Enclosure 3

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

Form No. 1

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

County Name: Calaveras	Date: March 4, 2009

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

County Mental Health Director	**Project Lead**
Name: Rita T. Downs, M.Ed., MPA Telephone Number: 209-754-6525 Fax Number: 209-754-6849 E-mail: rdowns@co.calaveras.ca.us	Name: Christa Thompson Telephone Number: 209-754-6525 Fax Number: 209-754-6849 E-mail: cthompson@co.calaveras.ca.us
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AUTHORIZING SIGNATURE

I HEREBY CERTIFY that I am the official responsible for the administration of Community Mental Health Services in and for said County; that the county has complied with all pertinent regulations, laws and statutes. The county has not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and the administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2007-08, 2008-09 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief the administration budget and all related program budgets in all respects are true, correct and in accordance with the law. I have considered non-traditional mental health settings in designing the County PEI component and in selecting PEI implementation providers. I agree to conduct a local outcome evaluation for at least one PEI Project, as identified in the County PEI component (optional for "very small counties"), in accordance with state parameters and will fully participate in the State Administered Evaluation.

Signature _____ 03-4-09

County Mental Health Director — Date

Executed at San Andreas, California

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

County: Calaveras **Date: March 4, 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 Mental Health Services Act (MHSA) Coordinator, who also functions as the Prevention and Early Intervention (PEI) Coordinator, organized the overall Community Program Planning Process with the oversight from the Director of Behavioral Health Services (BHS). Additional input was provided by the Director of the Health Services Agency.

   b. Coordination and management of the Community Program Planning Process

   As a small county, Calaveras has limited funding for additional staff. Consequently, coordination and management of the Community Program Planning Process was also performed by the MHSA/PEI Coordinator, again with oversight from the Director of BHS. Community meetings and focus groups were scheduled by the MHSA/PEI Coordinator. Key interviews were facilitated by the MHSA/PEI Coordinator.

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

   In November of 2008, Calaveras convened a Mental Health Services Act Advocacy Committee to funnel community input and guide decisions on all MHSA components. Consumers, family members, mental health board members, consumer staff, and key community stakeholders were invited to join. As a result, the Committee is currently composed of: three active consumers, two consumer Mental Health Board members, one family member support staff, one Latina outreach family member support staff, one older adult outreach consumer staff, the Director of Calaveras First 5, the Director of the Human Resources Council (HRC), the Director of HRC Head Start, a representative from the Calaveras Works and Human Services Agency, a local school counselor, a community representative, and the MHSA Account Technician as a fiscal representative. Additional consumers and stakeholders are continually recruited as needed.

   These members were tasked with advertising community meetings among their agencies and/or individual communities, distributing flyers to the general public, and scheduling focus groups with the parties they represented. The department experienced a wide range of community planning participation from consumers, underserved ethnic and racial groups, and from agencies not previously part of the planning process. As a result, over 30 focus groups where conducted, along with seven individual interviews and three community meetings.

As the MHSA Advocacy Committee is comprised of the county's key stakeholders, their participation in the planning process continued long after the community meetings and focus groups were completed. Once the input from the community was compiled into a digestible format, the Committee began analyzing the data to inform their decision-making process. For several months, Committee meetings were dedicated to discussing community input and PEI options based on Department of Mental Health (DMH) guidelines. Additional stakeholders (such as parenting educators) were invited to attend as needed.

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

There are multiple Native American groups within the county that are geographically close, but distinctly separate in their identity. As there is much history and sensitivity among these factions, understanding the background behind their divisions is key. However, reaching each of these groups individually and building the necessary trust to gain access to their elders has been an ongoing challenge.

The county previously employed a Native American Community Services Liaison who worked toward bridging the gap in service disparities and stakeholder participation. Unfortunately her tenure with the department was cut short due to unforeseen personal obligations. Ongoing efforts to fill this key position continue to be a challenge; however the county was able to work with cultural brokers, including some new contacts to the department. As a result, the necessary rapport was established for planning meetings to be held with two of the three Miwok groups in Calaveras County. The department sees this as a promising step toward reducing service and stakeholder disparities in the future. The department hopes to strengthen these bonds with future PEI funding by partnering with incoming Native American agencies in the area to provide outreach using traditional and nontraditional practices.

Additional efforts were made to reach the Latino communities, which have been increasing in Calaveras County, due in part to the ever-growing wine industry in the region. Outreach efforts to this underserved population have expanded though the staffing of a full-time Spanish-Speaking Latina Community Services Liaison. Thanks to her success in reaching this population, bilingual focus groups were held in three parts of the county, with childcare provided.

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 total stakeholder participation was reflective of Calaveras' demographics, with significantly higher representation from Latino and Native American groups. According to the US Census Bureau, in 2007 Calaveras County was 84% Caucasian, 10% Latino, 2% Native American, 1% African American, 1% Asian, less than 1% Hawaiian/Pacific Islander, and 2% reporting more than one race. Unfortunately, there are no known locales where African Americans or Asians congregate that the department could access to reach these groups. However, these and other underserved groups of all racial and ethnic groups were reached out to via newspaper and media campaigns (i.e. televised Board of Supervisor meetings).

Additionally, the GLBTQIA (Gay, Lesbian, Bi-sexual, Transgendered, Questioning, Intersex, and Ally) Community does not openly congregate in Calaveras County. However, they do seek services at Sierra Hope, the local HIV/AIDS Support Center—whether or not they have contracted the virus. Since this is the only support service available in the community at this time, we did reach out to this group in order to receive stakeholder input.

As a small rural county, Calaveras represents geographic diversity the way larger counties represent racial/ethnic diversity. Several small communities are isolated along two-lane travel corridors in outlying geographic areas. Rural competency is key to outreach and planning efforts in Calaveras. Understanding each individual community—each with a distinct history, set of political issues, and unique "personality"—is vital to establishing rapport and trust within the county. Stigma is another issue facing small counties as anonymity is often not guaranteed in a community where everyone knows who you are. This too effects planning efforts when stakeholders may not want to be seen attending a meeting on mental health.

As such, the planning process needed to reflect this unique competency. Evening community meetings were held in two of the most remote communities: West Point and Avery. Both meetings focused on the unique circumstances of each community, with food and childcare activities provided at no cost. An additional community meeting was held during the day in the county seat of San Andreas to reach the more general populace as well as those working for the county. All meetings were advertised via county-wide flyers, newsletters, and in the local papers (Exhibit A). Every attempt was made to de-emphasize the focus on mental health in order to reduce stigma concerns.

In order to reach those who were unable to attend the community meetings and to obtain more targeted input, over 30 focus groups (with an average attendance of 5 to 15) were held in addition to key interviews with 7 individuals throughout the county, including other remote areas not previously covered by the community meetings. These meetings gathered input from groups that serve foster parents and children, abused Native American women, Latino parents and families, the gay and lesbian community, grandparent caregivers, those involved in the criminal justice system, and other underserved or at-risk populations.

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

The MHSA Advocacy Committee includes members who are active consumers with serious mental illness, as well as family members. Several committee meetings were targeted towards collecting input from these key stakeholders. One consumer's comments continued to center around strategies that would have helped her as a child, before her mental illness took a very serious, life changing turn for the worse. As such, an approach was developed to draw out stakeholders who as adults in seemingly "too-late" situations may have a challenge focusing on the prevention and early intervention of mental illness in others.

At the PEI planning meetings, the facilitator asked participants to think about their childhood, or the childhood of someone who faced significant behavioral or emotional problems. Each participant was asked to focus on what strategies would have helped them or that child and to reflect on those strategies in their responses to the community planning process. This tact proved particularly successful. In addition to drawing out consumers, it also increased empathy and stigma-reduction among non-consumers.

In addition to community meetings, focus groups were held with the day rehab program participants, the consumer-run clubhouse members, and at "Drop-In Day," which is sponsored by the department to encourage staff, consumers, and family members to mingle in a non-clinical setting. As these are consumer or family member groups, participants seemed more open to communication.

Individual interviews and surveys were also conducted with active clients. In exchange for their contribution to the process, consumers were given VISA gift cards to spend as they wish. One Latina consumer whose interview was translated in Spanish was able to use the gift card to purchase school clothes for her children who would have otherwise gone without this year.

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

a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including, but not limited to:

- *Individuals with serious mental illness and/or serious emotional disturbance and/or their families*
- *Providers of mental health and/or related services such as physical health care and/or social services*
- *Educators and/or representatives of education*
- *Representatives of law enforcement*
- *Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families*

Community planning targeted a wide variety of stakeholder participation to meet DMH guidelines. These included the following focus groups. For a complete list of all community meetings, focus groups, and interviews, please see the attached MHSA 3-Year Plan Focus Group and Meeting Demographics (Exhibit B).

- **Consumers/Family Members**: Focus groups with Day Treatment participants (adults with serious mental illness), Consumer Clubhouse, and Drop-In Day centered on strategies that participants felt would have been most effective prior to their mental illness taking full effect. Family members were asked to focus on strategies that would have helped the whole family at that time.
- **Providers of Mental Health**: Focus groups with the Behavioral Health Services Mental Health and Substance Abuse Programs, The Mariposa, Amador, Calaveras, and Tuolumne (MACT) Native American Clinics, and local private therapists targeted feedback on what treatment, or pre-treatment strategies would be most effective in the prevention and early intervention of mental health.
- **Providers of Physical Health**: Focus groups with the Public Health Department and again with the MACT Native American Clinics discussed the link between physical and mental health and examined the possibility of partnering with Primary Care to provide PEI services.
- **Social Services**: A number of focus groups were held with Calaveras Works and Human Services Agency Management Team and Children's Services, HRC Head Start, Calaveras First 5, Valley Mountain Regional Center, and the Calaveras Crisis Center to discuss gaps in services and potential barriers to providing PEI services in Calaveras.
- **Educators**: Focus groups with Calaveras County Office of Education's (CCOE) Executive Council, CCOE's Community Advisory Committee, and HRC Head Start centered on program gaps, capacity, and potential partnerships for PEI services.
- **Law Enforcement**: Focus groups with the Criminal Justice Committee and Probation Department discussed the link between mental illness and the justice system, and what PEI efforts may be most beneficial.
- **Other:** Additional focus groups included the Mental Health Board, Sierra Hope (AIDS & GLBTQI Support), the Valley Mountain Regional Center, and Parenting Support Groups and centered around gaps in services, potential barriers in receiving/providing services, and potential partnerships for providing PEI services.

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

Preparation for county staff and stakeholders assisting with the planning process started with a preliminary training on the DMH requirements for PEI, using a condensed version of the guidelines as a handout (Exhibit C). This initial training

session was offered to Behavioral Health Services Staff, the MHSA Advocacy Committee, and the Mental Health Board.

A second training was later provided to those assisting with the community meetings on how to facilitate breakout sessions, record and present information, and stay on task. An additional handout was used along with a pre-selected set of questions for each breakout session (Exhibit D).

Prior to each community meeting, focus group, and interview, a brief training was provided to participants as a review of MHSA and a more in depth discussion of PEI. A double-sided handout was used as an overview (Exhibit E).

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.

One clear lesson was learned from the CSS process, particularly around community meetings. For example, during the CSS process a total of seven community meetings were held. Although some drew good participation, others were poorly attended, resulting in the waste of time, effort, and planning funds. Per the CSS process, participants seemed to respond better to meetings scheduled at their location around their staff/personal time versus an arbitrary centralized meeting. Additionally, the department found that focus groups provided much more targeted information within a context that could be more effectively assessed.

As a result, the county held three community meetings instead of seven, and scheduled over thirty focus groups as the primary method for gathering community input for the planning process. As the previous response to question 3.a. of this form demonstrates, these focus groups allowed for a specific focus on each party's area of interest and/or expertise and enabled the department to derive specific information from each group.

Interviews were also utilized as a key method for gaining input from individuals with specialized knowledge or unique background. For example, interviewees included a parenting educator with 30 years of experience, a woman specializing in outreach to abused Native American women, as well as a Latina mother in need of services.

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.

Demographic data was collected at all community meetings and focus groups. This enabled the county to compile and analyze statistical information regarding the specific populations targeted in outreach planning efforts. For instance, Transitional

Age Youth—a challenging group to reach in the past—represented 3% of the total participants involved in the planning process, which is a first for the department. Other notable meeting demographics include the following statistics, which are representative of both county and consumer demographics:

Age Groups	**Race/Ethnicity**	**Type**
7% Children (with Parents)	14% Latino	6% Consumers
3% Transitional Age Youth	12% Native American	16% Family Members
6% Older Adults	73% Caucasian	78% Other
84% Adults	1% Other/Unknown	

For additional detail, please see the attached pie charts from the PEI 3-Year Plan Focus Group and Meeting Demographics (Exhibit B).

To ensure that underserved groups were represented at the decision making level as well as throughout the process, the department relied on input from Latino, Native American, and GLBTQI representatives on the MHSA Advocacy Committee and Mental Health Board when making final recommendations in this plan.

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

a. The date of the public hearing: The public hearing was held on **March 3, 2009**.

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.

A draft of the PEI Component of the Three-Year Program and Expenditure Plan was posted for 30-day public review and comment on **February 2, 2009** and made available to anyone interested by a variety of means through **March 3, 2009**. This included distribution to the MHSA Advocacy Committee, the Mental Health Board, Behavioral Health Services, as well as other key participating agencies within the county. The Plan was also posted on the calaveras.networkofcare.org website, in each county library, and at the county courthouse. Notice was send to key participants and press releases were sent to all local papers with the location of each posting of the Plan. (See Exhibit F.) Contact information was also distributed to funnel any questions, comments, and/or concerns regarding the Plan.

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

As a result of posting the Plan for a 30-day public review period, there were no recommendations for revision received. However, several commendations were made at the Board of Supervisors Study Session and at the Mental Health Board Public Hearing (See Exhibit G for a copy of the minutes).

d. The estimated number of participants: The estimated number was 323.

PEI PROJECT SUMMARY

Form No. 3

County: Calaveras **PEI Project Name: Triple P** **Date: March 4, 2009**

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

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☒	☐	☐	☐
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☐		
4. Stigma and Discrimination	☒	☐	☐	☐
5. Suicide Risk	☐	☐	☐	☐

2. PEI Priority Population(s)	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
a. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☒	☐		
4. Children and Youth at Risk for School Failure	☒	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☐		
6. Underserved Cultural Populations	☒	☐	☐	☐

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

Selection of Children and Youth as the primary priority population was based on an overwhelming response from the original Community Services and Supports (CSS) planning process, and was reaffirmed during PEI community planning process based on public comments the gaps identified during a countywide needs assessment.

Both the CSS and PEI planning processes involved several community meetings, dozens of focus groups, key interviews, and targeted surveys. A goal of each process was to obtain feedback from the community regarding current services and service gaps, existing and potential barriers, recommended partnerships, and what age groups are in need of priority attention. This data was compiled into an input grid for simplified dissemination and analysis (see Exhibit H).

Concurrent to the PEI planning process, a consultant was hired to conduct an extensive needs assessment of current PEI resources in the county. Social Entrepreneurs Inc. (SEI) assisted with the original CSS community planning process and was thus familiar with the county and its services. As part of its needs assessment, SEI surveyed all available county agencies and service providers to identify available PEI services, eligibility criteria, and known gaps from their perspective and then provided a brief analysis of service and capacity shortages (see Exhibit I for the report from SEI).

Combined with the data from the community meetings and focus groups, it became evident that services to children and youth, particularly children age 0-5, were lacking in quality and/or depth. This data was then presented to the MHSA Advocacy Committee, which acts as an advisory body for the department. With the Committee's approval, the department selected Children and Youth as the primary priority population, particularly for the Triple P parenting support project.

3. PEI Project Description:

Once Children and Youth were identified as a priority population, the community targeted several gaps in prevention and early intervention services to that age group during the planning process. When asked to identify what Calaveras lacks the most in the area of PEI, the community listed family counseling, parenting classes, and one-on-one parenting support in their top five gaps. Barriers included transportation, a lack of accessible resources and information for parents, and financial problems. Most in the community suggested that PEI services should be offered by schools, childcare providers, and doctors. All agreed that rural communities, the growing Latino population, and isolated Native Americans are underserved and need to be addressed.

In analyzing this information, it was clear to the department and to the MHSA Advocacy Committee that parenting education classes would not be sufficient. The group began to look for a program that would offer a model that could

saturate the county to address the underserved, transportation, and resource issues; and at the same time offer a variety of options beyond parenting classes to address the one-on-one parenting support and family counseling needs. And, the program would need to be at little or no cost to individuals receiving services to address financial barriers for low income and underserved populations. The dissemination of information would also need to be improved.

The MHSA Advocacy Committee compared Evidence-Based Practices (EBP) as well as successful community-based programs using the top community responses from the planning process as a scorecard (see Exhibit J). Many EBPs had not been tested in a rural environment and were thus ruled out. Those that were rurally-sound were compared against community programs using the scorecard. Most focused on one parenting aspect only; either classes or a group format. One EBP, Triple P America, stood out as a multi-faceted model that could not only meet the majority of the community's needs, but also the Department of Mental Health's guidelines. As a result, the Committee moved to select Triple P as the primary PEI model to address the needs of children, youth, and their families.

