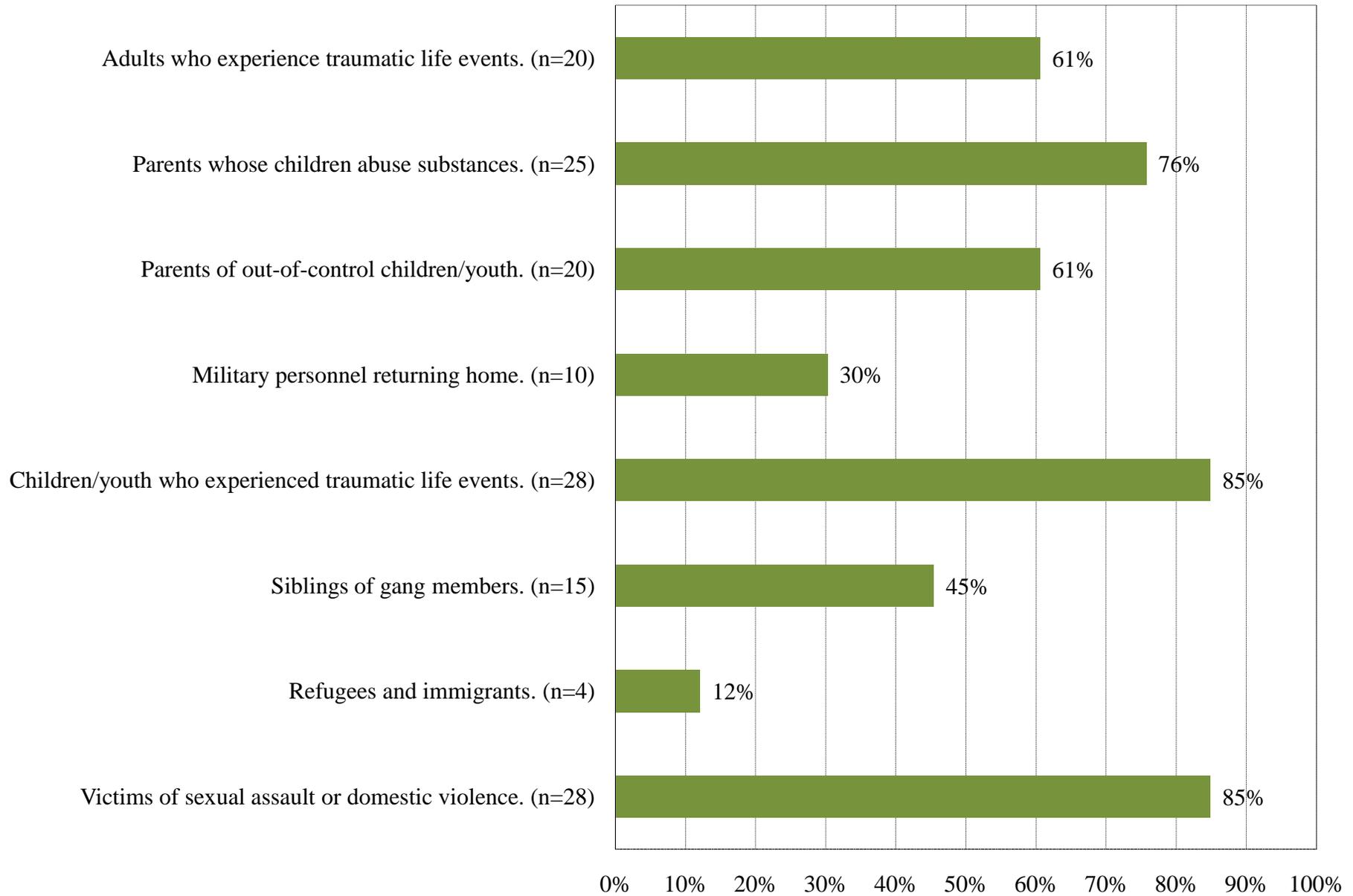
## Highest Priority Populations of Children and Youth at Risk of, or Experiencing Juvenile Justice Involvement

