

## **Trinity County Prevention and Early Intervention Component**

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## Attachment One

Newspaper article inviting stakeholders to focus groups for PE&I

### Press Release

Today's Date: July 22, 2008

Trinity County Behavioral Health is pleased to announce the fact that a new element of the Mental Health Services Act known as the Prevention and Early Intervention is ready for the first stages of community planning. Many persons have been anticipating the unfolding and development of new programs related to the Prevention and Early Intervention aspect of the voter approved initiative that has brought a new mental health funding stream to Trinity County.

Trinity County will have \$225,000. to spend over three years on new programming that did not exist before 2004. This is an opportunity to do interventions before mental illness occurs in a prevention fashion. There has been no resource like this in many years, so, naturally, many residents in Trinity County are excited about the possibilities that exist.

There will be three focus groups planned to hear community stakeholder input from around the County. On Monday Afternoon, September 29, from 3:00 until 4:30, we will meet in Weaverville at the Trinity County Behavioral Health Center located @ 1450 Main Street to present the guidelines and hear ideas from any interested persons or agencies. On Tuesday September 30, in the afternoon, from 3:00 until 4:30 PM , we will meet in the South County Community of Mad River @ the Southern Trinity Health Services main conference room. Finally on October 1, @ 3:00 PM, we will meet in Hayfork @ the County Center located @ 154 Tule Creek Road. All interested persons are invited to hear about the possibilities and shares ideas and concerns. Refreshments will be served. If any member of the community has questions, they may contact the Mental Health Director, Nancy Antoon @ 623-8293. We look forward to this new development.

## Attachment Two

Public Announcement Flyer for Weaverville

Trinity County  
Behavioral Health Services

*presents*



# **PREVENTION & EARLY INTERVENTION**

*This Focus Group Will Be Determining  
What Path Trinity County Will Take*

**Monday Afternoon**

***September 29, 2008***

**3:00 - 4:30pm**

Trinity County Behavioral Health Center  
1450 Main Street ❖ Weaverville

- Guidelines presented
- Ideas and concerns from interested persons & agencies
- Possibilities and potential goals

*All interested parties are invited*

Refreshments will be served

Attachment Three

Public Announcement Flyer for Hayfork

Trinity County  
Behavioral Health Services

*presents*



# **PREVENTION & EARLY INTERVENTION**

*This Focus Group Will Be Determining  
What Path Trinity County Will Take*

**Wednesday Afternoon**

***October 1, 2008***

**3:00 - 4:30pm**

**Hayfork Community Center  
154 Tule Creek Road ❖ Hayfork**

- Guidelines presented
- Ideas and concerns from interested persons & agencies
- Possibilities and potential goals

*All interested parties are invited*

Refreshments will be served

Attachment Four

Public Announcement Flyer for Southern Trinity Mad River

Trinity County  
Behavioral Health Services

*presents*



# **PREVENTION & EARLY INTERVENTION**

*This Focus Group Will Be Determining  
What Path Trinity County Will Take*

**Tuesday Afternoon**

***September 30, 2008***

**3:00 - 4:30pm**

**Mad River**

**Southern Trinity Health Services Conference Room**

- Guidelines presented
- Ideas and concerns from interested persons & agencies
- Possibilities and potential goals

*All interested parties are invited*

Refreshments will be served

Attachment Five

Survey (Document 5a) and Analysis of Survey (Document 5b)

**Document 5a**  
**Prevention and Early Intervention (PEI)**  
**Community Focus Group**

**Stakeholder Questioner**

The following questions will assist the PEI Committee to know the profile of the community members who have so willingly given us input. Both the State Department of Mental Health, and the Mental Health Services Act Oversight and Accountability Commission will require this information from Trinity County.

Please answer the questions by your best hunch of how you identify yourself with the general community. All individual responses will be kept confidential, although we will develop a report itemizing who comprised the overall focus group. We will address general themes.

1. Your Name: \_\_\_\_\_
2. Your Gender: Male \_\_\_\_\_ Female \_\_\_\_\_
3. Your age: Birth date \_\_\_\_\_
4. What community do you live in? \_\_\_\_\_
5. Your Ethnicity:
  - a. White Caucasian \_\_\_\_\_
  - b. Spanish / Latino \_\_\_\_\_
  - c. Native American \_\_\_\_\_
  - d. African American \_\_\_\_\_
  - e. Pacific Islander \_\_\_\_\_
  - f. Asian \_\_\_\_\_
  - g. Other \_\_\_\_\_
6. Do you speak another language besides English?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what Language do you speak? \_\_\_\_\_
7. Do you identify yourself as: Gay, Lesbian, Bisexual or Transgender?

8. Yes \_\_\_\_\_ No \_\_\_\_\_

9. Do you think of yourself as either a client in recovery or a client who has fully recovered?  
Yes \_\_\_\_\_ No \_\_\_\_\_

10. Do you think of yourself as a Family Member of a person who has received mental health services?  
Yes \_\_\_\_\_ No \_\_\_\_\_

11. Are you currently employed?  
Yes \_\_\_\_\_ No \_\_\_\_\_

12. If you are employed, circle the best description:

- a. An employee of the Public Mental Health System?
- b. A Law enforcement personnel?
- c. An Educator?
- d. A Health Care Provider?
- e. A member of a profession that helps persons with mental illness like Social Services or other non profit?
- f. A member of the media?
- g. A member of an organization that assists others to find employment?
- h. Other; Please describe: \_\_\_\_\_

13. What age group do you think we should spend this PE&I resource on? \_\_\_\_\_

14. In your opinion, what is the most important need that we might want to focus P E & I Money upon?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Would you be willing to review our draft plan and give us feedback?  
Yes \_\_\_\_\_ No \_\_\_\_\_

16. If the answer to the above question is yes, Please give us your best contact information:  
Address: \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone or Cell \_\_\_\_\_