Triple P America is a bi-lingual (English and Spanish) EBP that draws on social learning, cognitive behavioral and developmental theory, as well as research into risk and protective factors associated with the development of social and behavioral problems in children. According to their website, the program's multi-level framework "aims to tailor information, advice and professional support to the needs of individual families. It recognizes that parents have differing needs and desires regarding the type, intensity and mode of assistance they may require." Triple P interventions range from brief information resources such as tip sheets and videos; to brief targeted interventions (for specific behavior problems) offered by childcare providers, faith-based organizations or doctors; to more intensive parent training programs targeting broader family issues such as relationship conflict and parental depression and stress (from parenting classes or individual counseling).

PEI PROJECT SUMMARY

Form No. 3

The following table describes each level of the Triple P model in more detail:

LEVEL 1 — Universal Triple P		
Level of Intervention	Target Population	Description
Media-based parent information campaign	All parents interested in parenting and promoting their child's development.	A coordinated information campaign using print and electronic media and other health promotion strategies to promote awareness of parenting issues and normalize participation in parenting programs such as Triple P. May include some contact with professional staff (e.g. via telephone).
LEVEL 2 — Selected Triple P		
Level of Intervention	Target Population	Description
Information and advice for a specific parenting concern	Parents with specific concerns about their child's development or behavior.	Provision of specific advice on how to solve common child developmental issues (e.g. toilet training) and minor child behavior problems (e.g. bedtime problems). May involve face-to-face or telephone contact with a practitioner (20 minutes over 2 sessions) or (60-90 minute) seminars.
LEVEL 3 — Primary Care Triple P		
Level of Intervention	Target Population	Description
Narrow focus parenting skills training	Parents with specific concerns who require consultations or active skills training.	A brief program (about 80 minutes over four sessions) combining advice with rehearsal and self-evaluation as required to teach parents to manage a discrete child problem behavior (e.g. tantrums, fighting with siblings). May involve face-to-face or telephone contact with a practitioner.
LEVEL 4 — Standard Triple P + Group Triple P + Self-Directed Triple P		
Level of Intervention	Target Population	Description
Broad focus parenting skills training	Typically parents of children with more severe aggressive or oppositional behavior.	A broad focus program (~10 hours over 8 -10 sessions) for parents requiring intensive training in positive parenting skills and enhancement strategies. Application of parenting skills to a range of target behaviors, settings and children.
LEVEL 5 — Enhanced Triple P		
Level of Intervention	Target Population	Description
Behavioral family intervention	Parents experiencing concurrent child behavior problems and dysfunction.	An intensive individually tailored program (up to 11 sessions) for families. Program modules include practice sessions to enhance parenting skills, mood management strategies and stress coping skills, and partner support skills.

PEI PROJECT SUMMARY

Form No. 3

Triple P may be administered through a subcontract with a Community Based Organization (Contractor), which will be selected through a Request for Proposal process. The final decision will be made under the oversight of the department. Once selected, the Contractor will recruit community partners such as childcare providers, schools, doctors, family and youth centers, faith-based organizations, and others to provide brief interventions based on the Triple-P model. Parenting educators and family therapists will also be recruited for higher levels of intervention based on the above. Training on the model will be provided by Triple P America and funded by the department as part of the contract (funded by MHSA Workforce Education & Training).

Sufficient funding from MHSA Prevention & Early Intervention will be provided to the Contractor for a marketing campaign, a program coordinator, a part time parenting educator, and administrative overhead. The Request for Proposal will request an explanation of interest, statement of qualifications, detail of previous experience, and a breakdown of expected administrative costs.

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Triple P	Individuals: Families: 0	Individuals: Families: 50	depends on approval and funding of plan
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: Families: 0**	**Individuals: Families: 50**	

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

A significant benefit of the Triple P model is that once the community providers are in place, there should be “no wrong door” of entry to receive PEI services. A parent with a child experiencing behavioral or emotional problems could find out about Triple P through the Level 1 countywide marketing campaign, call the program coordinator and be referred to a provider or other appropriate agency, or receive brief interventions directly from their childcare provider, family center, church, or clinic. From there, additional referrals can be made for higher levels of intervention, or to another agency.

One major goal of Triple P is to reduce stigma by providing intervention support and services in non-mental health settings, particularly away from public mental health. In addition, training a variety of doctors, caretakers, and teachers across the county ensures that capacity is increased in areas not traditionally defined as mental health. This wide variety of providers will also increase the much needed cultural diversity amongst mental health providers to address the needs of underserved groups in the community.

6. Collaboration and System Enhancements

Collaboration will be the key to success for the Triple P model. To reduce stigma, Behavioral Health Services will contract with a child-centered organization through a Request for Proposal process. The Department will work very closely with the contractor to ensure a successful implementation. Providers of Triple P parenting support options will include childcare providers, schools, youth and family centers, faith-based organizations, doctors and clinics, parenting educators, and private therapists throughout the county. The contractor will be expected to provide ongoing support and monitoring of providers at every level, and to coordinate the availability of ongoing training to ensure fidelity to the model.

7. Intended Outcomes

According to research from Triple P America, adherence to the model has resulted in significantly lower rates of child abuse in its test location of South Carolina. A rural California county has experienced similar results using the Triple P model over the last few years. The department expects to see a reduction in reported child abuse in this county as a result. Other localized outcomes are expected to include (although not necessarily supported by research) a reduced number of problem behaviors at childcare and school, lower suspension/expulsion rates from childcare and elementary school, and higher levels of parental satisfaction reported by doctors, childcare providers, and schools.

On a system-wide level, the increased capacity and collaboration amongst a wide spectrum of agencies is expected to result in a more integrated service experience for families in the community. The department would expect to see an improvement on future community planning surveys in this regard.

Although the county currently utilizes parenting classes with some success, the department expects to see an increased completion rate and overall satisfaction rate through the use of a more comprehensive model. By using consistent levels of intervention in conjunction with parenting classes and behavioral family intervention, all of which will be using the same "language" and techniques, the department expects to see fewer repeat parents in the program.

8. Coordination with Other MHSA Components

Children who are assessed as having serious emotional or behavioral disorders will receive services through either the expanded mental health services or through the Children's System of Care Program funded by CSS. Due to the cost of developing and administering a program of this magnitude with the limited funds allocated to small counties, the Department, with the support of the MHSA Advocacy Committee, has leveraged funds through the Workforce Education and Training component to cover the cost of training providers to use the Triple P model.

9. Additional Comments (optional)

N/A

PEI PROJECT SUMMARY

Form No. 3

County: Calaveras **PEI Project Name: Grandparents Project** **Date: March 4, 2009**

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

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☒	☐	☒	☒
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☐		
4. Stigma and Discrimination	☒	☐	☒	☒
5. Suicide Risk	☐	☐	☐	☐

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
a. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☒	☐		
4. Children and Youth at Risk for School Failure	☒	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☐		
6. Underserved Cultural Populations	☒	☐	☒	☒

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

Selection of Children and Youth as the primary priority population was based on an overwhelming response from the original Community Services and Supports (CSS) planning process, and was reaffirmed during PEI community planning process based on public comments and the gaps identified during a countywide needs assessment.

Both the CSS and PEI planning processes involved several community meetings, dozens of focus groups, key interviews, and targeted surveys. A goal of each process was to obtain feedback from the community regarding current gaps in services. Concurrent to the PEI planning process, a consultant was hired to conduct a needs assessment of current PEI resources in the county. Combined with the data from the community meetings and focus groups; the department recognized that services to grandparents or other caregivers raising relative children were also lacking.

This data was then presented to the MHSA Advocacy Committee, which acts as an advisory body for the department. With the Committee's approval, the department selected Children and Youth as the primary priority population. However, older adults were also seen as a group needing attention, particularly given the large senior population in Calaveras County, the number of older adult suicides, and the growing number of grandparents raising their grandchildren.

3. PEI Project Description:

The community also identified a need to support the caregivers of children and youth, particularly when the providers are not the biological parents. In order to support this need, Calaveras County Behavioral Health Services was directed by the MHSA Advocacy Committee to expand the capacity of the Grandparents Project, a successful community-based program funded by MHSA Community Supports and Services funds to support grandparents and other caregivers who are raising relative children. The Grandparents Project is also tasked with identifying children and youth who may be experiencing serious emotional and/or behavioral problems so that the entire family can be referred to the appropriate agency for additional services and support.

Prior to PEI funds becoming available, a Request for Proposal was sent out to identify a contractor to administer the program. The Calaveras County Office of Education (CCOE) was selected based on their explanation of interest, statement of qualifications, detail of previous experience, and the breakdown of costs in connection with the administration of the Grandparents Project, which came in within an acceptable budget range. CCOE also has experience working with underserved families including a growing Latino population and the isolated Native Americans in Calaveras County.

PEI PROJECT SUMMARY

Form No. 3

Funds have been included to expand the individual consultation aspect of the Project. Individual consultations will ensure that remote and underserved areas are sufficiently addressed.

Under the Grandparents Project agreement, CCOE as the contract agency will be responsible for the following:

- Assigning staff to coordinate 2 support groups for grandparents and/or caregivers raising relative children
- Providing support and information to grandparents/caregivers on topics including but not limited to:
    - recognizing signs of emotional/behavioral disorders
    - feelings of isolation, grief, and depression
    - parenting education
    - mentoring activities
    - reunification
    - special education
    - advocacy and legal issues
    - county resources
    - school system access
    - scholarships (i.e. summer camp)
    - conflict resolution
    - counseling
    - others as needed
- Advertising groups in local newspapers, through school newsletters, and through personal contact
- Identifying children and youth with serious emotional or behavioral disorders and make necessary referrals
- Consultation to ascertain the child(ren's) needs, make referrals, and/or to provide support in school conferences
- Tracking the number of grandparents/caregivers contacted, in each group, through consultations, and referrals
- Obtaining demographic information for the grandparents and/or caregivers and the relative children they are raising
- Acting as a liaison with the MHSA/PEI Coordinator on a regular basis or as needed
- Providing quarterly reports to the MHSA/PEI Coordinator

PEI PROJECT SUMMARY

Form No. 3

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
	Individuals: Families:	Individuals: Families: 20	Dependent on plan approval
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: Families:**	**Individuals: Families: 20**	

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

A primary purpose of the Grandparents Project is to assess the serious emotional or behavioral needs of children and youth being raised by grandparents or other relatives. Should a child or youth be identified as having serious emotional or behavioral issues, a referral will be made to Behavioral Health Services or another appropriate agency.

The Project is designed to reduce stigma (particularly for older adults who may be adverse to seeking services at a clinic) by providing support in a neutral, non-mental health environment while ensuring an outlet for stress, anxiety, and grief. The group is also a resource for caregivers and thus referrals to other agencies are a natural extension of that resource.

6. Collaboration and System Enhancements

Collaboration between Behavioral Health Services, CCOE, the coordinator, group facilitators, and the schools is vital to the success of the program. Much coordination goes into advertising, contacting caregivers, and securing space for groups. Caregivers too, must be committed to the process of attending groups to ensure sustainability.

CCOE will leverage their resources in order to make the Project a success by providing fiscal support, including payroll for their sub-contracted providers.

7. Intended Outcomes

In a successful environment, children and youth at risk will be identified and will be linked to services. Grandparents and other caregivers will receive the support they need. As a result, it is expected that a greater number of these caregivers will retain custody of their relative children as opposed to losing these children to the foster system.

System wide collaboration will improve and increase the level of service these caregivers receive from the school district and from Behavioral Health Services if applicable. This program will also leverage existing resources such as school nurses or other sources as a means to refer families in need of services.

8. Coordination with Other MHSA Components

Children being raised by grandparents or other relatives will be outreached to and referred by this program (with funds from PEI) for assessment for emotional or behavioral disorders with CSS funded mental health clinic services such as the Children's System of Care program. Grandparents will access needed services for their own needs with the assistance of the Older Adult Community Services Liaison from the CSS Adult System of Care program.

9. Additional Comments (optional)

None.

PEI PROJECT SUMMARY

Form No. 3

County: Calaveras **PEI Project Name: Suicide Prevention** **Date: March 4, 2009**

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

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☐	☐	☐	☐
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☒	☒
5. Suicide Risk	☒	☒	☒	☒

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
a. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☒		
6. Underserved Cultural Populations	☒	☒	☒	☒

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

Selection of Children and Youth as the primary priority population was based on an overwhelming response from the original Community Services and Supports (CSS) planning process, and was reaffirmed during PEI community planning process based on public comments and the gaps identified during a countywide needs assessment.

Both the CSS and PEI planning processes involved several community meetings, dozens of focus groups, key interviews, and targeted surveys. A goal of each process was to obtain feedback from the community regarding current gaps in services. Combined with the input from the community meetings and focus groups; the department compared their average rate of 11 suicides per year for a population of approximately 45K with the State's average of 9 per year for a population size of 100K. With an average rate over double the rate of California, the department clearly identified a need.

This data was then presented to the MHSA Advocacy Committee, which acts as an advisory body for the department. With the Committee's approval, the department selected Children and Youth as the primary priority population. The community, as well as the Committee, also targeted Suicide Prevention as a major problem in our community deserving attention. As such, this would encompass every age group as suicide does not discriminate. In Calaveras County, adults and older adults seem to be at greatest risk. However, anytime someone is lost to suicide, it affects the whole family—no matter what their age. In addition, as the County's newly formed Suicide Prevention Advisory Committee found, it is the youth of today who become the adult victims of tomorrow. As such, the department has identified every age group to focus on for this initiative.

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

According to the State's Strategic Plan on Suicide Prevention, suicide is the tenth leading cause of death in California, resulting in approximately 3,300 people losing their lives each year. On average, nine Californians die by suicide every day—among all age groups and across all socioeconomic, racial, and ethnic backgrounds.

Rural areas have the highest rates of suicide in the US, particularly among older adult males and youth. Calaveras is not exempt as recent tragedies have reminded the community. In 2007, Calaveras had nine suicides. Eight of the nine were male and eight were by gunshot—both of which are consistent with State statistics for rural communities.

Although Calaveras County has not had exorbitantly high or increasing rates of suicide, the overall input from the community is that ANY suicides are too many. Of particular concern is the lack of information regarding intervention services and the poor support for survivors and family members of suicide victims. The community has requested a focus on suicide prevention during the CSS and PEI planning processes. This input was taken to the MHSA Advocacy

Committee who has supported the convening of another advisory committee to address local needs and recommend further action. Calaveras County Behavioral Health Services thus moved to form a new Suicide Prevention Advisory Committee to build partnerships to address our local needs. These strategies will be planned and implemented in conjunction with the State's Strategic Plan on Suicide Prevention, which will act as a guide for the Committee.

Anyone affected by suicide was been encouraged to join and help prevent this tragedy in the community. An announcement was released to the press and several articles were published (see Exhibit K). Within the first month, a preliminary group of interested individuals totaled 26 people. Those responding to the invitation to join the Committee range from family members of suicide victims, survivors, Behavioral Health staff, to psychologists and psychiatrists in the community. In just a short time, a strong foundation of support and commitment has been clearly established.

In addition, to assist with outreach and coordination efforts, the department has assigned a part-time Community Services Liaison (CSL) position (consumer/family member) to support the MHSA/PEI Coordinator. This person will be instrumental in reaching out to community partners including schools, healthcare providers, and at-risk youth and TAY and will partner with BHS staff to provide education and training. The CSL will represent the department at suicide prevention training sessions, State, and regional meetings. In addition, the position will assist the Suicide Prevention Advisory Committee with the planning and implementation of any initiatives they identify and will monitor data on suicide hotline calls.

With the Committee's direction, recommendation, and volunteer support, the department plans to fund the following in conjunction with the State's Strategic Plan on Suicide Prevention:

- Strategic Direction 1: Create a System of Suicide Prevention
  - Hire part-time Community Services Liaison
  - Conduct crisis hotline capacity study
  - Support the Committee forming a 501(c)3 to fundraise
- Strategic Direction 2: Provide Training to Prevent Suicide
  - Provide ongoing training to schools & other agencies
- Strategic Direction 3: Educate the Community to Take Action
  - Expand marketing of department's crisis number
  - Engage community to create prevention champions
  - Sponsor support groups for survivors & family members
- Strategic Direction 4: Program Effectiveness & Accountability
  - Participate on county Death Review Board
  - Provide data monitoring & surveillance

PEI PROJECT SUMMARY

Form No. 3

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Suicide Prevention Advisory Committee	Individuals: Families: 30	Individuals: Families:	3
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals:** **Families: 30**	**Individuals:** **Families**:	

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

An initial goal of the department's Suicide Prevention efforts will be linking those at risk of suicide to hotlines staffed through Behavioral Health Services, or its contractor, Crisis Services of Alameda. This will increase access to crisis and suicide intervention and will allow the department to make referrals to other programs as necessary. These agencies would include Calaveras Crisis Center, Friday Night Live, the high school peer support programs, the Behavioral Health Services Senior Peer Program, local senior centers, the Grandparents Project, Sierra Hope (AIDS & GLBTQI Support) and others. On the other end of the spectrum, the department's crisis workers would also work very closely with the local hospital and Sheriff's Department to assess and intervene in suicide threats that come to their attention.