N=33



# Alpine County Prevention & Early Intervention Survey Highest Priority Populations of Trauma-Exposed Individuals

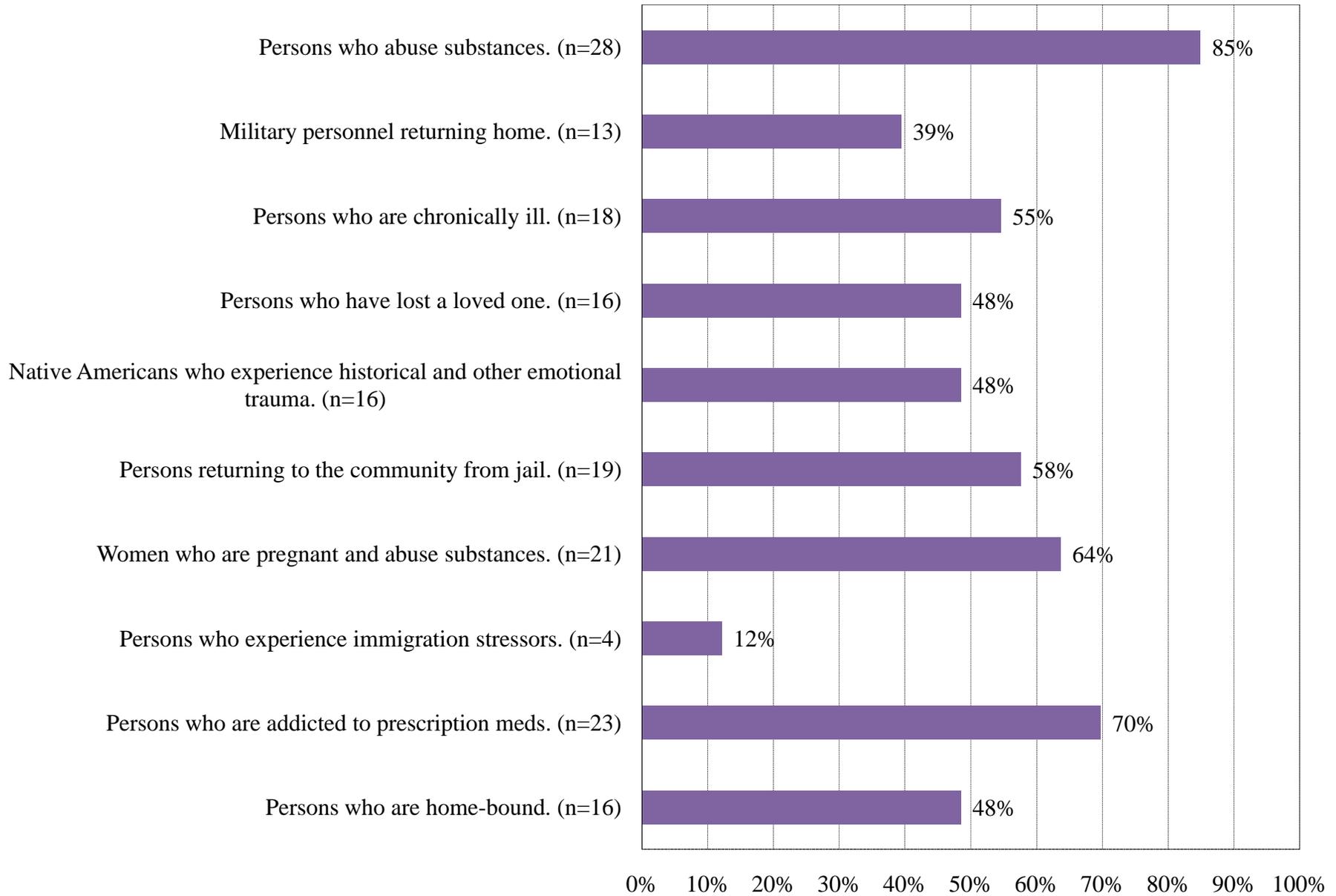
N=33



# Alpine County Prevention & Early Intervention Survey

## Highest Priority Populations of High Risk Adults and Older Adults

N=33



# Alpine County Prevention & Early Intervention Survey

## Highest Priority Populations of Suicide Prevention

N=33