**Document 5b**

<b>Total # of surveys collected:</b>				<b>Employment:</b>			
27				Social Services:			
				5			
<b>Location:</b>				<b>Education:</b>			
Mad River		Hayfork		Weaverville		3	
13		8		6		<b>Public Mental Health:</b>	
				3			
<b>Gender:</b>				<b>Government:</b>			
Male		Female		1			
12		15		<b>Healthcare:</b>			
				2			
<b>Age:</b>				<b>Retired:</b>			
18-59		60+		4			
18		9		<b>Other / Not Stated:</b>			
				9			
<b>Ethnicity - other than White / Caucasian</b>							
<b>Native American</b>				<b>Identify as:</b>			
2				<b>Family Member of Client</b>			
				5			
<b>Language - other than English</b>				<b>Client in Recovery / Recovered</b>			
<b>Spanish</b>				4			
2							
<b>Ages to be Serviced:</b>							
<i>*May have chosen more than one category.</i>							
0-17		18-24		25-59		60+	
20		9		8		15	

Attachment Six

Power point for PE&I as a training tool

**Mental Health Services Act  
Prevention and Early Intervention**



**Mental Health Services Act  
Prevention and Early Intervention**

Trinity County Behavioral Health Services  
(TCBHS) welcomes you to today's  
Focus Group!



## Mental Health Services Act Prevention and Early Intervention

The Behavioral Health Agency sees this as a great opportunity for valuable community input on how to use a new community resource to prevent persons from becoming mentally ill.





## Mental Health Services Act History

In November of 2004, the voters of California passed the ***Mental Health Services Act***, also known as ***Proposition 63***

The Act required the State to set up a trust fund of revenue collected to fulfill the requirement that 1% of money from all taxable income sources over one million dollars be spent on new mental health projects that are considered to be transformational.



## Mental Health Services Act History

- This trust fund was to be administered by the State Department of Mental Health that would generate policy guidelines for its use.
- An Oversight and Accountability Commission would be formed to determine that the program remained true to the original Act.
- The Commission, along with the Dept of Mental Health, is to approve all proposed programs and advise both the Legislature and the Governor .



## Mental Health Services Act History

- The Goal of the Act was to introduce new money into the public mental health system that would serve to transform the existing system due to the high quality, evidence and recovery based strategies that the new programs would bring.
- However, no one expected that while the new money from the act was “flowing in”, the “old money” would be disappearing due to the ever increasing cost of services, and the population growth across the State.



## Mental Health Services Act History

- There is a “ No Supplantation” clause in the Act that requires the State to continue to fund County Mental Health programs at the same rate as 2004, but with the erosion of State Revenue, this has been challenging.
- The Act has produced over a billion dollars a year in revenue that is shared by all 58 counties using a formula created by a variety of stakeholders.

## Mental Health Services Act Outcomes

- Trinity County has benefitted from MHSA, but, has also experienced the ever tightening requirements around existing funding.
- Nevertheless, without MHSA, the Behavioral Health Agency would have had to downsize at least 20% for the current operations.





## Mental Health Services Act New Elements

- Two elements of the Act have already rolled out:
  1. **Community Supports and Services, (CSS)** which pays for direct services to clients who have traditionally been “underserved”.
  2. **Workforce Education and Training, (WET)** which is concerned with assuring that the public mental health system has adequate workers and that those workers are culturally competent and represent persons from both consumer and family groups.



## Mental Health Services Act Capital Facilities and Technology

- Besides Prevention and Early Intervention, Trinity County is just beginning the process with the Technology and Capital Facilities Element.
- The Technology resource will allow TCBHS to move towards the State mandated electronic medical records by 2010 .
- The Capital Facilities may assist the County to combine with other funds to purchase a facility for services for clients.



## Mental Health Services Act Community Supports and Services

- The CSS resource represents the biggest new revenue stream. In 2006 TCBHS facilitated an intensive community needs assessment to determine what the focus should be for these new and innovative programs.
- It was decided to create “Full Service Partnership Slots” for eight persons; four adults and four Transitional Age Youth.
- It was also decided to fund a consumer drop in center, which we now have called ***Milestones***.

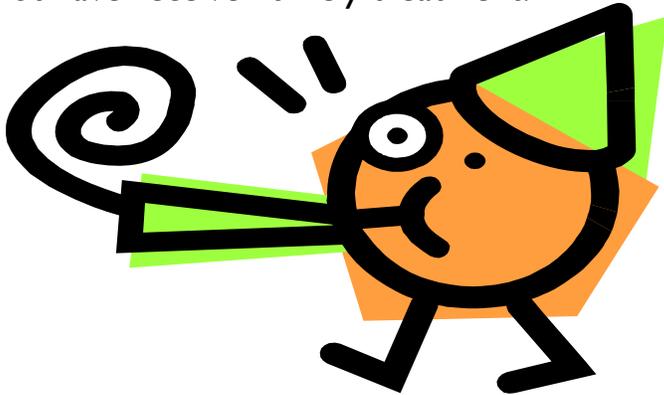


## Mental Health Services Act Community Supports and Services

- TCBHS was able to expand the Full Service Partnerships in this current year so that we now will have a total of 12.
- The State defines the Full Service partnership as doing “What ever it takes” to assist a person with mental illness to get on the road to recovery.
- The State requires that more than half of the CSS resources must be used for these Full Service partnerships, as there is evidence to suggest that they are both cost effective and clinically successful.

## Mental Health Services Act Community Supports and Services

These interventions have proven to be quite helpful in assisting clients who otherwise would not have received timely treatment.



## Mental Health Services Act Workforce Education and Training

*On the Workforce and Education Initiative, (WET)  
TCBHS was awarded funds in August to:*

1. Hire a full time MHSA Coordinator who will be able to look for the many opportunities that the State is offering counties.
2. Offer two scholarships a year of \$5,000. to persons with an AA Degree who want to work on a B.A. and are willing to commit to working in the public mental health system for two years in a paid job.
3. Offer small contracts to clients to provide services @ Milestones to clients.