6. Collaboration and System Enhancements

The department, with the Suicide Prevention Advisory Committee, plans to identify other potential partnerships within the community in order to provide suicide prevention training and education. Other agency collaboration will include improved data gathering and monitoring. As a small county, Calaveras will also work closely with the agencies of neighboring counties. The Suicide Prevention Community Services Liaison will be integral to the success of interagency collaboration. System enhancements may include expanded marketing of crisis and suicide intervention services offered by the county and may result in the need for increased capacity of the after-hours call center contracted by the department. Also, the Committee will identify other strategies that may add to our existing departmental framework over time. To assist with the planning and implementation, the CSL position was added to Behavioral Health Services Administration.

PEI PROJECT SUMMARY

Form No. 3

7. Intended Outcomes

Initially, Calaveras County Behavioral Health Services expects to see an increase in crisis and suicide intervention calls made to the local crisis toll-free number as a result of increased marketing. Overall, the department will see an increased awareness of suicide prevention strategies and of resources in the community as they are identified and promoted. The department will also see an increase in community training and education, data collection and monitoring, and stigma reduction. Ultimately, these outcomes will result in a decreased number of suicides in the community.

8. Coordination with Other MHSA Components

None.

9. Additional Comments (optional)

None.

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: Calaveras Date: Jan. 2009
PEI Project Name: Triple P America
Provider Name (if known): TBD through RFP process
Intended Provider Category: Community Based Organization
Proposed Total Number of Individuals to be served: FY 07-08 _____ FY 08-09 _____
Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 _____
Total Number of Individuals to be served through PEI Expansion: FY 07-08 _____ FY 08-09 _____
Months of Operation: FY 07-08 _____ FY 08-09 _____

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
b. Benefits and Taxes			
c. Total Personnel Expenditures	$0	$0	$0
2. Operating Expenditures			
a. Facility Cost			
b. Other Operating Expenses			
c. Total Operating Expenses	$0	$0	$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Triple-P Contract		$165,000	$165,000
a. Total Subcontracts		$165,000	$165,000
4. Total Proposed PEI Project Budget	$0	$165,000	$165,000
B. Revenues (list/itemize by fund source)			
1. Total Revenue	$0	$0	$0
5. Total Funding Requested for PEI Project	$0	$165,000	$165,000
6. Total In-Kind Contributions	$0	$0	$0

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: Calaveras Date: Jan. 2009
PEI Project Name: Grandparents Project
Provider Name (if known): Calaveras County Office of Education
Intended Provider Category: PreK-12 School

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

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
b. Benefits and Taxes			
c. Total Personnel Expenditures	$0	$0	$0
2. Operating Expenditures			
a. Facility Cost			
b. Other Operating Expenses			
c. Total Operating Expenses	$0	$0	$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Grandparents Project		$10,500	$10,500
a. Total Subcontracts			
4. Total Proposed PEI Project Budget	$0	$10,500	$10,500
B. Revenues (list/itemize by fund source)			
1. Total Revenue	$0	$0	$0
5. Total Funding Requested for PEI Project	$0	$10,500	$10,500
6. Total In-Kind Contributions	$0	$0	$0

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: Calaveras Date: Jan. 2009
PEI Project Name: Suicide Prevention Advisory Committee
Provider Name (if known): Calaveras County Behavioral Health Services
Intended Provider Category: County Agency

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

		Total Program/PEI Project Budget		
Proposed Expenses and Revenues		FY 07-08	FY 08-09	Total
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages	Community Svcs Liaison, .48 FTE		$16,000	$16,000
b. Benefits and Taxes				
c. Total Personnel Expenditures		$0	$16,000	$16,000
2. Operating Expenditures				
a. Facility Cost				
b. Other Operating Expenses				
c. Total Operating Expenses		$0	$0	$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
	Suicide Prevention		$10,000	$10,000
b. Total Subcontracts				
4. Total Proposed PEI Project Budget		$0	$26,000	$26,000
B. Revenues (list/itemize by fund source)				
1. Total Revenue		$0	$0	$0
5. Total Funding Requested for PEI Project		$0	$26,000	$26,000
6. Total In-Kind Contributions		$0	$0	$0

PEI Administration Budget Worksheet

Form No.5

County: Calaveras

Date: Jan. '09

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator	0	.33	$0	$61,065	$61,065
b. PEI Support Staff	0	.25	$0	$25,572	$25,572
c. Other Personnel (list all classifications)					
d. Employee Benefits (Included Above)					
e. Total Personnel Expenditures			$0	$86,637	$86,367
2. Operating Expenditures					
a. Facility Costs					
b. Other Operating Expenditures			$0	$2,863	$2,863
c. Total Operating Expenditures			$0	$2,863	$2,863
3.County Allocated Administration					
a. Total County Administration Cost					
4. Total PEI Funding Request for County Administration Budget			$0	$89,500	$89,500
B. Revenue					
1. Total Revenue			$0	$0	$0
C. Total Funding Requirements			$0	$89,500	$89,500
D. Total In-Kind Contributions			$0	$0	$0

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 6

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

County:	Calaveras
Date:	

		Fiscal Year			Funds Requested by Age Group			
#	List each PEI Project	**FY 07/08**	**FY 08/09**	**Total**	*Children, Youth, and their Families	*Transit-ion Age Youth	Adult	Older Adult
1	Triple P Contract	$0	$165,000	$165,000	$165,000	$0	$0	$0
2	Grandparents Project	$0	$10,500	$10,500	$10,500	$0	$0	$0
3	Suicide Prevention	$0	$26,000	$26,000	$6,500	$6,500	$6,500	$6,500
	Administration	$0	$89,500	$89,500	$80,551	$2983	$2983	$2983
	Total PEI Funds Requested:**	$0	$291,000	$291,000	$262,551	$9,483	$9,483	$9,483

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

**** Calaveras County is requesting $46,100 from the FY 2007-08 planning estimate and $244,900 from FY 2008-09 planning estimate for a total of $291,000 (not including the original $75,000 community planning funds distributed from FY 2007-08) per the budget summary above.**

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

County: Calaveras **Date: February 2009**

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

Exhibit A

Calaveras County Behavioral Health Services

Invites You to a Community Forum on:

The Mental Health Services Act (Prop 63)

Prevention & Early Intervention

Discuss State guidelines and County recommendations to determine how funds can be used in Calaveras

Three Locations to Choose From:

San Andreas CalWorks, Sequoia Room
Thursday, February 21, 2008, 11:00 am to 1:00 pm

West Point Community Hall
Thursday, February 28, 2008, 6:00 pm to 8:00 pm

Avery Middle School Library
Thursday, March 6, 2008, 6:00 pm to 8:00 pm

Pizza and refreshments will be served

Call Jana Molnar to RSVP at 209.754.6781

For more information about the Community Forum or about the Mental Health Services Act, please contact

Christa Thompson at 209.754.2810

The Behavioral Health Bulletin

By Calaveras County Behavioral Health Services **Volume 3, Winter 2008**

Calaveras County Network of Care

Network of Care (http://calaveras.networkofcare.org) is a resource for all concerned with mental health. It provides information about mental health services, laws, related news, as well as communication tools and other features. This website can greatly assist in our efforts to protect our greatest human asset - our beautiful minds. Visit the site for more information.

MHSA: Prevention & Early Intervention

The Mental Health Services Act (MHSA) was enacted into law January 2005 to impose an additional 1% tax on taxpayers with income in excess of one million dollars. Each MHSA component builds on the infrastructure established by the Community Supports & Services (CSS) plan the community helped shape during the 2006 county-wide planning process. Other MHSA components include: Workforce Education and Training, Prevention and Early Intervention, Permanent Supportive Housing, Capital Facilities, and Technology.

Prevention and Early Intervention (PEI) is the only component to require a community planning process similar to CSS. Like CSS, PEI requires dedicated funds each year to expand services to all priority populations.

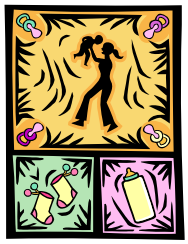
Calaveras County will be focusing on Early Intervention, which is defined as short-duration, relatively low-intensity intervention to avoid the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse.

The State has identified priority populations requiring county attention. These include: children in stressed families, children at risk for school failure, and children at risk of juvenile justice involvement. Based on input from the community and on recent needs assessments, children under five in stressed families are a historically un-served priority population requiring special attention.

To address these priority populations, there are several programs proven successful in rural areas such as the Triple P America Program that the County will examine.

Behavioral Health Services will host three community meetings on PEI: at CalWorks on 2/21 from 11:00 am to noon, at the West Point Community Hall on 2/28 from 6:00 to 8:00 pm, and at the Avery Middle School Library on 3/6 from 6:00 to 8:00 pm. For more information, please contact Christa Thompson at 209-754-2810.

Perinatal Treatment Program Now Available!



Do you know a pregnant or parenting mother in the process of recovery from addiction?

Calaveras County Behavioral Health Services is pleased to introduce the new Perinatal Treatment Program designed to strengthen families & break the cycle of trauma, violence, & substance abuse. This new program will address key objectives including outpatient drug free treatment, child care to facilitate parents' participation in treatment, parenting education and skills training. Individuals will learn about community resources, will receive case management to identify and ensure access to needed services, and will participate in aftercare for ongoing support to ease the post-service transition.

Targeted participants are pregnant and substance using or parenting and substance using, with a child or children ages birth through 17. (Parenting also includes attempting to regain legal custody of children.) Participants must be willing to accept program rules. If you know a woman who meets these criteria, contact Behavioral Health Services at 209-754-6555.

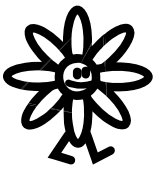
Staff Spotlight: Our World *With* a Doctor

Behavioral Health Services recently announced the hire of Dr. Robert Mulert to the position of full time psychiatrist. It is also interesting to note that Dr. Mulert is now the *only* full time psychiatrist working in the entire County. For a time, the County had no psychiatrist here, no one to help our underserved community.

Why is the County so excited about our new doctor? Without Dr. Mulert, the County would not be able to provide the treatment necessary to improve quality of life for our mental health consumers, a quality of life that many take for granted. Dr. Mulert plays a key role in the Behavioral Health Services team by prescribing the medication needed to reduce symptoms so consumers can participate in their recovery.

Dr. Mulert brings over 33 years of experience to the Behavioral Health Services Mental Health Clinic, including 28 years as an Emergency Room Physician in Florida. When asked what he's looking forward to most in working with a rural county, Dr. Mulert explains, "It's rewarding to work where there's a serious need. It gives you a sense of purpose to work with the underserved, those who are most at-risk." That kind of experience and dedication is something you simply cannot put a price tag on.

Drop In Day, "It's For Everybody"



Drop In Day is bi-weekly event at the Behavioral Health Clinic on Fridays from 10:00 am to 2:00 pm for consumers, family members, staff, and everyone in the community. Consumers… miss an appointment? "Drop In" the clinic to see Dr. Mulert on a first come-first see basis, and enjoy food, entertainment, and learning opportunities while you wait! Not a consumer? Stop by and enjoy some refreshments, meet new people, or just see what Behavioral Health Services is all about. Call 209-754-6525 for more information.

Senior Peer Program Seeking Volunteers

Behavioral Health Services offers a Senior Peer Counseling Program to reach out to older adults who may be suffering from depression or isolation. "The program desperately needs more senior volunteers," said Brock Kolby, Case Manager for Behavioral Health Services. "We specifically need more help for persons in West Point, Arnold and Copperopolis," added Kolby.

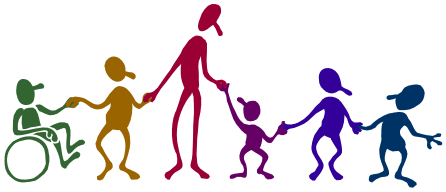
Men and women age 55 and older who are interested in becoming senior peers are screened, trained, and supervised by professional counseling staff. The next Senior Peer Program training course begins February 11, 2008 and meets twice a week through March 19, 2008. Volunteers are reimbursed for their mileage.

Kolby explained that during the six-week training course, senior peers learn to assist with aging issues, grief and loss, depression, and communication. Senior peers help other seniors by providing assistance with community resources and referrals to in-depth counseling if desired. Services are provided at no cost.

"Senior peers make confidential one-on-one home visits and develop unique, supportive relationships based on trust and understanding," stated Kolby. "There's a bond that comes with being similar in age and experience," Kolby added. "Growing older may bring the death of a spouse, an illness, feelings of helplessness or isolation," said Marilu Cloudwalker, Senior Peer Program Coordinator. "The Senior Peer Program is available to help people through difficult times," added Cloudwalker.

For more information or to request a Senior Peer, please call Marilu Cloudwalker at 209-754-6642.

Parents & Grandparents: Make a Difference!



Announcing a great opportunity for parents and grandparents just like you! Do you have children with emotional or behavioral issues? Would you like to make a difference in your community? Join our Parent's Advisory Committee sponsored by Behavioral Health Services. Call Mike at 209-754-6885 now to sign up.

Other Community Groups & Events

- ✓ **Family Night**: 2nd Tuesday (Monthly) 6:00 pm
  Substance Abuse Program Building
- ✓ **English Parents Unplugged**: 3rd Monday (Monthly) 6-8:00 pm
  Kids Place, below San Andreas Elementary (child care provided)
- ✓ **Bilingual (Spanish) Parents Unplugged**: 3rd Thurs 3-5:00 pm
  509 North Algers St, Murphys (child care provided)
- ✓ **Bilingual (Spanish) Parents Unplugged**: 2nd Thurs 4:30-6:30 pm
  4684 Baldwin Street, Valley Springs (child care provided)
- ✓ **Beyond Talking**: 3rd Wednesdays (Monthly) 6:00-8:00 pm
  3566 Spangler Lane, Copperopolis (child care provided)
- ✓ **Beyond Talking**: Tuesdays (Weekly) 3:00-4:30 pm
  1404 Gold Hunter Road, San Andreas (child care provided)
- ✓ **Drop in Day**: Fridays (Bi-Weekly) 10:00 am to 2:00 pm
  Behavioral Health Services Clinic, 891 Mtn Ranch Rd
- ✓ **Consumer Clubhouse**: Fridays (Weekly) 10:00 am to 2:00 pm
  Behavioral Health Services Annex, 373 E St Charles

Directory of Behavioral Health Services

Mental Health Program: 209-754-6525, 209-754-6534 fax
Substance Abuse Program: 209-754-6555, 754-6559 fax
Toll Free 24-Hour Access/Crisis Line (TTY): 800-499-3030
Local After Hours/Weekend Crisis Line: 209-754-3239

Where is Behavioral Health Services?

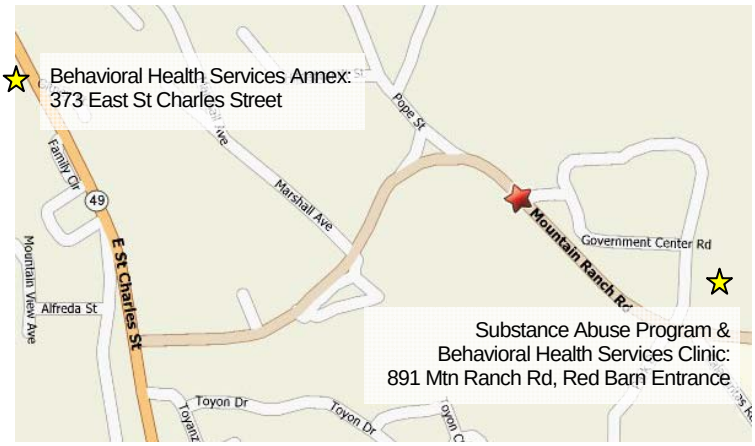


Exhibit A

News Release

FOR IMMEDIATE RELEASE

Date: February 15, 2008

Contact: Rita Downs, Director, Calaveras County Behavioral Health Services

Phone: 209-754-6525
Fax: 209-754-6597

[San Andreas, CA – Behavioral Health Services]

Prevention & Early Intervention Community Forums

A series of public meetings and focus groups are being held by Calaveras County Behavioral Health Services to discuss the new Mental Health Services Act (Proposition 63) funding available for Prevention and Early Intervention activities in Calaveras. The Department is very interested in gathering ideas on needs from the public.