## Mental Health Services Act MHSA Housing

- Another Element that will be forthcoming in the weeks ahead is the Housing Program.
- Although TCBHS only gets \$173,000. total for this Plan, the hope is that we will be able to combine it with other monies to purchase a building where some of our Full Service Partners will be living. This is still unfolding, and much is yet to be determined.



## Mental Health Services Act Definition of the term “Recovery”.

- Recovery is a term used to mean that the client, or sometimes referred to as “**the consumer**” is whenever possible in the driver’s seat to getting back on track with their life.
- Plans are always developed with the consumer’s full involvement and approval.
- They are strength based, and culturally competent, based upon the client’s self identified orientation.
- The family is offered an opportunity to participate if the consumer wants that to happen.



## Mental Health Services Act Prevention and Early Intervention

So, this leads us up the the Prevention and Early Intervention Element.

- What is this all about anyway?
- How much new funding is available?
- How will it be decided what programs will be funded?
- How long does the funding last?



## Mental Health Services Act Prevention and Early Intervention

- \$125,000. for two years is available right now, for a total of \$250,000.
- \$35,000. has already been requested to assist with the planning process. Another \$15,000. will be necessary over the next two years for contract monitoring, evaluation and administrative support.
- \$200,000. remains to be contracted out to a community provider over the next two years.
- It will be necessary to:
  - Hear from the public about what is wanted;
  - Write the plan;
  - Get feedback through the public hearing process;
  - Submit the plan for State and Commission approval.



## Mental Health Services Act Prevention and Early Intervention

- TCBHS Intends to facilitate three focus groups around the county; One in Weaverville; one in Hayfork and one in South County in the Mad River Community.
- Input will be received about the perceived needs of these localities, and any agency wishing to request funding will be given an opportunity to formally present their proposals to an impartial panel on the afternoon of Tuesday October 14, 2008 in Weaverville.
- The presentations will be public and anyone can attend.



## Mental Health Services Act Prevention and Early Intervention

- Because of the small size of the allocation, it would seem prudent to fund only one project fully rather than several smaller projects partially.
- The County will be looking to award a single contract to one entity that has a plan description that reflects uniquely the community from which it comes based upon criteria given below from the State.
- We will now spend some time reviewing the criteria that the State is looking for in their new approval process.



## Mental Health Services Act Prevention and Early Intervention

### **15 AREAS OF POLICY DIRECTION FOR COUNTY PLANS:**

**Area I.** Initial PEI funding will focus on impacting five key community mental health needs in California:

- a.) PEI efforts will reduce disparities in access to early mental health interventions due to stigma, lack of knowledge about mental health services, or lack of suitability (i.e., cultural competency) of traditional mainstream services.



## Mental Health Services Act 15 AREAS OF POLICY DIRECTION

- b.) Psycho-Social Impact of Trauma – PEI efforts will reduce the negative psycho-social impact of trauma- on all ages.
- c.) At-Risk Children, Youth and Young Adult Populations – PEI efforts will increase prevention response to early signs of emotional and behavioral health problems among specific at-risk populations.
- d.) Stigma and Discrimination – PEI will reduce stigma and discrimination impacting individuals with mental illness and mental health problems.



## Mental Health Services Act

### **15 AREAS OF POLICY DIRECTION**

- e.) Suicide Risk – PEI will increase public knowledge of the signs of suicide risk and appropriate actions to prevent suicide.

#### **Area 2. Priority Age**

PEI County Plans will address all age groups and a minimum of 51% of their overall PEI Plan budget must be dedicated to individuals who are between the ages of 0 through 25. Small Counties are excluded from this requirement. Trinity County may target any age group.



## Mental Health Services Act

### **15 AREAS OF POLICY DIRECTION**

#### **Area 3) Priority Populations**

- a.) Underserved Cultural Populations-Those who are unlikely to seek help from any traditional mental health service either because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc.) and would benefit from Prevention and Early Intervention programs and interventions.



## Mental Health Services Act

### 15 AREAS OF POLICY DIRECTION

#### Area 3) Priority Populations

- b.) Individuals Experiencing Onset of Serious Psychiatric Illness- Those identified by providers, including but not limited to primary health care, as presenting signs of mental illness “first break,” including those who are unlikely to seek help from any traditional mental health service.
- c.) Children/Youth in Stressed Families - i.e., families where parental conditions place children at high risk of behavioral and emotional problems, such as parents identified with mental illness, serious health conditions, substance abuse, domestic violence, incarceration, child neglect or abuse.



## Mental Health Services Act

### 15 AREAS OF POLICY DIRECTION

#### Area 3) Priority Populations

- d.) Trauma-Exposed - Those who are exposed to traumatic events or prolonged traumatic conditions, including grief, loss and isolation, including those who are unlikely to seek help from any traditional mental health service.
- e.) Children/Youth at Risk for School Failure - due to unaddressed emotional and behavioral problems.
- f.) Children and Youth at Risk of Juvenile Justice Involvement – Those with signs of behavioral/emotional problems who are at risk of or have had any contact with any part of the juvenile justice system, and who cannot be appropriately served through Community Services and Supports (CSS).



## Mental Health Services Act

### **15 AREAS OF POLICY DIRECTION**

#### **4) Recommended PEI Programs, Interventions, and Strategies**

PEI County Plan Requirements would suggest programs, interventions, and strategies. DMH statewide projects would support these selected programs, interventions, and strategies. Counties would have ability to select alternatives so long as they are justified.



## Mental Health Services Act

### **15 AREAS OF POLICY DIRECTION**

#### **5) Priority Principles**

Approval of PEI County Plans will be based on demonstration of the Prevention and Early Intervention Principles and Criteria defined in the MHSOAC PEI Recommendations paper (Adopted in October, 2006.)

These are listed in the frames to follow:



## Mental Health Services Act Priority Principles

### **a. Transformational Strategies and Actions:**

Principle: County and state prevention and early intervention (PEI) efforts align with *transformational values defined in recent reports such as the Mental Health Services Act, the DMH Vision and Guiding Principles of the MHSA, and the President's New Freedom Commission Report.*

- . *Criteria: Transformational values are to be demonstrated in county and state programs, including the following:*



## Mental Health Services Act Priority Principles

- i. Strategies for Prevention and Early Intervention are driven by consumers and family/caregivers, with specific attention to those from underserved communities.
- ii. Culturally and linguistically competent
- iii. Demonstrate system partnerships, community collaboration, and integration
- iv. Focused on wellness, resiliency and recovery
- v. Include evidence indicating high likelihood of effectiveness and methodology to demonstrate outcomes



## Mental Health Services Act Priority Principles

### **b. Leveraging Resources:**

Principle: County and state PEI efforts extend MHSA programs and funding by leveraging resources and funding sources, including ones not traditionally identified as mental health, to significantly increase the total resources brought to bear to address mental health issues.

Criterion: In order to extend the impact of MHSA PEI funding, county and state programs demonstrate collaborations that include shared resources or other strategies to leverage additional resources beyond MHSA funds.



## Mental Health Services Act Priority Principles

### **c. Reduction of Disparities:**

Principles: County and State PEI programs shall emphasize the goal of reducing disparities.

Criterion: County and state PEI program designs use promising and demonstrated strategies effective in reducing racial, ethnic, cultural, language, gender, age, economic, and other disparities in mental health services (access, quality) and outcomes.



## Mental Health Services Act Priority Principles

### **d. Stigma Reduction:**

Principle: PEI programs reduce stigma associated with having a mental illness, or a social/emotional/behavioral disorder, or being a parent or caregiver of a youth with an emotional or behavioral disorder, and/or for seeking services and supports for mental health issues.



## Mental Health Services Act Priority Principles

### Criteria:

- i. PEI efforts emphasize strategies to reduce stigma associated with having a mental illness or serious emotional/behavioral disorders, or being the parent/caregiver of an individual living with mental illness or a serious emotional disorder.
- ii. PEI efforts demonstrate strategies to move toward a positive, non-stigmatized “help first” approach reflective of a society that recognizes and honors its responsibility to assist persons with mental health issues.



## Mental Health Services Act Priority Principles

### **e. Reduction of Discrimination:**

Principle: PEI efforts emphasize strategies to reduce discrimination against individuals living with mental illness or social/emotional/behavioral disorders, including limited opportunities, abuse, various negative consequences, and barriers to recovery.

Criterion: PEI programs use strategies that are promising and have demonstrated effectiveness in eliminating discrimination against children and youth living with serious emotional and behavioral disorders and their parents, caregivers, and families, as well as persons living with mental illness and their families.



## Mental Health Services Act Priority Principles

### **f. Recognition of Early Signs:**

Principle: County and state PEI program plans shall include critical linkages with those in the best position to recognize early signs of mental illness and intervene, including but not limited to, parents and care givers, primary health care providers, early childhood education providers, teachers, faith based providers and traditional healers.



## Mental Health Services Act Priority Principles

### Criteria:

- i. County and State PEI plans will include a description of relationships, such as partnerships, collaborations, or arrangements with community-based organizations, such as schools, primary care, etc. Plans must document how those relationships will ensure effective delivery of services and the County's ability to effectively coordinate, manage, and monitor the delivery of services.
- ii. County PEI plans will strengthen and build upon the local community-based resources, mental health services, and primary care services.



## Mental Health Services Act Priority Principles

### **g. Integrated and Coordinated Systems:**

Principle: In order to extend the impact of MHSA PEI funding and make PEI services accessible to the diverse people who need them, county and state PEI program design builds integrated and coordinated systems, including linkages with systems not traditionally defined as mental health, which reflect mutually beneficial goals and combined resources to further those goals.

Criteria: County and state PEI program designs demonstrate coordination with all components of the MHSA, including community services and supports, workforce education and training, innovation, and capital improvements/technology.



## Mental Health Services Act Priority Principles

- ii. County and state PEI program designs demonstrate coordination with local and state initiatives that support MHSA outcomes.
- iii. County and state PEI programs demonstrate links with community agencies, including those that have not traditionally been defined as mental health, and individuals who have established, or show capacity to establish, relationships with at-risk populations.
- iv. PEI approaches emphasize comprehensive community-based and client/family-based approaches.



## Mental Health Services Act Priority Principles

### **h. Outcomes and Effectiveness**

Principle: County and State PEI programs will participate in the development and use of a statewide evaluation framework that documents meaningful outcomes for individuals, families, and communities.

Criterion: County and state PEI plans include well-conceived strategies to assess the effectiveness and outcomes of their programs, and reflect what is learned to all levels of the system in order to improve services and outcomes.



## Mental Health Services Act Priority Principles

### **i. Optimal Points of Investment**

Principle: In order to maximize the effectiveness of MHSA PEI funding, county and state programs invest in optimal points of intervention. Optimal points of investments are defined as those interventions, targeted at a specific population and/or age group, which have the highest probability to divert negative outcomes, and/or generate cost savings.



## Mental Health Services Act Priority Principles

### **j. User-Friendly Plans:**

Principle: County and state PEI Plans will be accessible.

Criterion: County and state PEI program requirements and ensuing plans are written in accessible language that allows for reasonable implementation at all levels and supports the development of culturally and linguistically relevant services.



## Mental Health Services Act Priority Principles

### **k. Non-Traditional Mental Health Settings:**

Principle: County and State PEI programs shall increase the provision of culturally competent and linguistically appropriate prevention interventions in non-traditional mental health settings, i.e., school and early childhood settings, primary health care systems, and other community settings with demonstrated track records of effectively serving ethnically diverse and traditionally underserved populations.



## Mental Health Services Act Priority Principles

### Criteria:

- i. Counties will document their efforts to identify, outreach to and collaborate with community-based organizations, primary care providers, mental health providers, parents and care givers, early childhood education providers, teachers, faith based organizations and traditional healers. Plans must document how those relationships will ensure effective delivery of services and the county's ability to effectively coordinate, manage, and monitor the delivery of services



## Mental Health Services Act Priority Principles

- . ii. County PEI plans will strengthen and build upon the local community-based mental health and primary care system, including community clinics and health centers.
- iii. Counties shall include in their provider network community-based organizations that meet the identified needs of all consumers, with a specific emphasis on those who are traditionally underserved.
- iv. Local PEI plans will be evaluated based on the ability to reach underserved communities and address specific barriers to access faced by underserved communities, including cultural and linguistic barriers.