Public meetings are scheduled in San Andreas on Thursday, February 21st, from 11 am to 1 pm at the Sequoia Room in the CalWorks building; in West Point on Thursday, February 28th, from 6 to 8 pm at the Community Hall; and in Avery on Thursday, March 6th, from 6 to 8 pm at the Avery Middle School Library. Pizza and refreshments will be served at each forum.

For questions regarding these forums or the Mental Health Services Act, or to schedule a focus group for a specific organization, contact Christa Thompson, at 209-754-2810.

- End -

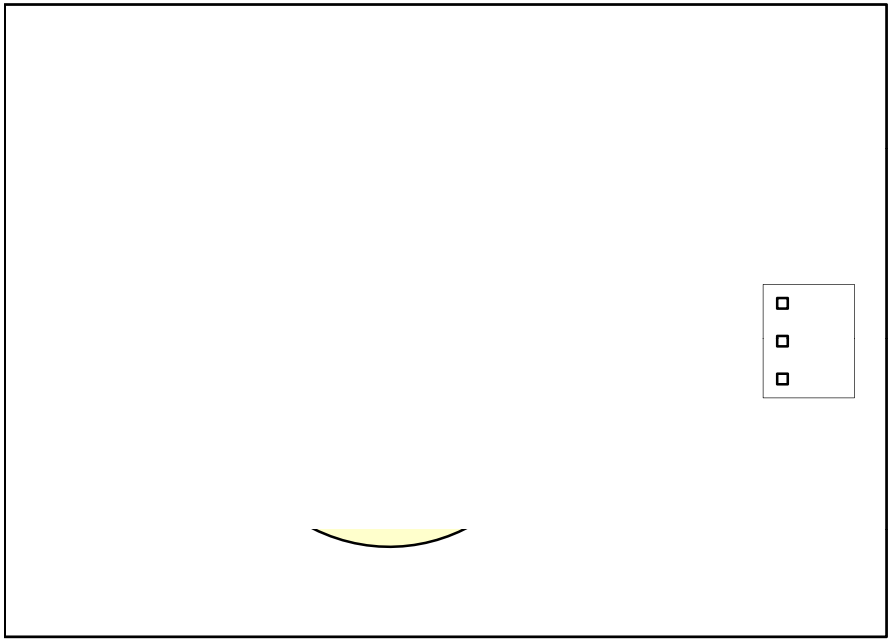
Exhibit B

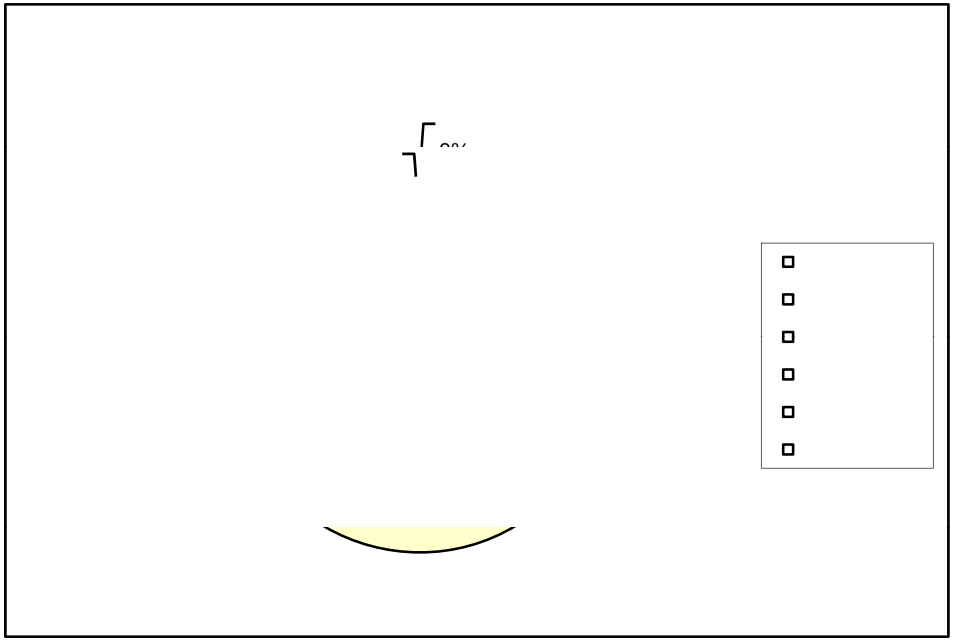
MHSA 3-YR PLAN FOCUS GROUP & MEETING DEMOGRAPHICS

Date	Meeting Description	Cons	Fam	Oth	Child/ Youth	TAY	Adult	Older Adult	Afri- Amer	Asian/ Pac Is	Cauc/ White	Hisp/ Latino	Native Amer	Oth/ Unk	Total
8/30/07	PEI Focus Group w/MACT			5			5				4			1	5
10/15/07	PEI Focus Group w/First 5		2	1			3				3				3
1/23/08	PEI Focus Group w/OCOC			3			3				3				3
2/8/08	PEI Focus Group w/Crim Just Comm			7			7				7				7
2/16/08	PEI Focus Group w/CA Vly Miwok Tribe		1	23	4	2	14	4					24		24
2/20/08	PEI Focus Group w/SAP			10			10				10				10
2/20/08	PEI Interview with Arlene Weissman			1				1			1				1
2/21/08	PEI Community Forum in San Andreas	4	3	19	6		10	1			6	11			17
2/22/08	PEI Focus Group w/Child & Fam Comm			13			12	1			13				13
2/26/08	PEI Int w/ C. Lambie (Blue Mtn Coalition)		1				1				1				1
2/27/08	PEI Focus Group w/Probation			12		1	11				11	1			12
2/28/08	PEI Community Forum in West Point		3	20			22	1			21		2		23
3/5/08	PEI Interview with Linda Smallenburger			1			1						1		1
3/6/08	PEI Community Forum in Avery		5	11	1	1	14				15	1			16
3/8/08	PEI Focus Group w/CA Band of Miwuk			8			7	1			1		7		8
3/17/08	PEI Focus Group w/Calaveras Crisis			8			8				6	1		1	8
3/17/08	PEI Focus Group w/CCOE Exec Comm			13			13				13				13
3/18/08	PEI Focus Group w/Comm Adv Comm			17	1		16				17				17
3/18/08	PEI Focus Group w/Grandparents Group		7					7			7				7
3/20/08	PEI Focus Group w/Mental Health		1	11		1	11			1	11				12
3/20/08	PEI Focus Group w/Public Health			6			6				6				6
4/1/08	PEI Focus Group w/MH Board	2	2	14			17	1			17		1		18
4/7/08	PEI Focus Group w/Head Start			7			7				7				7
4/8/08	PEI Focus Group w/Intake Support	3	1	2	1		5				6				6
4/8/08	PEI Interview with Barbara Bernstein			1			1				1				1
4/10/08	PEI Focus Group w/Parents Unplugged-V		5				4	1				5			5
4/14/08	PEI Focus Group w/Childrens Svcs			16			16				16				16
4/16/08	PEI Focus Group w/Beyond Talking-Copp														0
4/17/08	PEI Focus Group w/Parents Unplugged-M		6	3	3		5	1				9			9
4/21/08	PEI Focus Group w/Parents Unplugged-S														0
4/22/08	PEI Focus Group w/Sierra Hope			4			4				4				4
4/23/08	PEI Focus Group w/CalWorks Mgmt			14			14				14				14
5/1/08	PEI Interview w/Bonnie Danielson			1				1			1				1
5/14/08	PEI Focus Group w/Perinatal	10				5	5					1	1		2
5/28/08	PEI Focus Group w/Beyond Talking-Span		16		7		9					16			16
6/3/08	PEI Focus Group w/MACT			10			10				8		2		10
6/12/08	PEI Focus Group w/Local Therapists		1	2			3				3				3
6/27/08	PEI Focus Group w/VMRC			3			3				3				3
7/23/08	PEI Interview w/Marsela C.	1					1					1			1
	TOTALS	20	54	266	23	10	278	20	0	1	236	46	38	2	323

Exhibit B

MHSA 3-YR PLAN FOCUS GROUP & MEETING DEMOGRAPHICS





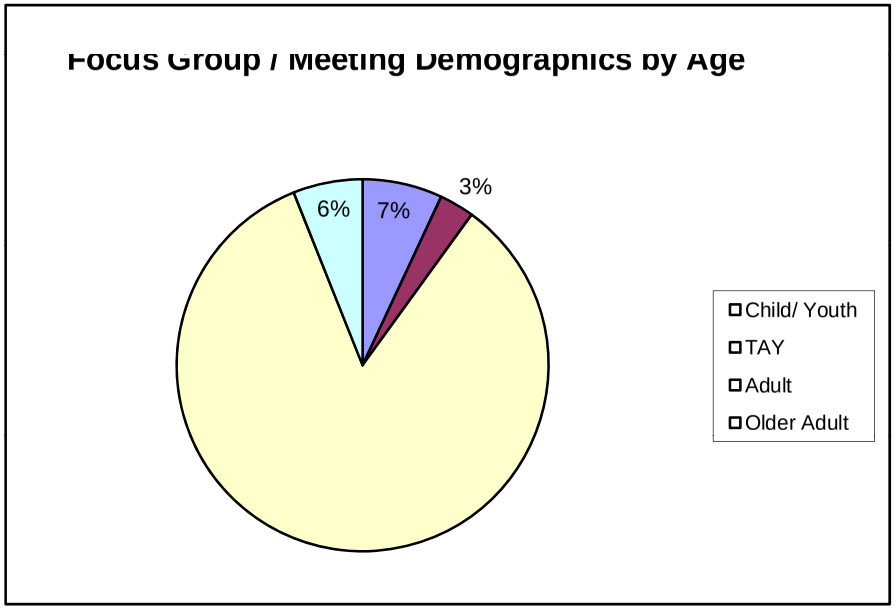


Exhibit C

Calaveras County Behavioral Health Services

Mental Health Services Act (Prop 63)
Prevention & Early Intervention

Background

The Mental Health Services Act (MHSA) was approved by voters in November 2004 (under Proposition 63) and put into law January 2005. MHSA imposes an additional 1% tax on taxpayers with income in excess of one million dollars. The purpose of the Act is to: define mental illness as a condition deserving priority attention; to reduce the long-term adverse affect of untreated mental illness on individuals, families, and communities; to expand the successful, innovative, culturally and linguistically competent services programs for children, adults, and seniors; and to provide funds to meet the need of all children, adults, and seniors who can be identified and enrolled.

Each county is required to submit MHSA Plans for six components including Community Supports and Services, Workforce Education and Training, Prevention and Early Intervention, Housing, Capital Facilities, and Information Technology. Each build on the infrastructure established by the initial Community Supports and Services (CSS) component that our community helped shape during the 2006 county-wide planning process. According to the California Department of Mental Health (DMH):

Prevention in mental health involves reducing risk factors or stressors, building protective factors and skills, and increasing support. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well in the face of changing and sometimes challenging circumstances. Universal voluntary screening may also be a prevention intervention to facilitate early identification of potential mental health problems or concerns. MHSA calls for an approach to prevention that is integrated, accessible, culturally competent, strengths-based, and effective.

DMH has opted to address Prevention through State-administered programs including: Suicide Prevention; Stigma & Discrimination Reduction; Ethnically & Culturally Specific Programs; Training, Technical Assistance & Capacity Building; & Statewide Evaluation.

Early Intervention is directed toward individuals and families for whom a short-duration (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve mental health problems or concerns thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse. Examples include parent-child interaction training for children with behavioral problems, anger management guidance, and socialization programs with a behavioral health emphasis for home-bound older adults with signs of depression. Early Intervention also achieves the following:

- Addresses a condition early in its manifestation
- Is of relatively low intensity and short duration
- Has the goal of supporting well-being in major areas of life
- Avoids the need for more extensive mental health services

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Planning Process

Counties must conduct a planning process that specifically addresses the following PEI priorities and considerations, which must then be documented in the plan.

- Key PEI community mental health needs:
    - Disparities in access to mental health services
    - Psycho-social impact of trauma
    - At-risk children, youth, and young adult populations
    - ***Stigma and discrimination***
    - ***Suicide risk***

The Department of Mental Health will be addressing stigma, discrimination, and suicide prevention through their State-administered prevention programs.

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

Through the planning process, counties must select Key Community Mental Health Needs and Priority Populations from those identified above. Similar to Community Services and Supports (CSS), the PEI County Plan will be based on a logic model. The planning process informs each part of the logic model. The PEI logic model includes the following sequence:

- Identification and selection of Key Community Mental Health Needs and related PEI Priority Populations for PEI Programs and Interventions

- Selection of PEI Strategies (including programs, approaches, activities and policies) to achieve Desired Outcomes

- Assessment of Community Capacity and Strengths

- Development of Work plans with Timeframes, Staffing and Budgets

- Implementation of Accountability, Evaluation and Program Improvement Activities

Required Comment Period and Public Hearing
Consistent with MHSA statutory and regulatory requirements, each county's draft Prevention and Early Intervention plan shall be developed with local stakeholders (***such as our MHSA Advocacy Committee)*** and circulated for review and comment for at least 30 days to representatives of stakeholder groups and any interested party who has requested a copy of the plan. The draft plan should be widely circulated to all participants, communities and agencies who were involved in the planning process. A public hearing then must be held by the local mental health board/commission. Concerns raised at the public hearing should be included in the final plan, including the county mental health program's response.

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Building on the CSS Planning Process
Many counties conducted extensive community planning processes for the CSS component and can build on that effort for the PEI planning process in a number of ways including:

- Use existing partnerships for outreach and seek partnerships in underserved communities
- Use developed education, information templates and communication methods
- Obtain updated versions of demographic and service data collected for the CSS process
- Reassess CSS information to determine applicability to the PEI planning process
- Use effective gathering places to optimize participation of underserved populations
- Use procedural and facilitation methods found to be successful in public hearings
- As appropriate, conduct meetings in the languages used in specific communities

Inclusive Planning Process for PEI
The community program planning process should include meaningful involvement and engagement of diverse communities and potential individual participants, their families and other community stakeholders. The county must also include the key strategic sectors, systems, organizations and people that contribute to particular mental health outcomes in successful prevention and early intervention programs. Partnerships should extend across sectors of the community, including, but not limited to:

- **Underserved Communities**: Community based organizations representing Native American, African American, Hispanic/Latino, Asian/Pacific Islander, & underserved groups

- **Education**: County offices of education, school districts, school-based health centers, universities, community colleges, First 5 Commissions

- **Healthcare**: Health clinics, public health, primary health care settings, Native American Health Centers, community health, alcohol and drug treatment centers, emergency services, maternal child and adolescent health services

- **Social Services**: Child and family welfare services, CalWORKs, child & adult protective services, home and community care, disability services

- **Law Enforcement**: Criminal justice, probation, judges & public defenders, sheriff/police

- **Family Resource Centers**: Multipurpose family resource centers, faith centers, youth clubs/centers, parks and recreation, homeless shelters, senior centers

- **Employment**: Employee unions, occupational rehabilitation settings, employment centers

- **Media**: Radio, television, internet sites, print and newspaper offices

Direct efforts to include individuals from underserved communities in the planning process may be needed. Outreach efforts could include ***focus groups and other appropriate methods*** regarding community perceptions of needs, priority populations, community assets relevant to PEI efforts, potential strategies, and evaluation methods. These efforts might have as their goal the ongoing inclusion of community perspectives in PEI plan implementation over the long term. Informants representing underserved communities should be involved in the drafting of county plans. Successful outreach and engagement processes in the planning stage can be reflected in elements of the county plans, demonstrating collaboration with community based organizations to address needs of underserved communities.

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Program Objectives

An objective of PEI in Calaveras County is to increase capacity for mental health early intervention programs by behavioral health professionals or other qualified individuals in organizations and systems where people currently go for purposes other than mental health treatment services. PEI programs have the following characteristics:

- Consistent with MHSA transformational principles, potential program participants and their families are involved in planning, implementing and evaluating PEI programs.
- Programs are designed/implemented in collaboration with other systems & organizations.
- Programs are generally delivered in a natural community setting (for example, tribal/Native American center, preschool and school, family resource center, juvenile justice probation department, primary health care, community-wide wellness center).
- Programs link individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or another appropriate mental health services provider. Help individuals navigate systems (understand benefits and identify providers) to obtain needed services.
- Programs also help link individuals and family members to other needed services, particularly in the areas of substance abuse treatment, community, family or sexual violence prevention and intervention, and basic needs.
- Work plans include a combination of sufficient prevention programs and, for those individuals who need it, early intervention to achieve desired PEI outcomes. This may be accomplished by coordinating efforts with partners' existing programs.
- Programs are consistent with non-supplant requirements, collaboration and leveraging principles, and all MHSA statutory and regulatory requirements.

PEI funding is to be used to achieve specific PEI outcomes for individuals, programs/systems and communities. PEI funding is to be used to prevent mental health problems or to intervene early with relatively short duration and low intensity approaches to achieve intended outcomes, *not* for filling gaps in treatment and recovery services for individuals who have been diagnosed with a serious mental illness or serious emotional disturbance and their families.