## Mental Health Services Act Priority Principles

### **I. Prevention and Early Intervention is a Distinct Service from Community Services and Supports**

**Principle:** PEI funds shall be used to support services that reduce the risk of the initial onset of a mental disorder.

**Criteria:** For each program funded with PEI funds there shall be a clear explanation of how the service meets the operational definition of prevention and early intervention.



## Mental Health Services Act

### **15 AREAS OF POLICY DIRECTION**

**6) Distinction Between Prevention/Early Intervention and Community Services & Supports.** PEI interventions will emphasize Prevention & Early Intervention and be distinct from Community Service and Support Services.

The PEI Requirements will provide:

- Operational definitions (e.g., early intervention/treatment nexus)
- Counties will have flexibility in their implementation of the operational definitions, with justification.



## Mental Health Services Act

### **15 AREAS OF POLICY DIRECTION**

#### **7) Priority Long Term Outcomes**

Priority outcomes defined in the Act (reduction of school failure, homelessness, prolonged suffering, unemployment, incarceration, removal of children from homes, and suicide) will be translated in the PEI Requirements as the Seven Overall Aims of Prevention and Early Intervention and all Counties will be expected to work toward those outcomes.



## Mental Health Services Act

### **15 AREAS OF POLICY DIRECTION**

#### **8) Short-term Goals, Evaluation Methods, Accountability Reporting**

DMH will organize another work group with representation from program and evaluation experts in prevention and early intervention, CMHDA, OAC, CMHPC and other critical partners to recommend short-term goals, a set of required outcome indicators and evaluation methods for PEI that are applicable at the State and County levels.



Mental Health Services Act

## **15 AREAS OF POLICY DIRECTION**

### **9) County Planning Process**

The County PEI Planning process will replicate the logic model used for County Community Services and Support Planning, i.e. within the strategies and outcomes.

## Mental Health Services Act **Prevention and Early Intervention**

- Hopefully, with this specific information from the Oversight and Accountability Commission, interested agencies that want to make a proposal, will have the criteria in which to structure their plan.
- If an agency wants to submit a proposal, they should contact Nancy Antoon no later than 10/10/08.

## Mental Health Services Act **Prevention and Early Intervention**

- Thank you for attending today's focus group and we will open the meeting to comments, questions and observations.



## Attachment Seven

Notes from Weaverville focus group

### **Prevention and Early Intervention Weaverville Focus Group September 29, 2008**

#### Present were:

- Nancy Antoon; MH Director
- Tom Antoon; AODP Administrator
- Noel J. O'Neill; MHSA Consultant
- Jim French; Superintendent of County Schools
- Linda Wright, Health and Human Services Director
- Christine Camara; Principal of Junction City Elementary School

#### All attendees filled out a questioner

#### Primary concerns expressed were:

Christine talked about an urgent need for a crisis counselor to be able to defuse students who may be in emotional crisis and "melting down" at the school sight. Ideally she would like a consistent therapist who could respond to her school when she identifies a need. She understands she does not have the skills to therapeutically deal with the serious needs she encounters. MH Staff advised her that while she does appear to have a legitimate need, the Prevention Resource does not appear to be the correct solution. The group encouraged her to have the students with serious emotional disturbance identified as 26.5 students and invite the MH Department to join the IEP Team. In this manner, the students will get the intervention they need in a timely fashion. MH Staff also suggested that CSS might be a more appropriate MHSA Element to provide direct services. Christine wondered if we might like to do a focus group down at the school or with school administrators.

Linda and Jim were concerned that although they agree the funds should be spent on school age children, they felt Hayfork or Weaverville would be a better place to use this resource. They both had heard that South County was very interested in making a proposal, and while they acknowledged

that South County doesn't get much in the way of new services, it seems like "too small of a community" to focus this resource on. Jim states there is declining enrollment out there, and the school has gone from 79 down to about 50. They do agree that working with a Primary Care Clinic and the schools would be an ideal set up.

### Result:

All the members present agreed to review any plan that is forthcoming. Linda Wright was especially concerned that future activities are in some way linked to clients of her agency. She wondered how Cal Works might be able to interface with the Milestones Drop in Center. We agreed to do some exploration of this idea in the future.

## Attachment Eight

### Notes from Hayfork focus group

#### Prevention & Early Intervention Focus Group

October 1, 2008  
Hayfork Community Center

Present: Nancy Antoon, LCSW, Director, TCBHS, MHS II; Becky Stetson; Dorey Viel; Melissa Jessea; John Wright; Paul Atkins; Michael Davis; Pete Symth, MFT; Anne Lagorio.

Nancy Antoon informed community members that \$200,000 will be made available to Trinity County for prevention and early intervention. The grant will be administered to one project, payable \$100,000 in year one and renewed for another \$100,000 in year two. A meeting will take place in Weaverville at TCBHS where those interested in receiving this money will present their concept and projects for consideration on October 14, 2008.

Many ideas and suggestions were discussed. Generally, the need for more public knowledge and information for the community regarding mental illness was discussed. Many ideas were suggested on how to provide prevention and early intervention in the schools. A full-time counselor at both school sites in Hayfork was suggested. This counselor would provide individual counseling and groups for six (6) hours a day. The participants felt crisis intervention is most needed and would be most effective at the schools. This would be most efficiently accomplished by employing a counselor, who could run a drop-in center on-site for the children and teens. This counselor would provide on-going and consistent care, through individual and group work, and possibly art or drama therapy as well. An on-site counselor would be easily accessible for counseling and support and there would be reduced stigma. A drop-in center would provide a more informal setting and approach to prevention and early intervention. On-site counseling would

also be more immediate to provide for counseling when it is needed. This on-site counselor could also serve as a link to TCBHS for children and families that need more services. The ripple effect of providing prevention and early intervention was discussed. By providing prevention and early intervention, the children would impact their families, which would impact the broader community as well. A family resource center was also discussed, which would provide prevention and early intervention services with less stigma. A full-time staff person, placed on-site in the schools, could provide a link between resources, as well as counsel children and families.