In this initial PEI Plan, counties are not required to implement PEI workplans or strategies countywide or address all PEI priority populations. Furthermore, counties are not required to include all example programs, policies and activities in the county's workplan design. However, counties should combine sufficient programs, policies, activities and additional leveraged funding sources or resources in the county's workplan(s) to achieve desired PEI outcomes at the individual/family, program/system, and, if applicable, community levels. ***Small counties are excluded from the requirement to address all age groups.***

Leveraging is a principle for all PEI programs. For PEI purposes, the term leveraging is used broadly and may be demonstrated by partners in numerous ways such as cash match, federal reimbursements, "readiness" to implement supportive policies, use of facilities and other resources, or coordinating existing programs with new PEI-funded strategies.

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Priority Populations

The State has identified the following target populations as requiring our attention. All priority populations must place an emphasis on historically underserved ethnic or cultural populations.

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

Children and Youth in Stressed Families
This PEI priority population focuses on children and youth in families where parental conditions place their children at high risk of behavioral and emotional problems. Examples include parents and other family members who are identified with mental illness or serious health conditions, substance abuse, domestic violence, incarceration, child neglect or abuse.

The Centers for Disease Control refer to childhood abuse, neglect, and exposure to other traumatic stressors as *adverse childhood experiences.* The short and long-term outcomes of these adverse experiences in childhood include a variety of health and social problems. The study shows a correlation between the numbers of adverse childhood experiences and an increase in alcoholism and alcohol abuse, depression, risk for intimate partner violence, multiple sex partners, sexually transmitted diseases and suicide attempts.

Children and youth in foster care and young adults transitioning out of foster care are a potential target group for this strategy. Many experience high rates of trauma as a result of separation from parents and family members, abuse and neglect, removal from their homes, multiple foster placements, lack of permanent homes, and other factors that place them at high risk of emotional and behavioral problems. Homeless children and youth are another target population for this strategy, as they face a multitude of stressors, including increased rates of abuse, school risk, and poor health. ***According to the Central Sierra 2007 Point-In-Time Homeless Census, the 137 adults interviewed reported a total of 31 homeless children in Calaveras.***

The primary target age group is children and youth. In acknowledgment that a child/youth's behavioral health is related to the family's condition, family members (TAY, adults, and older adult guardian/caregivers) may also receive selected services (e.g., constructive parenting education, referral to health, mental health, social services and basic needs providers).

Many of the potential target populations for this PEI priority population seek primary care services at community clinics and health centers that provide culturally competent care to individuals and families who are uninsured, underinsured, or receive subsidized insurance such as Medi-Cal, Healthy Families, Healthy Kids, and Access for Infants and Mothers Program. Primary Care Integration allows behavioral health specialists to be a part of a primary care provider's team and provide screening and intervention services to individuals who have mental health issues. The specialist can consult with the Primary Care Provider and intervene as needed, initiate early interventions or refer to specialty mental health services.

In a recent needs assessment, Calaveras County identified children in stressed families, especially children age 0-5, as a historically <u>un-served</u> group at particular risk of trauma as the State reiterates above. As such, significant funding could be applied toward this priority population through one or more of the following State-suggested strategies.

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Children and Youth at Risk for School Failure
This priority population focuses on addressing the behavioral health needs of children and youth at risk for school failure. The education system has a more extensive reach than any other public system into the population of children and youth, including those at high risk for negative outcomes associated with early emotional/behavioral issues and mental illness.

By investing in the strengthening of the schools' infrastructure for supporting student's behavioral health, the coordination of existing resources, and strategic enhancement of specific services on school sites, MHSA funds have the potential to leverage key resources of the public education system. These resources could be leveraged to initiate universal voluntary screening as a strategy to identify children and youth at risk for school failure. The primary target age group is children and youth, however there is potential to address prevention and early intervention needs of all PEI priority populations within this strategy.

Targeting schools in low-income communities would provide services to highly diverse and underserved populations. Funding should target priority schools with characteristics such as:

- High number of children and youth from ethnic/cultural groups underserved
- High poverty
- Low academic achievement
- High rates of suspensions, expulsions and drop out
- High number of children and youth in foster care
- High number of children and youth at risk of juvenile justice involvement
- High rates of violence in the community

Children and Youth at Risk of Juvenile Justice Involvement
Strategies for this priority population address risk factors for delinquent behavior among children and youth. This means comprehensive, coordinated strengths-based approaches that begin with very young children and continue through adolescence and young adulthood. Cross-system collaboration, with the active involvement of families, may form the basis for all mental health prevention interventions for this population. This includes partnerships among schools, health and social services agencies, law enforcement, probation and other agencies and community-based organizations for youth development.

Many of the suggested strategies involve the entire family, such as family skill building, family therapy, and positive youth development. Positive youth development programs that are aimed at understanding, educating, and engaging children in productive activities should be offered to at-risk children, youth, and their families as early as possible. Recommended strategies include voluntary screening of children and youth whose older siblings are involved in the justice system. Funding may target priority communities with characteristics such as:

- High number of children and youth from underserved ethnic and cultural groups
- High poverty
- Low academic achievement, risk of school failure
- High rates of suspensions, expulsions and drop out
- High numbers of children and youth in foster care
- High rates of violence in the community
- High rates of youth involved with the Juvenile Justice system

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Individuals Experiencing Onset of Serious Psychiatric Illness
The MHSA requires that the PEI programs include mental health services that are successful in reducing the duration of untreated mental illnesses and assisting people in quickly regaining productive lives. Individuals experiencing onset of a serious psychiatric illness can benefit from early identification and services that will help them get their lives back on track as quickly as possible (e.g., voluntary screening and referral).

This priority population includes all age groups. Suggested strategies for this priority population may vary depending on age, type of mental illness, and other characteristics of the individual(s) in need of services. For example, an older adult who may be experiencing the onset of depression would be part of this priority population. Other examples include new mothers experiencing the onset of post-partum depression or children and youth who may be having suicidal thoughts. Suggested strategies for these individuals emphasize early intervention with referrals and linkages to county mental health programs or other providers of mental health services (health care plans), if necessary. Primary care providers can also conduct mental health screening and assessment for all ages and cultural populations as part of a routine healthcare visit, and, when determined appropriate, provide a warm hand-off to a behavioral health specialist, who will initiate early interventions or refer to specialty mental health services, along with care management services, until the individual is fully engaged.

The majority of individuals who experience first onset of a psychotic illness do so during their adolescence, transition-age youth, and early adulthood. A critical component of this strategy is to place these young people in a program just for them. Service sites must be “youth-friendly” and non-stigmatizing, non-mental health settings.

Trauma-Exposed Individuals
This PEI priority population is for those individuals who are experiencing the effects of psychological trauma. Traumatic events are as varied and diverse as the individuals affected. The degree to which one experiences trauma is highly individual, and can have an emotional impact on persons across the lifespan. It is not a specific event that defines trauma, but the person’s *experience* of that event. Many are seriously affected with serious consequences—including depression, anxiety disorders, and PTSD (Post Traumatic Stress Disorder).

This PEI priority population addresses those types of traumas that can be labeled as “chronic” or “cumulative”, meaning that the traumatizing incident occurs repeatedly. Examples include: child or domestic abuse, neglect, enduring deprivation, isolation, poverty, homelessness, violence (personal or witnessed), racism and discrimination, and intergenerational or historical trauma (e.g., hardships experienced by Native American populations, Japanese internment or Holocaust victims, refugees escaping war, slavery descendents, etc.). Individuals with chronic or cumulative trauma are more likely to have severe PTSD symptoms, such as psychic numbing and dissociation. Primary care providers play a significant role in screening, assessing and treating trauma-exposed individuals, and have a key role in serving all ages of underserved racial, ethnic, and cultural populations.

Counties selecting this PEI priority population may want to focus on communities experiencing a large concentration of the following:

- Community, family, or sexual violence
- Refugee populations
- Poverty and homelessness
- Extreme isolation and loss

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State-Recommended Programs

Strategy: Universal Voluntary Screening
Description: Early identification and treatment of social-emotional delays and disorders improves outcomes for young children and their families; can result in significant cost benefits.
Setting: Early Childhood/Preschool
Age Groups: Children/Youth
Website: http://First5caspecialneeds.org

Strategy: Beck Depression / PRIME-MD / Goldberg Depression Questionnaire
Description: To identify depression through screening, early intervention if appropriate, and behavioral health assessment and referral if necessary.
Setting: Health Centers, Native American Health Centers, Rural Health Centers
Age Groups: All
Website: http://bipolar.stanford.edu/pdf/questionnaire.doc or http://counsellingresource.com/quizzes/goldberg-depression/index.html

Strategy: Integrated Primary Care and Mental Health Services
Description: Multidisciplinary team with behavioral health specialists embedded in services for promotion of optimal mental health, universal voluntary screening of all individuals or if indicated, early intervention if appropriate (support groups, classes, etc.), behavioral health assessment and referral if necessary, brief psychotherapy/counseling (less than 1 year)
Setting: Community Clinics, Native American Health Centers, Rural Health Centers
Age Groups: All (or to a specified age group if requested)
Website: http://www.astho.org/pubs/MentalHealthIntegration.pdf

Strategy: Head Start / Early Head Start
Description: Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families with the overall goal of increasing school readiness of young children in low-income families. (Head Start is also in an ideal position to provide voluntary screening and referral.)
Setting: Schools, Community organizations, Family resource centers
Age Groups: Children/Youth
Website: http://www2.acf.hhs.gov/programs/hsb/index.htm or http://nccic.org/poptopics/emchealth.html

Strategy: Nurse-Family Partnership
Description: Voluntary screening by RN, family education, early intervention, referral, and treatment based on child and family needs
Setting: Homes of 1st Time Parents
Age Groups: Children/Youth, TAY
Website: http://www.nursefamilypartnership.org/index/cfm?fuseaction=home

What ever priority population is addressed, we recommend focusing on the above Early Intervention programs as they are feasible in a rural environment, do not require the extensive research or full time positions that are beyond the scope of our funding, and meet the needs of Calaveras County.

These programs can stand alone or be combined to address the needs of children and youth in stressed families and all other priority populations (as noted). As mentioned, DMH will address prevention statewide. For a full list of recommended programs, go to: *http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/docs/ResourceMaterials.pdf*

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Exhibit D

Prevention & Early Intervention (PEI) Questions

1. Have each group member introduce him/herself, asking them to share their interest in the priority population
2. Ask for a volunteer to be the “Reporter” who will report back to the group
3. Transcriber should be writing down all the suggestions/info given by group members

Specific Priority Populations Questions

1. What early intervention activities currently exist in Calaveras County?
    a. Where are they located?
    b. What is the target population?
    c. How are services accessed?
2. What potential early intervention partnerships exist?
3. What are the gaps in services or screening for that population?
4. What barriers to do see in providing early intervention to this population?

Overall PEI Questions

1. Is there a particular age group you feel would benefit most from early intervention?
    a. Why?
    b. How best could we reach that age group?
2. Are there groups such as Native American, Latino, or homeless families that we should be paying special attention to?
    a. Why?
    b. How best could we reach that population?
3. Which sites—MACT health clinics, First 5, or grade schools—would be most effective in providing early intervention?
    a. Why?
    b. What, if any, is your experience with early intervention or screening through any of these sites?

Additional Comments

1. Are there any other comments or concerns about this particular population?

Exhibit E

What is the Mental Health Services Act?

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

MHSA includes 5 major components:	Status:
Community Services & Supports	**Complete**
Workforce Education & Training	In Development
Prevention & Early Intervention	In Development
Permanent Supportive Housing	In Development
Capital Facilities & Technology	In Development

Community Services & Supports (CSS) was shaped by the community during a planning process in the Summer of 2005. CSS enabled Calaveras County to hire staff for:

- Outreach to those with Serious Mental Illness
- Increased Case Management
- Adult System of Care Program
- Children's System of Care Program

Workforce Education & Training increases the mental health workforce through training, educational career pathways, internships, and financial incentive programs.

Prevention & Early Intervention educates and intervenes to prevent mental health problems in the future—with special emphasis on children and youth.

Permanent Supportive Housing provides permanent housing with supportive services for those with serious mental illness who are homeless or at risk of homelessness.

Capital Facilities & Technology builds or improves mental health facilities that and/or provides the necessary technology to support mental health services.

Estimated funding amounts:

Workforce Education & Training	$225,000 for a 3 year period
Prevention & Early Intervention	$324,700 for 3 year period**
Permanent Supportive Housing	$639,500 for 10 year period
Capital Facilities & Technology	$600,000 for a 3 year period

**50% held back by the Department of Mental Health for State-run Prevention programs

Questions or Comments: Christa Thompson, cthompson@co.calaveras.ca.us **or 209-754-2810**

What is Prevention & Early Intervention?

According to the State, prevention reduces risk factors or stressors, builds skills, and increases support. Early intervention is a short duration, low-intensity intervention that avoids the need for more extensive treatment, and usually lasts less than one year.

Key items to note:

- 50% of funds were held back for State-run prevention programs including suicide & stigma
- Guidelines recommend a focus on children & youth, in line with local community priorities
- All age groups & populations will be addressed with 20% of MHSA funding in future years

State Priority Populations

1. Children and youth in stressed families include children/youth who have:

- Parent with a mental illness, substance abuse, or other serious health problem
- Parent with a history of incarceration, domestic violence, child abuse, or neglect
- A history of foster care or homelessness

2. Children and youth at risk of school failure and

3. Children and youth at risk of juvenile justice involvement include underserved communities with high levels of:

- Poverty & violence
- Poor academic achievement
- Suspensions/expulsions/drop outs
- Children/youth in foster care
- Juvenile justice involvement

4. Those experiencing onset of psychiatric illness include transitional age youth. *Services are available through Behavioral Health Services Children's and Adult Systems of Care.*

5. Trauma-exposed individuals include *communities* with large concentrations of refugee populations, violence, poverty, homelessness, isolation, loss, and/or historical trauma. *Services are currently available through Behavioral Health Services Children's & Adult Systems of Care.*

NOTE: *Children/Youth in Stressed Families utilize existing resources that can provide intervention and additional services. The guidelines allow for up to 1-year of therapy for the whole family, even if uninsured. This population also encompasses youth at risk of school failure and juvenile justice involvement and was prioritized by community and local needs.*

State Program Strategies

Ideal rural programs leverage existing resources, are integrated with primary providers, do not require excessive funding or staff, and address geographic and economic barriers.

Some State-recommended programs include:

- Triple P America (www.triplep-america.com): multi-level, parenting & family support strategy
- Integrated Primary Care & MH Services: specialists embedded in primary care services
- Universal Voluntary Screening: early identification & treatment of delays/disorders

Exhibit F

News

COMMENT NEEDED FOR HEALTH PLAN

By ***The Record***
February 11, 2009

SAN ANDREAS - Calaveras County Behavioral Health Services officials are asking the public to comment on the department's new plan for offering services intended to prevent mental health problems and to give people help early in the development of a mental illness.

The plan is part of an expansion of mental health services funded by the so-called "tax on millionaires" approved by California voters in 2004. The law is known formally as the Mental Health Services Act.

Generally, the new Calaveras prevention and early intervention plan has three major components: one intended to provide support to parents of children suffering behavioral problems, one aimed at supporting grandparents and other non-parent caregivers for children in need of help, and one aimed at forming new community efforts to prevent suicides.

The Calaveras County Prevention and Early Intervention Plan is posted online on the Calaveras Network of Care Web site's announcements page at calaveras.networkofcare.org/mh/home/news_announcements.cfm. The public has until March 3 to comment on the plan. Comments can be mailed to Mental Health Services Act Coordinator Christa Thompson, 891 Mountain Ranch Road, San Andreas, CA 95249; e-mailed to mhsa@co.calaveras.ca.us; or phoned in to (209) 754-6525. Comments may also be made during a public hearing to be held at 4 p.m. March 3 in the Behavioral Health Services Annex, 373 W. St. Charles St., San Andreas. For more information on the public hearing, call Jana Molnar at (209) 754-6525.

Calaveras County
Behavioral Health Services
891 Mountain Ranch Road ◦ San Andreas, CA 95249

Rita Downs, M.Ed., MPA

Director

209.754.6525 Main

209.754.6597 Fax

Mental Health

Programs

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Substance Abuse

Programs

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calaveras.networkofcare.org

February 2, 2009

Dear Community Member,

Calaveras County Behavioral Health Services is pleased to announce the release of the Mental Health Services Act Prevention and Early Intervention (PEI) Component of Three-Year Program and Expenditure Plan. This Plan is based on extensive community planning from the summer of 2004 and the recent Prevention & Early Intervention planning process last year.

Behavioral Health Services is seeking input on the PEI Plan during a 30-day public review period between February 2, 2009 and March 3, 2009. Copies of the Plan may be found online at www.calaveras.networkofcare.org, at the local Calaveras County libraries, and at the Calaveras County Behavioral Health Services offices. Or you may request a copy by contacting Christa Thompson at 209-754-6525.