Another idea was suggested, that the money be used to fund senior services, particularly to address suicide prevention. A discussion ensued about providing for both children and seniors by starting a foster grandparent program. Seniors, who struggle with isolation and depression, and at-risk children, who need more positive adult attention and role modeling, could both be served by such a program. A staff person could coordinate linkage and foster grandparent program. This person could provide support and guidance for seniors to work in the schools, as well as coordinate program. The need to link kids, families, seniors, services, and the community-at-large was discussed. Overall, the participants agreed that Hayfork is an underserved area due to geographic isolation and poverty and would benefit greatly from receiving this grant for prevention and early intervention.

## Attachment Nine

### Notes from Southern Trinity focus group

Trinity County Behavioral Health Services

Prevention and Early Intervention Focus Group

Mad River

South Trinity Health Services

September 30, 2008

- Very well attended; fourteen persons filled out the survey
- Presenters were TCBHS Director Nancy Antoon and MHSA Consultant Noel J. O'Neill
- All participants were either adults or older adults.
- There was a strong voice suggesting that senior citizens in the Mad River Community were isolated and lonely and that structured prevention activities would be a way to reduce depression, anxiety, substance use and alienation.
- There were also community members who expressed that fact that unemployment in the area has left many families struggling and that substance use, especially marijuana, is a common escape from the challenges these families face. The fact was mentioned that structured social activities could lead to great community happiness.

- Some community members believed that the focus on children was well placed as the youth do represent the next generation. There was discussion about activities that might be intergenerational in so far as connecting youth with seniors to preserve local history and culture.
- Generally speaking the group was alive and vibrant, and there was a strong feeling of community cohesion. It was apparent that the Primary Care Health Clinic was seen by residents as a friendly place with an abundance of resources and energy.
- The group consensus appeared to be an integrated model where persons of all ages should participate in structured prevention activities as a way to improve the quality of life in the Mad River Area.

### Attachment Ten

Press release for public hearing 10a; legal notice 10b; Sign in sheet 10c

### Press Release

Today's Date: November 18, 2008

Trinity County Behavioral Health is pleased to announce the fact that a new element of the Mental Health Services Act known as the Prevention and Early Intervention is now ready for the final stages of community planning. A Public Hearing will happen on December 17 @ noon @ the Trinity County Behavioral Health Agency located @ 1450 Main St. in Weaverville. The Public Hearing will be facilitated by the Mental Health Board. Many persons have been anticipating the unfolding and development of new programs related to the Prevention and Early Intervention aspect of the voter approved initiative that has brought a new mental health funding stream to Trinity County.

Trinity County has \$225,000. to spend over three years on new programming that did not exist before 2004. This is an opportunity to do interventions before mental illness occurs in a prevention fashion. There has been no resource like this in many years, so, naturally, many residents in Trinity County are excited about the possibilities that exist.

There were three focus groups held in late September and early October to hear community stakeholder input from around the County. The State guidelines were presented to interested persons and agencies. Attendees from the focus groups were invited to informally present their specific ideas two weeks later. On Tuesday October 14 a panel made up of persons from First Five, the County Board of Supervisors, Clients and Family Members, The Mental Health Board, and Trinity County Behavioral Health Agency Members heard two presentations from the only responders to this invitation. The Southern Trinity Health Services and The Mountain Valley School District presented plans for how their communities would utilize the resource. The Panel heard the plans and agreed after two weeks of deliberation that the best formula for success would be to ask the two Southern Trinity Communities to work together and share the resource. Both communities have agreed to do that. The other smaller project that will be funded is the annual Challenge Day for students that is a collaboration between schools and Behavioral Health.

All interested persons are invited to the Public Hearing to participate by sharing ideas and concerns. If any member of the community has questions, they may contact the Mental Health Director, Nancy Antoon @ 623-8293.

**Attachment 10b.**

November 17, 2008

**Trinity County Mental Health Services Act**

**Request to gain approval from the State Department of Mental Health to use Prevention and Early Intervention Resources for the Hayfork and Southern Trinity Prevention and Intervention Project**

Pursuant to Welfare and Institutions Code Section 5847(a.1), section 5848 (a,& b), section 5892 (a.3,& 4), and California Code of Regulations section 3315 each County receiving Mental Health Services Act (MHSA) funding may request Prevention and Early Intervention funds for this component of the MHSA.

Each county must follow State Department of Mental Health Information Notice 07-19 and submit the prevention application request in order to amend its existing MHSA Agreement with the State of California Department of Mental Health following the required Public Hearing.

***The Trinity County Behavioral Health Services Agency recommends that the Prevention and Early Intervention Funds, totaling \$225,000. be requested from the State DMH and deposited into our County Behavioral Health Services Agency Account for use in Fiscal Year 08/09 and 09/10 for the purpose of implementing the Prevention and Intervention project located in Hayfork and Mad River as outlined in the application. The other smaller effort to be funded is the Challenge Day Activities for students which is a collaboration between schools and Behavioral Health.***

In accordance with the California Code of Regulations, this Request is being posted for a 30-day public comment period prior to submission to the State DMH. The posting period will be from November 18, 2008 to December 17, 2008. Actual Hardcopy of the Request may be obtained by calling the Trinity County Behavioral Health Services Agency at (530) 623-1362 or, by emailing [nantoon@kingsview.org](mailto:nantoon@kingsview.org)

Comments should be made with attention to Nancy Antoon, Mental Health Director by phone call to the Trinity County Behavioral Services Agency at (530) 623-1362 or, by emailing [nantoon@kingsview.org](mailto:nantoon@kingsview.org)