All comments regarding the PEI Plan may be directed to Christa Thompson, Mental Health Services Act Coordinator, via email at mhsa@co.calaveras.ca.us or by calling 209-754-6525 during the 30-day public review period.

The community is also invited to attend a public hearing to address the PEI Plan at the Mental Health Board Meeting at 4:00 pm on March 3, 2009 at the Behavioral Health Services Annex at 373 W St Charles in San Andreas. Please contact Jana Molnar at 209-754-6525 for more information regarding the Public Hearing.

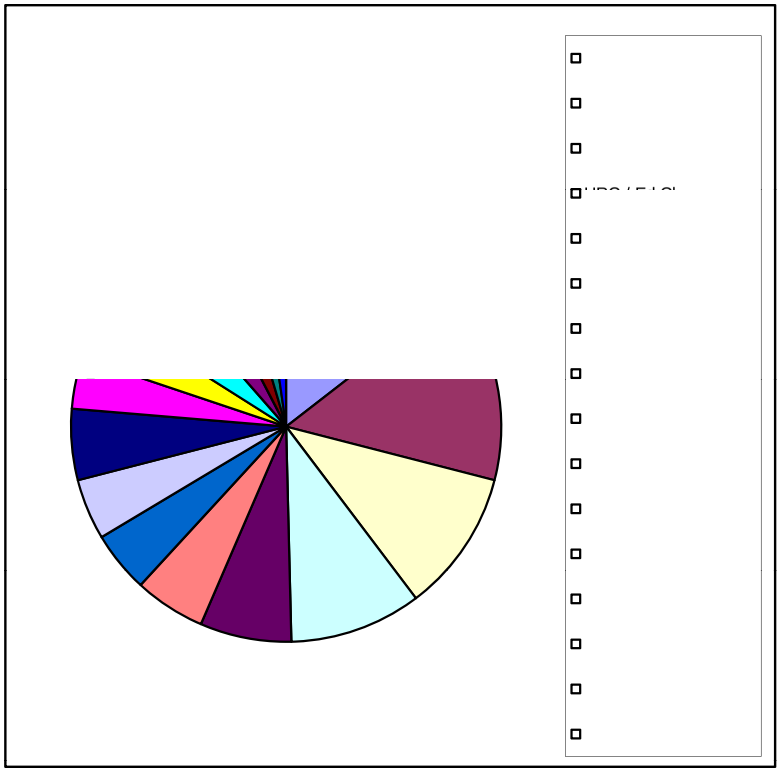
Thank you for your ongoing interest in the Mental Health Services Act.

Sincerely,

Rita T. Downs, M.Ed., MPA
Director, Behavioral Health Services

Prevention & Early Intervention Community Input Grid: Existing Programs & Services

GROUP	Head Start / Screening	Schools / Counseling	BHS / Groups	HRC / Ed Classes	MACT Services	Cal Works / Soc Svcs	Special Friends	Juv Just / Probation	Youth Grps / Camps	VMRC / Screening	Perinatal Program	Blue Mnt Coalition	Doctors / PCPs	Differential Response	Church Programs	Private Therapists	Mind Matters	Other
Comm Forum in Avery	1	1								1								
Comm Forum in San Andreas	2	2	2		1		1	2		1	1				2	1		Family
Comm Forum in West Point		1							1		1	2						BACA
Focs Grp w/ Beyond Talking-Copp	1		1			1				1			1					NAMI
Focs Grp w/ Blue Mnt Coalition																		
Focs Grp w/ CA Band of Miwuk	1	1			1													
Focs Grp w/ CA Vly Miwok Tribe	1				1													
Focs Grp w/ Calaveras Crisis	1			1														
Focs Grp w/ CalWorks Mgmt			2	1		3								1				Salvation Army
Focs Grp w/ CCOE Comm Adv					1												1	
Focs Grp w/ CCOE Exec Comm	1	1		1														
Focs Grp w/ Child & Fam Comm	1																	CARE Program
Focs Grp w/ Child Welfare	1	1	1			1	1		1					1				
Focs Grp w/ Clubhouse																		
Focs Grp w/ Crim Just Comm		1	1					1										
Focs Grp w/ Day Treatment																		
Focs Grp w/ Foster Parents-SA	1			1						1			1					Mind Institute (Sac)
Focs Grp w/ Grandparents Group							1											GP Project
Focs Grp w/ Head Start	3	1			1												1	Grief Busters
Focs Grp w/ Intake Support			2	1				1			1							AA & Mask Wrkshp
Focs Grp w/ Mark Twain Doctors																		
Focs Grp w/ Mental Health	1	2		3														Grandparents Proj
Focs Grp w/ MH Board	1	1	1	3			1		3	1	1	1						Crisis Center
Focs Grp w/ NAMI																		
Focs Grp w/ Parents Unplugged-M			1			1		1					1					
Focs Grp w/ Parents Unplugged-VS		1											1		1			
Focs Grp w/ Perinatal																		
Focs Grp w/ Private Therapists																		
Focs Grp w/ Probation		1						1				1						Heads Up Prgm
Focs Grp w/ Public Health	1	1			1		1						1	1				
Focs Grp w/ SAP		1																
Focs Grp w/ Sierra Hope		1	1	1	1				1		1	1						
Focs Grp w/ Spanish Parent Class																		
Focs Grp w/ VMRC																		
Interview with Arlene Weissman		1	1															
Interview with Barbara Bernstein	1	1	1	1		1	1							1				Why Try
Interview with Linda Smallenburger					1											1		
Interview with Catherine Lambie					1				1			1				1		
Interview with Karen Pekarcik	1																	
Interview with Lt. Gary Kuntz																		
Interview with Marsela C.																		
TOTAL	19	19	14	13	9	7	6	6	7	5	5	6	5	4	3	3	2	

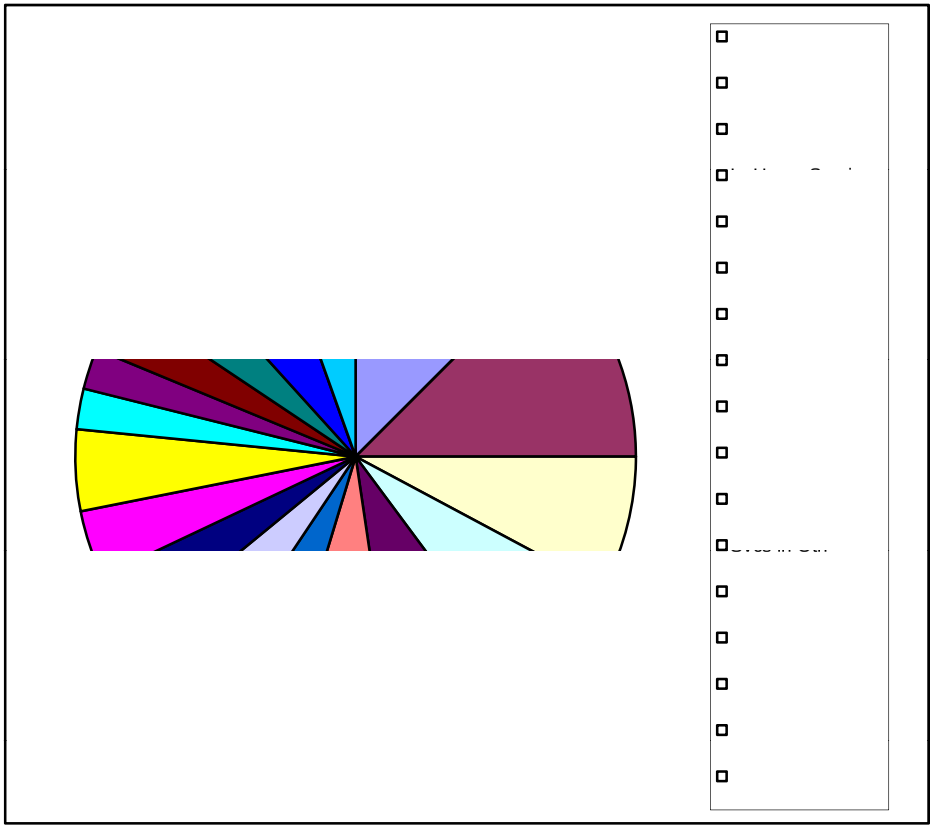


Prevention & Early Intervention Community Input Grid: Program Gaps

* Incl children's groups, mentoring

Exhibit H

GROUP	Family Counseling	Youth Grps / Centers *	1:1 Parent Support	In-Home Services	Parenting Classes	More Screening	School Counseling	Special Friends	Hands-On Classes	0-5 Trained Providers	MH Ed in School	Svcs in Oth Towns	Respite	Grief/Crisis Counseling	MH Ed for Doctors	Foster Care Support	Bullying / Confl Reso	Other
Comm Forum in Avery	1					1				1					1			More Supervision for Therapists
Comm Forum in San Andreas		1			2					1	1				1			Therapeutic Preschool, Latino Ed
Comm Forum in West Point	1	3			1	1					1					1		Coocuring Disorders, West Pt Svcs
Focs Grp w/ Beyond Talking-Copp							1	1										
Focs Grp w/ Blue Mnt Coalition																		
Focs Grp w/ CA Band of Miwuk	1		1															
Focs Grp w/ CA Vly Miwok Tribe	1																	Improved repsonse from MACT
Focs Grp w/ Calaveras Crisis						1				1								
Focs Grp w/ CalWorks Mgmt	1			1	1		1				1							PTSD Supp Grps, Sr Cntr Outreach,
Focs Grp w/ CCOE Comm Adv				1	1							1						
Focs Grp w/ CCOE Exec Comm		1						1								1		cont: Housing, DV ed, MH on wheels
Focs Grp w/ Child & Fam Comm	1		1	1					1									
Focs Grp w/ Child Welfare	2	1	1	2	2	1		1	1							1		Intentive foster care homes
Focs Grp w/ Clubhouse																		
Focs Grp w/ Crim Just Comm	1					1											1	
Focs Grp w/ Day Treatment																		
Focs Grp w/ Foster Parents-SA			1			1										1		Legal Support
Focs Grp w/ Grandparents Group				1		1		1								1		
Focs Grp w/ Head Start	1		1						1	1				1				Grief Busters in Calaveras
Focs Grp w/ Intake Support					1				1		1	1						Alanon, Field Trips to Jail
Focs Grp w/ Mark Twain Doctors																		
Focs Grp w/ Mental Health		1	1	1									1					Suicide Prevention
Focs Grp w/ MH Board		3				1	1							1	1		3	Native Am / GLBTQI issues
Focs Grp w/ NAMI																		
Focs Grp w/ Parents Unplugged-M	1		1				1				1			1				Outreach to Wineries
Focs Grp w/ Parents Unplugged-VS			1	1	1	1	1											Need more Latino support in Sch
Focs Grp w/ Perinatal																		
Focs Grp w/ Private Therapists																		
Focs Grp w/ Probation							1				1				1			
Focs Grp w/ Public Health	1		1					1							1	1		Pre/Perinatal Services
Focs Grp w/ SAP																		
Focs Grp w/ Sierra Hope	1	1												1			1	
Focs Grp w/ Spanish Parent Class																		
Focs Grp w/ VMRC																		
Interview with Arlene Weissman	1	1																Therapeutic children's groups
Interview with Barbara Bernstein	1	1						1								1		Therapeutic foster homes
Interview with Linda Smallenburger		1											1				1	Groups for Native Americans
Interview with Catherine Lambie	1	1	1	1								1	1			1		Housing
Interview with Karen Pekarcik		1			1				1	1							1	
Interview with Lt. Gary Kuntz																		
Interview with Marsela C.																		
TOTAL	16	16	10	9	10	9	6	6	5	5	6	3	3	4	5	8	7	



Prevention & Early Intervention Community Input Grid: Potential Barriers

GROUP	Trans-portation	Stigma	Economic	Lack of Interest	Lack of Information	Lack of Resources	Denial of Problem	Parental Resist	Lack of Trust	No show at classes	Schools not Helpful	Drs not Informed	Lack of Insurance	Culture / Language	Other
Comm Forum in Avery	2		2			1									
Comm Forum in San Andreas	2	2	2		1		1	2	2		1	2	1	2	Legal Issues
Comm Forum in West Point	1	1	1		1	1			1				1		Frustration, Suicide
Focs Grp w/ Beyond Talking-Copp	1	1			2	1					1	1	1		
Focs Grp w/ Blue Mnt Coalition															
Focs Grp w/ CA Band of Miwuk			1			1									
Focs Grp w/ CA Vly Miwok Tribe					1										
Focs Grp w/ Calaveras Crisis					1		1	1							
Focs Grp w/ CalWorks Mgmt	1					1									hrs of avail, out of co svcs
Focs Grp w/ CCOE Comm Adv	1		1												
Focs Grp w/ CCOE Exec Comm	1						1	1		1					
Focs Grp w/ Child & Fam Comm							1	1							
Focs Grp w/ Child Welfare	1	1													shared funding
Focs Grp w/ Clubhouse															
Focs Grp w/ Crim Just Comm		1					1	1		1					
Focs Grp w/ Day Treatment															
Focs Grp w/ Foster Parents-SA					1	1									legal barriers
Focs Grp w/ Grandparents Group					1		1	1							
Focs Grp w/ Head Start						1		1							no econ of scale
Focs Grp w/ Intake Support	2	1	1			1									
Focs Grp w/ Mark Twain Doctors															
Focs Grp w/ Mental Health	1					1									
Focs Grp w/ MH Board		1			1							1			
Focs Grp w/ NAMI															
Focs Grp w/ Parents Unplugged-M		1	1		1								1	2	
Focs Grp w/ Parents Unplugged-VS			1	1	1			1					1		waiting lists
Focs Grp w/ Perinatal															
Focs Grp w/ Private Therapists															
Focs Grp w/ Probation	1							1	1						
Focs Grp w/ Public Health			1			1							1		
Focs Grp w/ SAP															
Focs Grp w/ Sierra Hope	1	1			1			1	1						
Focs Grp w/ Spanish Parent Class															
Focs Grp w/ VMRC															
Interview with Arlene Weissman			1										1		
Interview with Barbara Bernstein	1					1									nd to keep kids in co.
Interview with Linda Smallenburger	1					1			1						svcs to each N.A. group
Interview with Catherine Lambie	1		1			1		1	1				1	1	
Interview with Karen Pekarcik						1								1	
Interview with Lt. Gary Kuntz															
Interview with Marsela C.															
TOTAL	18	10	13	1	12	14	6	12	7	2	2	4	8	6	

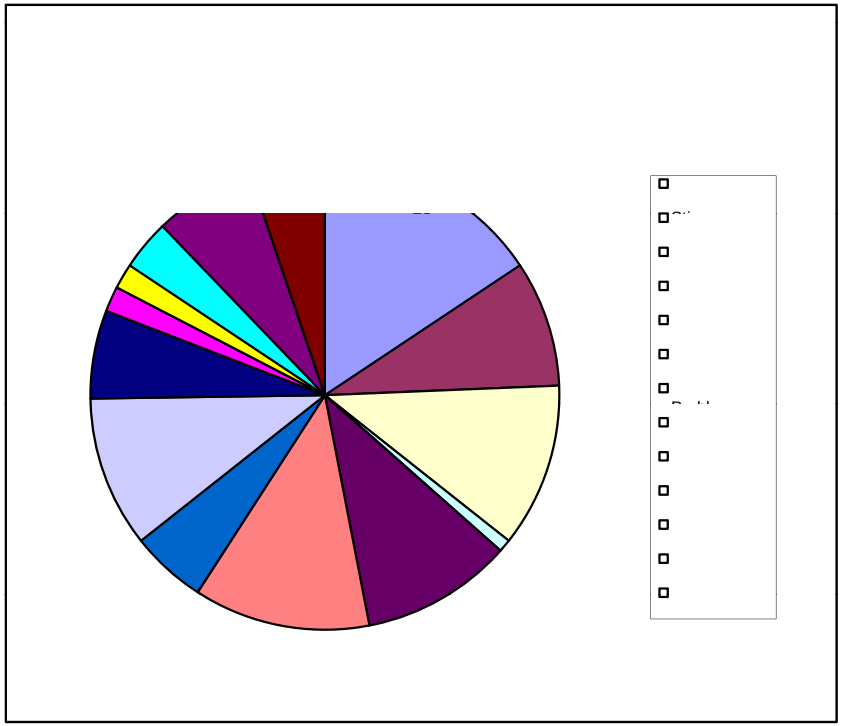


Exhibit I

Calaveras County Behavioral Health Services

Needs Assessment & Asset Mapping Of Early Intervention Services

An Inventory of Early Intervention Services in Calaveras County, California | Prepared by Social Entrepreneurs, Inc.