**Attachment 10c** is not available in electronic format

Attachment Eleven

Hayfork Power point for Link Center

Not available electronically

Attachment Twelve

Southern Trinity Mad River Power Point for Prevention Project

Not available electronically

### Attachment Thirteen

Electronic list of panelists who heard the focus groups 13a and  
sign in sheet 13b

#### **Electronic List of Panelists who served on the PE&I Selection Committee**

1. Ann MacRae; President of MH Board and San Jose State Professor of Occupational Therapy
2. Tom Shellterstorm, Retired Physician Assistant, MH Board member and president of Consumer Group@ Milestones Drop in Center
3. Debra Chapman, Executive Director of First Five
4. Judy Pfluegor, Trinity County Board of Supervisors
5. Noel J. O'Neill LMFT, MHSA Consultant
6. Tom Antoon LMFT, Deputy Director for TCBHS

#### Presenters:

1. Darren Welch MSW, MSW from Southern Trinity Health Services
2. Kathy Larsen, CEO of Southern Trinity Health Services
3. Melisa Jessee, School Counselor for Mountain Valley Unified School District
4. Dori M. Davee Vial, Lead Teacher, High School of Mountain Valley Unified School District
5. Becky Stetson, Teacher and program Coordinator for Mountain Valley Unified School District

**Sign in Sheet for Focus Group on October 14, 2008 Document 13b.**

**Trinity County Behavioral Health  
PE&I Presentation of Proposed Projects**

**October 14, 2008**

- a.motr@DCACABLE.NET  
1. Anne Meckel President MHT Board / Professor  
San Jose State
- shelterstorm@gmail.com  
2. John Seelhuber MHT Board / Retired  
PA
- debcmodoc@yahoo.com  
3. Debra Chapman FIRST FIVE
- JPFuego@trinitycounty.org  
or HHS  
JudyP@HHS  
4. Judy Pluger Board of Supervisors
- 5. Darren Welch MSW / Counselor
- 6. Kathy Larsen CEO Primary Care Clinic  
South County
- 7. Nancy O'Neill MFT / Consultant
- 8. Jan Outson MFT Deputy Director, TC BHS
- 9. MELISSA JESSEE SCHOOL COUNSELOR HES, HHS
- 10. Doreen M. DANCE Vial lead teacher, Valley Forge
- 11. Becky Stetson Teacher-District  
Program Coordinator-  
MVUSD-Heyfork

Attachment Fourteen

Preliminary Project Proposal that was adopted by the PE&I Panel

**Trinity County Behavioral Health Agency  
Prevention and Early Intervention Proposal  
November 18, 2008 (Third Draft)**

**"The Hayfork and Southern Trinity Prevention and Intervention Project"**

**The kickoff for ideas** concerning potential Prevention and Early Intervention projects began with a series of three focus groups in Weaverville, Hayfork and Southern Trinity held in the last week of September 2008. These were relatively well-attended functions with:

Southern Trinity: 14 persons

Hayfork: 8 persons

Weaverville: 6 persons

for a total unduplicated count of 28 persons in total attendance. These focus groups were followed up by an informal "plan proposal" opportunity that two groups took advantage of held on the afternoon of October 14 in Weaverville. Attending were 7 panelists representing First Five, the Board of Supervisors, The President of Client Affairs @ Milestones Drop in Center, The Behavioral Health Board and the Trinity County Behavioral Health Agency. Two communities with a total of five presenters participated in this brainstorming event. The panel was created to insure that the project selection actually reflected the requests of the local communities and that the intended projects focused on desired target populations and could in fact potentially deliver some specific prevention outcomes that mirrored the 15 areas of Policy Direction given by the Oversight and Accountability Commission (MHSAOAC) of the Mental Health Services Act (MHSA). Instructions to the presenters were simply: Present a project that your community would like to do using the PE&I Resource of \$100,000. a year that is based upon ideas shared during the focus group in your community that will positively impact residents in your community using the prevention guide of the MHSAOAC as a reference point.

**The first presentation was from Southern Trinity Health Services.** This Primary Care Clinic (PCC) has recently partnered with the Van Dusen School District and created a unique partnership where social/emotional curriculum from the State of California is administered to small groups of both grammar and high school aged students with some remarkably positive feedback from school teachers

and administrators. Children with parental permission are transported from the nearby school campus to the PCC where the interventions are conducted. Currently the PCC is able to draw down enough Medi-Cal to pay about 25% of the costs of this program, which is intended to be both a prevention program and a screening program to refer children who demonstrate more significant needs than what the group can offer for more intensive services. The proposal is to expand the program to include parents and adults during family friendly times during the week, and to add a senior citizen program that can assist seniors with curriculum that might prevent lapses into emotional conditions requiring much more serious care. The PE&I Resource would help to pay for what has been just initially started but hasn't adequate funding, and to further develop a more formalized method of tracking aspects of the project including outcomes.

Additionally, Southern Trinity would like to offer another community the benefit of some of their efforts by entering into a mentoring relationship with their new partner, as a way of consolidating the gains of Southern Trinity and of sharing some successful strategies with a neighboring school district.

**The second presentation came from Hayfork** Lead Teachers and the counseling staff person for the grammar and high school. They first described their community as having both strengths and weaknesses. The strengths being the strong bond that exists throughout the valley that is both isolated and very remote. People know each other and there is a cohesion that seems to be unique to this long established rural community. Weaknesses included the fact that the remoteness tends to lead to isolation, and fear of adventuring into larger more urban areas due to inexperience and fear. The close-knit community is also vulnerable to issues of substance abuse, domestic violence, child neglect and a general lack of access to services that might make for positive intervention to these negative cycles. Unemployment has been a major problem since the mill in the valley closed.

The Hayfork Community has proposed "The Link Center" that would essentially start off as a prevention and intervention-linking center for kids. There is every intent to grow this school-based project into a full family resource center for services, but that is a longer-term goal. School staff are very clear that the primary function of the link center will be that there will be a youth friendly stable presence available that can build steady and ongoing relationships with school children and eventually their families. The proposal sees this Link Center Staff Person having a professional level of expertise. The Hayfork goal is to hire a MSW, LCSW, or MFT as the LINK center counselor. This will be more than just a "coordinator". This person will not do treatment, but rather identify students who can benefit from the services of the County Behavioral Health Agency or any other resource, and find a way to assist the family in making the connection. This person will offer educational practices such as: one-on-one counseling, group counseling, crisis intervention, and conflict resolution, using the curriculum as a foundation as offered by Southern Trinity Health Services. By offering these

prevention activities, the hope is to reduce the incidence of youth who will need referrals to the County Behavioral Health Agency. Youth who do need this referral, will get it much earlier than prior to the existence of the Center. Initially this will only be a resource during the school year, but as the Link Center develops, it might become a year around hub for children and families to participate in constructive activities and a place to find services and access care at all levels. The focus group identified the Link Center as a primary need because of the paucity of resources and services available in the community. This Link Center will be the hub around which school children will be drawn due to the friendly and trusting atmosphere and the community will build positive family friendly activities for the same reasons.

**Analysis:**

The panel was able to discuss each of the presentations. Generally speaking, the panel was unanimous that each project brought certain positive strengths and weaknesses to the table. Each seemed compelling in its own way. The panel seemed to invite the idea of an integrated project that might include both communities for very different reasons. The following is a summary of what might be a possibility if all parties embrace the idea.

**The following proposal is DRAFT ONLY. It is not yet a recommendation** from the Prevention and Early Intervention Panel. This is an opportunity for each party to consider whether this plan makes good common sense, and complies with the philosophy of the MHSAOAC. This proposal would form the core features of the application to the State. Those reviewing it will be:

1. County Mental Health Director representing Behavioral Health
2. The Prevention Panel
3. Hayfork's Mountain Valley School District
4. Southern Trinity Primary Care Clinic

The Prevention Panel will meet again on October 28, 2008 to review, modify and vote on this document. If you have specific feedback, please respond to this e-mail by Monday Night October 27, if you want your thoughts considered by the panel.

**Proposed Project:**

*"Hayfork and Southern Trinity Prevention and Intervention Project" (HST-PIP)*

- The \$100,000 Annual Prevention Resource would be split evenly between Hayfork and Southern Trinity for two ongoing years. The lead legal entities contracting for the money would be Southern Trinity Health Services and Mountain Valley School District.

- Each local project would be responsible to TCBHA to pick specific measurable outcomes that during the course of the two years would be gathered and monitored and for which quarterly reports would be made to TCBHA. These targets would be goals of the community that will enhance the quality of living in the community, build resiliency for youth, recovery for adults and prevent the onset of mental illness.
- Southern Trinity Health Services would:
  - Continue to collaborate with the Van Dusen School District to provide prevention oriented social/emotional State Approved Curriculum in a group format to students in the schools.
  - Identify children who could benefit from an intervention and make the appropriate referrals.
  - Develop a regular opportunity (at least monthly) for adults and family members to gather for socialization, support and educational curriculum that would be perceived as fun and beneficial.
  - Develop a regular opportunity (at least monthly) for senior citizens to participate in a program of socialization, support and educational curriculum that would be perceived as fun and beneficial. Explore a foster grandparent program.
  - Mentor and provide curriculum to Mountain Valley Unified School Staff. Assist the Hayfork School staff through consultation and community networking expertise in their task of creating a Link Center on the elementary school campus.
  - Attend monthly collaborative meetings with Hayfork Staff to address topics such as the progress and outcomes of the prevention groups for all ages, and explore ways to grow the partnership through additional grant funding.
  - Leverage the PE&I monetary resource by drawing down Medi-Cal Dollars to assist in creating a sustainable project.
  - Explore the possibility of providing dental screenings to the Mountain Valley Unified School District.
- Mountain Valley School District would:

- Develop a Link Center on the Elementary School Campus providing a professional staff person who is a steady presence that could build trust and relationships with school age children and act as a liaison for services for their families.
- Accept mentoring and social emotional curriculum from Southern Trinity Health Services and learn how to effectively integrate facilitated group sessions into the school day so that teachers and parents are pleased with the effort and outcomes.
- Leverage the PE&I monetary resource by drawing down School Medi-Cal Dollars that shall be reinvested into the Link Center. Mountain Valley will use the fiscal resources from the Prevention MHSA to add to other District Funds to extend prevention activities.
- Explore the possibility of receiving dental screenings from Southern Trinity Health Services.
- Attend monthly collaborative meetings with Southern Trinity Health Services Staff to address topics such as the progress and outcomes of the prevention groups for all ages, and explore ways to grow the partnership through additional grant funding.
- Identify children who could benefit from an intervention and make the appropriate referrals. Mountain Valley will develop an early alert system so that participants that need ongoing services can easily transition to services offered by the County Behavioral Health Agency.
- Develop a regular opportunity (at least monthly) for adults and family members to gather for, support and educational curriculum that would be perceived as fun and beneficial. The Link Center wants to build relationships with parents and families, but they want to build that relationship around their needs for connections and services as opposed to purely recreational activities.
- Develop a regular opportunity (at least monthly) for senior citizens to participate in a program of socialization, support and educational curriculum that would be perceived as fun and beneficial. Explore a foster grandparent program. There will be a goal of highlighting intergenerational community members to preserve the innate rural culture.

- Continue to do community focus groups to assess in what manner the Link Center might blossom into a year around Family Resource Center. Explore grant opportunities to enhance the project.
- The Link center is clear about the three foundation ideas - connectedness, intentionality, and resiliency. That's why the center is built around this professional person who will have the opportunity to build connectedness with children and their families in an intentional way. There is a commitment to finding links to services and programs that help families and children develop resiliency.
- The Center's focus is the youth who are students at the school, and it builds family and teachers around this. Although the purpose of the Center includes supporting families, the goal is not the creation of a family resource center where global services will be offered to family members. The focus will be on supporting the students themselves in whatever manner seems most appropriate.