December 2008

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Introduction

Beginning in 2005, Calaveras County Behavioral Health Services-Mental Health (BHS-MH) adopted a strategic framework to facilitate increased access to funds from Proposition 63/California Mental Health Services Act (MHSA). This work will enable the county to continually assess, plan and strategize, and provide a broad continuum of mental health services and supports in Calaveras County, including prevention, early intervention, and the necessary infrastructure, technology and training elements to support effectively the local mental health system. The MHSA strategic framework has been implemented in Calaveras County using a phased approach that incorporates six components. These components are:

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

This document provides information related specifically to the early intervention aspects of the Prevention and Early Intervention (PEI) component of the MHSA strategic framework.

There is quite a gap. I'm not as familiar with what Valley Mountain Regional Center (VMRC) is doing these days, in the past they did a lot for high-risk infants. It seems like there is less available now. I see many teen mothers, parents with drug abuse, alcohol abuse, and other severe problems. I help the family and hope that that helps the children, but I'm not sure we really know. There could be more services for children – I know in other places – we attend trainings – there are more extensive home visiting programs, programs that really nurture the bonds with families. But everyone is spread out here, it is difficult. There are also financial barriers. People that are poor enough have Medi-Cal, and that allows them to access some services; the issue is for people that are just above that; they are not eligible and can't afford services. [Similarly] if there are children that are clearly disabled, they can get services from VMRC [but what about those that need services but don't qualify]…

--Notes from interview with **Emily Jacobs**, Therapist with M.A.C.T.

The MHSA has identified PEI services as a "key to transformation," facilitating access to support at the earliest possible signs of mental health problems and concerns. The transformational concepts of Prevention and Early Intervention (PEI) include:

- Community Collaboration
- Cultural Competence
- Individual or Family-Driven Programs and Interventions, with Specific Attention to Individuals from Underserved Communities
- Wellness Focus, which includes the concepts of Resilience and Recovery
- Integrated Service Experience for Individuals and their Families
- Outcomes-Based Program Design

In alignment with these concepts, Calaveras County BHS-MH is working to understand the service delivery system within the county related to early intervention services, including identifying available resources, geographic area(s) served, gaps in services, trends, eligibility requirements, types of services provided, capacity, strengths and challenges, hours of operation, and funding sources. This information will ultimately be utilized to leverage additional MHSA resources by facilitating additional collaborative community relationships, creating an

integrated service experience for individuals and their families, and targeting expansion or creation of programs for underserved communities, populations, or other specific demographic characteristics.

Project Methodology

The objectives for this project were to understand the early intervention service delivery system assets and gaps for children birth to six years of age, but encompassing older youth as able, so that additional early intervention services and supports could be targeted and developed to fill gaps.

A three-phase process was used to develop this report: 1) organization, 2) data collection, and 3) analysis and reporting. During the first phase, Social Entrepreneurs, Inc. (SEI) worked with BHS-MH staff to identify organizations and key informants to contact. The Human Resource Council (HRC) Directories were used to create the initial list of contacts, which was then expanded as additional resources and contacts were identified. In phase two, SEI conducted phone interviews and data collection activities. Key informants were provided basic information about the project and asked a series of questions about services that they provide. Additional contacts were generated through these conversations. Interview information was compiled using an online survey tool.

In order to gather as much information as possible, all persons and organizations on the original contact list were called at least twice to schedule phone interviews. Several hard-to-reach contacts were also sent a link to an electronic survey so they could contribute information at their convenience. At the conclusion of the data collection phase, 48 phone interviews had been completed and one electronic survey submitted. Data for this report was also obtained from targeted online research and printed resource materials. The final phase of the project comprised of analysis and reporting. On September 20, all data in the online tool was exported to spreadsheets, analyzed, and used to develop this report. Where information from the Internet or printed material rather than a phone interview is used, it is noted with an asterisk (*).

Report Organization

This report is organized in two main sections. The first part of the report presents the project overview, followed by a summary of findings. The second and larger portion of the report is dedicated to appendices, most of which present the asset maps or tables that list early intervention services. Appendix 1 contains a matrix of early intervention services according to service location. Appendix 2 contains a list of all service providers contacted for this project, including organization name, address, city, zip code, phone number, and (when possible) web address. Appendix 3 contains the names of all persons who either were interviewed or completed an online survey for this project. Appendix 4 contains a detailed demographic snapshot of Calaveras County. Appendix 5 contains a glossary of terms related to early intervention services that were used throughout this project.

Summary of Early Intervention Services in Calaveras County

Early Intervention

Calaveras County Behavioral Health Services (BHS-MH) defines early intervention as short-term services or activities that can remediate or keep emotional and/or behavioral disorders from occurring or worsening, including, but not limited to: screening, referral services, or direct intervention (such as counseling, youth groups, support or socialization activities). Additionally, early intervention services have also been defined in several legislative Acts (these definitions are provided in Appendix 5 at the end of this document). Many organizations contacted for this project use these alternate definitions of early intervention.

The need and importance of early intervention services are well documented. According to the California Department of Mental Health, "Surveys nationwide have documented that at least 30% of all elementary school students experience moderate to severe school adjustment difficulties. In recent years, it has been demonstrated that programs based on systematic early detection and screening, backed by prompt and effective intervention, can prevent later adjustment difficulties at great savings to individuals, schools, mental health programs, and society at large." [1]

Demographic Snapshot

In order to understand better the strengths, assets, and gaps in services as they relate to early intervention services, it is helpful to understand some key aspects of the county's demographics. The following information is provided only as a "snapshot" since an in-depth review of mental health needs was conducted as part of the Community Services and Supports planning process. For a more detailed description of these demographic snapshots, see Appendix 4 at the end of this document.

[1] California Department of Mental Health, accessible at http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/EMHI.asp

Over the past seventeen years, the population of Calaveras County has grown at a faster rate than California as a whole, and although the actual number of children five years of age and under has increased, the percentage of the county population five years of age and under has steadily decreased. In a sense, the county is growing in population but increasingly "graying" in its age. This dynamic, in combination with the county's relatively small size, provides an opportunity and the time to properly evaluate, plan, and coordinate the Calaveras County early intervention service delivery system utilizing evidence-based best practices.

There is an increasing number and percentage of Calaveras County's population that identify themselves as Hispanic/Latino, with a relatively small percentage of both adults and children under five years of age (6% and 5% respectively) that speak a language other than English at home. This should be taken into account when designing and planning early intervention services in Calaveras County, as it will directly affect the service delivery system in the coming years.

Calaveras County has a lower percentage of its population living in poverty compared to the state of California as a whole. This will directly affect which socioeconomic populations experience the greatest gaps in early intervention services, for example those families whose income is too high for Medi-Cal eligibility but nevertheless require early intervention services. This aligns well with findings from this needs assessment.

Residents of Calaveras County (and surrounding counties) generally have comparable rates of health insurance coverage to that of California as a whole, though with lower utilization of Medi-Cal/Healthy Families. Again, this can directly affect which populations experience the greatest gaps in early intervention services, such as families whose income is too high for Medi-Cal eligibility but whose private insurance does not cover early intervention services. This also aligns well with findings from this assessment.

Strengths and Assets

There are several key strengths and assets related to the Calaveras County early intervention service delivery system that emerged from interviews with providers; these include service innovation, close working relationships among and across providers, flexible program design and operation, and collaboration with neighboring counties. More specifically:

Services are innovative. Service providers and community members work to fill gaps in the service system. One example is BACA, or Bikers Against Child Abuse. The Calaveras Chapter of this organization is actively involved in the child welfare system and provides support for children that have experienced abuse and neglect. Mentoring programs offered through schools are another example of how community members work to provide support to children and youth within Calaveras County.

Several of the larger organizations have close working relationships. Many providers interviewed were familiar with the services available at other agencies, and provide regular referrals. Effective relationships between organizations can benefit clients, as organizations are able to help them navigate service delivery systems. These organizations are also well positioned to collaborate to provide coordinated services and to share information on important issues such as child mental health status and best practice implementation.

Programs are flexible. More than 72% of the organizations do not have eligibility requirements for services, yet at the same time, many providers still describe a shortcoming in meeting the needs of clients seeking assistance. More than half (56%) of all providers interviewed reported having multiple sites within the County, increasing access points. Approximately 10% of all providers interviewed have fixed fees; most organizations offer services that are free or provided on a sliding scale. There are many examples of organizations that provide flexible early intervention services within Calaveras County. The Blue Mountain Coalition for Youth & Families brings a Calaveras BHS-MH outreach worker to their facility once per week; the Calaveras BHS-MH Perinatal program provides onsite childcare for clients; and, Mark Twain St. Joseph's Hospital Family Medical Centers rotate a pediatrician, LCSW, and psychologist between sites to maximize service availability between communities.

Collaboration exists among neighboring counties. Several providers are able to expand their population area to neighboring counties, providing needed services in the region even if they are not available specifically in the town. Additionally, many services for children with specific disabilities are provided in homes and other community settings so families do not need to travel in order to access the needed services.

Gaps in Services

In terms of early intervention service gaps, the following were identified as key concerns: lack of in-county services and professionals for specific populations, eligibility requirements and/or income levels, and lack of standardized language and tools for discussing and assessing children's mental health needs and treatment options.

Information from interviews with service providers also identified gaps in services and other challenges within the Calaveras County early intervention service delivery system. These include:

Many are unable to access services due to income, eligibility requirements, or both. Several providers noted a growing trend of individuals and families that are in need of prevention and early intervention services but do not qualify for Medi-Cal or Healthy Families insurance coverage because of income eligibility requirements. Providers noted that children eligible for Medi-Cal are often able to access health services, including mental health services, relatively easily. However, other insurance types including Healthy Families

The single largest gap is for the working poor – people that don't qualify for Medi-Cal. We need a public entity for infants to [youth age] 18 that can provide counseling, medications, etc. Even those with private insurance pay large deductibles.

There is still a lack of Spanish services. The children usually speak English, but the adults don't.

There are no services for children with eating disorders, and that is needed.

--Notes from interview with **Belinda Illers**, School Nurse Calaveras Unified

[There is a need for] parenting classes and education --funding was lost, and so there is still some service but not at the level that it was and [not enough support] for parents that are seeking out parenting education.

[Childcare] providers may or may not have the education and training to screen or refer. It is difficult for children and families in private pay situations – there are not the resources available.

We had a program where we providers could refer to Carol Vance and she would come to the home, but lost funding -- First 5 has some [limited] funding to continue this.

--Notes from interview with **Kelly Graesh, HRC.**

and employer-sponsored insurance and private insurance, often do not cover many prevention and early intervention services, such as counseling, youth groups, and support or socialization activities. As a result, many families are faced with the decision to "private pay, or go without." It should be noted that findings in the "Demographic Snapshot" section of this document support this finding.

We are a small school and our staff is taxed. We don't have enough counseling available, as I'd like there to be. It would be great to have Mental Health provide some services at the school [sites] to provide greater support.

--Notes from Interview with **Glenn Sewell**, superintendant Vallecito Union

Few organizations describe "target populations." In part because the county is small, many organizations do not serve a target population, and may not have collected or analyzed information to better focus services to groups with the highest risk or need. It is likely that there are "invisible" children and youth: those are not in school, that live in isolated geographic areas, or with other specific demographic indicators. These individuals and populations may require targeted outreach in order to access needed services.

Lack of standardized language and tools regarding early intervention, child mental health, and treatment options. Depending on the service area, providers have different working definitions of early intervention, screening, assessment, and treatment. The term "Early Intervention" is largely understood as it relates to physical or developmental disability in children.

Several in-depth studies of mental health in the rural U.S. note the importance of integration in both improving access to mental health services and reducing stigma associated with seeking mental health care.[2] Based on interviews, mental health for children and youth has not been well- integrated into the primary health care arena. Health providers may not have an awareness of the mental health needs and early intervention opportunities for young children and family members.

Lack of in-county treatment services, most notably for children under five years of age. As Table 1 illustrates, of the organizations interviewed for this report, "treatment services" were provided by only 36% of all organizations; even with this figure there is some concern over the consistent use and understanding of what "treatment" services actually entail.

Table 1. Number and percent of organizations reporting they offer one or more early intervention services, by type of service

Service	Number	Percent of Total Organizations
Screening	21	44%
Assessment	29	60%
Referral	19	38%
Socialization	18	38%
Support	22	46%
Treatment	18	36%
Total	48	--

[2] Rural Assistance Center, accessed online: http://www.raconline.org/info_guides/mental_health/mentalhealthfaq.php#challenges

As Table 2 illustrates, slightly more than half (between 54% and 56%) of all organizations interviewed for this needs assessment provide any kind of early intervention service to children five years of age and over. Additionally, children under the age of 3 do not have formal diagnoses, and treatment options for this age group may be limited based on the current service system and the policies of specific organizations and private individual providers. Specialized treatments for children and youth, such as psychiatry, are also difficult to obtain in Calaveras County, due to a shortage of service providers. Distance to service providers may also be an issue for persons living outside of major towns.

Table 2. Total organizations reporting that they offer early intervention services, by specific age groups served

Ages Served	Number	Percent of Total Organizations
0 to 2	21	54%
3 to 5	22	56%
6 to 10	25	64%
11 to 13	31	80%
14 to 17	32	82%
18 and older	26	67%
Total	48	--

There is a shortage of professionals to serve the current demand. Many service providers identified the lack of therapists or other professionals as the primary reason that their services are either limited or at capacity. Some private therapists may exist to help fill the gap, but often do not work with young children. Additionally, new or independent providers find it difficult to link with and contract through the major providers and agencies.

Data Gaps

Though this project was a success in terms of its original purpose, goals, and outcomes, limitations in the data exist. Three issues include:

Inconsistent terminology usage and reporting. Varying understanding and usage of early intervention terminology, such as screening, assessment, referral, socialization activities, treatment, and support was found across organizations interviewed. This means that the answer to a question such as "how many organizations provide assessment services in Calaveras County?" may not be wholly accurate because of inconsistency in what "assessment services" actually entail. This concern was most prevalent with the terms screening, assessment, and treatment.

Information on consumer demand. Of the 48 organizations contacted, 32 answered questions regarding capacity. Of this group, 39%, or 19 organizations, reported that they were at or above service capacity. Beyond this, there is no readily available information regarding consumer demand. Using this study alongside information from focus groups and other consumer data will provide insight into service gaps and barriers to access.

Inability to know extent of mental health challenges. It is difficult to know what specific kinds of mental health challenges children and families are experiencing, and which are most

predominate within Calaveras County (e.g. mental, developmental, emotional or behavioral). Organizations may be able to track needs of those served, but unserved or underserved needs are not well documented.

Conclusion

As noted in the introduction to this report, this project was intended to help Calaveras County BHS-MH understand the service delivery system within the county related to early intervention services. As a result of conducting focus groups, interviews, and surveys with organizations that provide early intervention services, a range of resources have been identified in Calaveras County that provide varying degrees of screening, assessment, or other early intervention services for different populations throughout the county. This information can be used to leverage additional MHSA resources by facilitating other collaborative community relationships, creating an integrated service experience for individuals and their families, and targeting expansion or creation of programs for underserved communities. Further, this report provides a basis to build on current strengths, guide partnership activities, and target evidence-based practices where (and to whom) they are needed most.

Four initial opportunities were identified for Calaveras County through this project. Each is directly associated to the MHSA's transformational concepts of Prevention and Early Intervention and each relates to the Calaveras County Community Services and Supports (CSS) Three-Year Implementation Plan completed in 2006.

1. **Community Collaboration.** *Continue to build and expand collaborative community relationships where clinicians and developmental therapists can meet, screen, assess, and treat individuals and families in their own communities and natural environments*.

   When the CSS plan was developed, access to services was identified as a major barrier in Calaveras County. [3] At that time, all services had been clinic-based, provided in one centralized location, during regular work hours, and were traditional in nature. Since that time, a number of collaborations have been created or expanded to allow CSS activities to be client-centered and occur within the natural environment of the client. As a result, concentrated efforts were directed to providing services in the home, school or in satellite clinics developed with other County departments and community service providers. [4]

   While these initial collaborative efforts were primarily focused on CSS implementation, continued collaboration through existing or new partnerships with community service providers is a cost effective, respectful and practical strategy for delivery of early intervention services in Calaveras County. It allows Calaveras County Behavioral Health Services - MH flexibility in identifying partners and subcontractors who are already known and trusted for service delivery, while also linking to external community resources when necessary. The amount of service (days, hours, client visits, etc.) can be tailored to the community's needs so that the provider and Calaveras County Behavioral Health Services - MH resources are used best.

[3] *Calaveras County Community Services and Supports (CSS) Three-Year Implementation Plan*, 2006, p. 77
[4] *Calaveras County Community Services and Supports (CSS) Three-Year Implementation Plan*, 2006, p. 99

Community collaboration is a viable strategy for ensuring that early intervention services and supports can be offered to consumers, and builds on the work of the past two years of CSS Implementation.

During the study period, several organizations lost funding or were threatened with cuts to current funding. Loss of existing services and fewer resources to serve sustained or growing need within Calaveras County underscores the need for community collaboration and sharing of resources among organizations.

2. **Cultural Competence**. *Look for ways to create and/or expand targeted outreach and direct early intervention services specifically for underserved populations within Calaveras County, especially for the county's Hispanic/Latino and Native American populations. Specifically, there is an increasing percentage of Calaveras County's population that identify themselves as Hispanic/Latino and speaks a language other than English in the home. In the future, this will require increasing levels of cultural competence within the early intervention service delivery system.*

   In 2006, three population groups in Calaveras County were identified as needing the provision of culturally and/or linguistically competent services, these were: Native American, Latino and/or Spanish-speaking, and the elderly population. Furthermore, an analysis of racial and ethnic disparities in the utilization of Early Intervention services indicated that for all age groups, the Hispanic/Latino population is underrepresented compared to any other race or ethnic group. The growing Latino community and increasing numbers of households primarily speaking Spanish necessitated that outreach and services were offered in Spanish in the CSS Implementation Plan. It also required cultural knowledge and sensitivity for outreach and education, as well as mental health services. [5]

   Additionally, to ensure that a thorough and culturally competent early intervention service delivery system transformation process would be enacted, Calaveras County Behavioral Health Services – MH's CSS plan involved working closely with the Latino communities and the Miwok tribal groups to provide services in their communities, which are client-centered and appropriate to their community values and mores. [6]

   Since the County has limited resources and has already invested time and effort to build relationships with community leaders and professionals to implement the Calaveras County Community Services and Supports (CSS) Three-Year Implementation Plan, it makes sense for Calaveras County Behavioral Health Services - MH to look for ways to build upon those efforts. This would allow Calaveras County to expand early intervention services to reach the growing Hispanic/Latino population, and link to the previous recommendation for continued /expanded community collaboration. Several providers in Calaveras indicated that they are able to provide services Spanish. These include Calaveras Public Health Department, HRC Head Start, HRC Crisis Center, Mind Matters, the Family Resource Network, Calaveras BHS, First 5, and Calaveras County Office of Education. Two organizations outreach specifically to Native American populations (Blue Mountain Coalition for Youth, and M.A.C.T. Clinics. Other organizations such as HRC Head Start/Early Head Start meet interface and provide service to families of diverse backgrounds.

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[5] *Calaveras County Community Services and Supports (CSS) Three-Year Implementation Plan*, 2006, p. 51-52
[6] *Calaveras County Community Services and Supports (CSS) Three-Year Implementation Plan*, 2006, p. 77-78

3. **Individual or Family-Driven Programs and Interventions, with Specific Attention to Individuals from Underserved Communities**. *Provide more direct early intervention services, particularly treatment, for children ages birth to five, their families, and caregivers.*

   The 2006 Calaveras County Community Services and Supports (CSS) Three-Year Implementation Plan identified that in general, access to mental health services among age groups was best among adults. [7] When assessing the needs of children and youth, especially from underserved communities, a need was identified to work with the community service providers to identify Latino/Hispanic children and youth in need of mental health services and to connect them to services and supports. [8]

   As noted in this report, just over half (between 54% and 56%) of all organizations interviewed for this project provide any kind of early intervention service to children five years of age and over. Additionally, there are few if any formal diagnoses for this age group, which can limit treatment options based on the current service system and the policies of specific organizations and private providers; and shortages of service providers for this age group and distance to access some providers continue to be barriers.

   The recommendation to look for ways to provide increased early intervention services for children birth to five, their families and caregivers is aimed at bridging the gap in services for this population. It could decrease the number of young children without formal diagnoses, and potentially lead to expanded treatment options for this age group as services are increased to meet specific needs. By focusing on this age group, Calaveras County Behavioral Health Services - MH can include parents/caregivers in the process; identified as a core strategy in the Calaveras County Community Services and Supports (CSS) Three-Year Implementation Plan for educating family members about emotional and behavioral disorders and the processes for obtaining prompt access to needed mental health screening, assessments and care. [9] This type of interaction allows parents/caregivers to make informed decisions about their child's mental health needs and helps to reduce the adverse effects of mental health stigma including reducing shame, guilt and blame often experienced by these individuals. Interviews with providers indicate that there are still opportunities to better integrate mental health early intervention in both primary care settings and community-based settings within Calaveras County.

   Finally, the Calaveras County Community Services and Supports (CSS) Three-Year Implementation Plan includes leadership activities and trainings for consumers and family members toward the goals of developing consumer-run services and supports. [10] By working with families to provide more direct early intervention services, particularly treatment, for children ages birth to five, family members will be closely involved in directing service interventions.

4. **Outcomes-Based Program Design**. *Work to understand more precisely the specific mental health needs of residents of Calaveras County, especially the needs of infants and children 0 to 5 years of age, so that targeted early intervention services can achieve results. This could be done through*

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[7] *Calaveras County Community Services and Supports (CSS) Three-Year Implementation Plan*, 2006, p. 40
[8] *Calaveras County Community Services and Supports (CSS) Three-Year Implementation Plan*, 2006, p. 47
[9] *Calaveras County Community Services and Supports (CSS) Three-Year Implementation Plan*, 2006, p. 70
[10] *Calaveras County Community Services and Supports (CSS) Three-Year Implementation Plan*, 2006, p. 108

independent case reviews or assessments of various programs' clients in order to determine need by community and age group.

From the start, Calaveras County has focused efforts on implementing effective and proven practices that result in desired outcomes. This outcomes-based approach is reflected in the Community Services and Supports Three-Year Implementation Plan as a strategy for removing or reducing barriers to the Children's System of Care support strategy. [11] A focus on outcomes has already enabled Calaveras County to gauge and measure improved consumer outcomes and satisfaction, and cost savings to the County from effective implementation. [12]

Yet, as noted in this report, it is still difficult to know with any certainty what specific kinds of mental health challenges children and families are experiencing, and which are most predominate within Calaveras County (e.g. mental, developmental, emotional or behavioral). Organizations generally track needs of those served, but unserved or underserved needs are not well documented. In addition, the use of different terminology across organizations makes it challenging to know what results were achieved through specific activities.

The recommendation to focus on outcomes is intended to go beyond service access data (numbers served by program/activity) in order to more fully understand how different agencies use terminology, so that the results achieved can be compared. If possible, it would be beneficial to know how many people request or need services, as well as the barriers experienced while attempting to access services. This level of detail would help Calaveras County enhance programs to that achieve desired prevention and early intervention results.

[11] *Calaveras County Community Services and Supports (CSS) Three-Year Implementation Plan*, 2006, p. 59
[12] *Calaveras County Community Services and Supports (CSS) Three-Year Implementation Plan*, 2006, p. 79

Appendix 1: Asset Map of Early Intervention Services in Calaveras County

This appendix contains a matrix or "asset map" of early intervention services in Calaveras County. Information is organized into three tables:

1. Early intervention services that are offered throughout Calaveras County. Data elements in table includes:
   - Organization and specific program name that provides early intervention service, including address and phone number*
   - Early intervention service type (screening, assessment, referral, socialization activities, treatment, support, other).
   - Ages or grades served
   - Eligibility requirements
   - Short description of service

2. Early intervention services by town or other service location. Data elements in table includes:
   - City or town (appears only once per page)**
   - Organization and specific program name that provides early intervention service, including address and phone number*
   - Early intervention service type (screening, assessment, referral, socialization activities, treatment, support, other).
   - Ages or grades served
   - Eligibility requirements
   - Short description of service

3. "Out of county" services referenced in stakeholder interviews. Data elements in table includes:
   - Location
   - Organization or program name that provides early intervention service, including address and phone number
   - Service type (screening, assessment, referral, socialization activities, treatment, support, other).
   - Ages or grades served
   - Eligibility requirements
   - Description of services

* When the "organization" field is empty, the program is associated with the organization listed above.
**When the "city or town" field is empty, the program is in the city or town listed above.

Early Intervention Services Offered Throughout Calaveras County

Early Intervention Services Offered Throughout Calaveras County					
Organization Name	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Calaveras County Behavioral Health Services (BHS) Physical Address: 891 Mountain Ranch Rd. Dept. 127 San Andreas, CA 95249	Calaveras County Behavioral Health Services Outreach	Referral, support	Ages 0-17 18+	None	Outreach support and referral for at-risk families and individuals experiencing emotional or behavioral problems with their children or for those individuals with mental health concerns.
Calaveras County Office of Education (CCOE) Physical Address: 185 South Main St. Angels Camp, CA 95221 Mailing Address: P.O. Box 760 Angels Camp, CA 95221 (209) 736-4662	Early Start Home Visitation Continuation School Independent School Mentoring	Screening referral, assessment, treatment, socialization activities, support, other	Ages 0-17 18+	Capacity to serve 10 infants with low incidence disabilities and all children and youth with Individualized Education Programs (IEPs), ages 3-22.	Early intervention services to children who have developmental delays or are at-risk for developmental delays, including developmentally appropriate activities for families and their children; child focused and family centered support through service coordination, home visits, and other educational services; and modeling of developmentally appropriate activities for parents to incorporate into daily life through education. Referrals for infants and toddlers to playgroups.

Early Intervention Services Offered Throughout Calaveras County					
Organization Name	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Calaveras County Office of Education (CCOE) (continued)	Special Friends	Screening, socialization, support	Grades K-3	None, students are screened and children that might benefit most are selected	Program available in some County schools. One-to-one and small group friendship program to help children get off to a good start in school by fostering positive social skills, a healthy self-concept, and a positive experience with the school. Child associates (Special Friends) are paraprofessionals that receive training and periodic review from a school site supervisor. **Information obtained through website*
	Youth Mentoring Program	Support, socialization	Grades 1-12	Children and youth in school	One-to-one support for children and youth in setting and achieving personal goals and maximizing their potential. Adult mentors are matched up with youth, and work with that assigned mentee for a year. **Information obtained through website*

Early Intervention Services Offered Throughout Calaveras County					
Organization Name	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Calaveras County Office of Education (CCOE) (continued)	Calaveras Foster Youth Services	Referral, support	Ages 4-21	Children and youth living in foster homes and group homes	Foster Youth Services advocate for appropriate school placements, assist in providing academic support including special education, make referrals to community support, assist foster care providers to understand and navigate the school system, and act as a liaison between care providers, school and placing agencies. **Information obtained through website*
	Safe and Drug Free Schools and Communities: Safe and Healthy Kids Program Office	Support, socialization	Ages 4-17	Youth in school	Programs to prevent alcohol, tobacco, and drug use, and violence through promotion of youth development, resiliency, buffers, protective factors, and assets. **Information obtained through website*
	Peer Court	Other	Grades 9-12	Youth in high school	Peer Court provides a means for low-level, first time juvenile offenders to be diverted from traditional school punishments into a program where they will be held accountable for their misconduct through punishment imposed by their peers. They may also learn about the judicial system through their direct involvement as a trial juror. **Information obtained through website*

Early Intervention Services Offered Throughout Calaveras County					
Organization Name	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Calaveras County Office of Education (CCOE) (continued)	Pro Teen Pregnancy Prevention Program (Pro Teen CCG)	Referral, Support, other	Ages 12-18	Unknown	Health education and life skills include primary prevention programs that address teen and unintended pregnancies. **Information obtained through website*
	Calaveras Children's Dental Project	Screening, assessment and treatment	Grades Pre-K-6	Children only	The Calaveras Children's Dental Project provides a variety of dental educational and preventive treatment programs in the elementary and preschools in Calaveras County. Children participating in the "Smile Keepers" classroom program receive classroom oral health education, topical fluoride treatments, dental examinations, cleanings, and preventive dental sealants. The Children's Dental Project assists parents in finding dental care for their children. **First 5 funded program*

Early Intervention Services Offered Throughout Calaveras County					
Organization Name	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Calaveras County Office of Education (CCOE) (continued)	Community Advisory Committee (CAC)	Other, support	Ages 3-22	Families of children 3-22 in special education	CAC functions as a liaison between the Calaveras County Special Education Local Plan Area (SELPA) and the community. It is a state mandated association that oversees and facilitates special education services in Calaveras County. In-service and parent meetings are held to support and educate parents and the community regarding special needs. **Information obtained through website*
	Grandparents Project	Referral, support, socialization activities	Ages 0-17 18+	Participants must be relatives raising another relative's child	Support group for grandparents raising their grandchildren; also available more broadly for relatives raising other relatives' children. Outreach to link children with emotional/behavioral problems to BHS-MH. Held at school-based health centers. **Partnership with Calaveras County Behavioral Health Services*
Calaveras Public Health Department Physical Address: 700 Mountain Ranch Rd., Ste C-2 San Andreas, CA 95249 (209) 754-6460	Maternal Child Adolescent Health	Referral, assessment, socialization activities, other	Ages 0-2 18+	None	Prenatal and postnatal services for infants and mothers including: prenatal education for expectant mothers, food security of expectant mother, access to health insurance and medical services, and postpartum follow-up.

Early Intervention Services Offered Throughout Calaveras County					
Organization Name	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Calaveras Unified School District Physical Address: 3304 Highway 12 San Andreas, CA 95249 Mailing Address: P.O. Box 788 San Andreas, CA 95249 (209) 754-2300	School Nursing	Screening, referral, assessment, treatment, support	Ages 3-5 5-22	None	Services to children and youth include vision and hearing screenings, assessment, development of Individualized Family Service Plans (IFSPs) and development of Individualized Education Program (IEPs). Referrals made for infants.
Calaveras Works and Human Services Agency Physical Address: 509 East Saint Charles St. San Andreas, CA 95249 (209) 754-6450 (209) 754-6448	Medi-Cal Healthy Families Food Stamp Benefits Cash Assistance Child Protective Services Beyond Talking Parent Training	Screening, referral, support, other	Ages 0-17 18+	Based on matrix of percentage of FPL; foster care youth to age 19	Screening in relation to substantiated abuse or neglect. Referral and support for Medi-Cal, Food Stamp* Benefits, and cash assistance. ** As of Oct. 1, 2008, Supplemental Nutrition Assistance Program (SNAP) is the new name for the federal Food Stamp Program.*

Early Intervention Services Offered Throughout Calaveras County					
Organization Name	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Calaveras 4-H Physical Address: 576 East Charles Ranch Rd. San Andreas, CA 95249 Mailing Address: University of California Cooperative Extension (UCCE) Calaveras 4-H Office 891 Mountain Ranch Rd. San Andreas, CA 95249 (209) 754-6477	4-H Youth Development Program	Other	Ages 6-17 18+	None, limited costs and fees applied with opportunities for scholarships	Ten clubs meet within the county, providing citizenship, leadership, and life skills development through projects and activities such as swine, horses, sewing, bicycling, designing web pages, etc.
Human Resources Council (HRC), Inc. Physical Address: 1113 Hwy 49, Building 2, Ste 3 San Andreas, CA 95249 Mailing Address: P.O. Box 919 San Andreas, CA 95249 (209) 754-3114	Child Care Resources Head Start State Preschool/Early Head Start Calaveras Crisis Center Community Services/Food Bank Motherlode Women /Infants/Children (WIC) Program Raising a Reader Family Literacy	Referral, support, socialization, other	Ages 0-17 18+	Varies by program: income requirements for child care subsidies	HRC is a private, non-profit human service agency serving families, children and individuals by providing community-based programs and education.

Early Intervention Services Offered Throughout Calaveras County					
Organization Name	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
First 5 Calaveras County Physical Address: 16B Main St. San Andreas, CA 95249 Mailing Address: P.O. Box 209 San Andreas, CA 95249 (209) 754-1470	Mother Infant Child Harvest (MICH) Fresh Produce Voucher Mobile Playgroups CARES (Comprehensive Approach to Raising Children) School Readiness, Behavior Consultation & Parent-Provider Training Children's Activity Workshops Home Visiting and *Kit for New Parents* Distribution Early Childhood Education & Early Literacy Activities Kindergarten Transition Programs	Other	Ages 0-5	Children 0-5 and their families in Calaveras County	Services are primarily funding, training, and advocacy. Goals are: 1) To promote collaboration between community members, organizations, and institutions to ensure that resources are available, sensitive, and accessible to all families in Calaveras County. 2) Support optimal parenting, social-emotional health and economic self-sufficiency of families. 3) Improve the development and school readiness of young children from birth to age five. 4) Improve the overall physical and mental health of young children.

Early Intervention Services Offered Throughout Calaveras County					
Organization Name	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
First 5 Calaveras County (continued)	Preschool to Kindergarten Bridge Program	Screening, social and educational transition supports	Ages 3-5	Based on scores on pre-kindergarten screening instruments, lack of previous preschool experience, or other factors indicating that a child would benefit from this kindergarten transition experience	The Preschool to Kindergarten Bridge Program provides a two- to three-week pre-kindergarten experience for at-risk children at five schools. Program participation is intended to strengthen the skills of at-risk kindergartners so that they can perform at a level comparable to their peers. **In partnership with the Mark Twain Union Elementary School District, Vallecito Union School District, and Calaveras Unified School District*
	Behavior Consultation and Parent-Provider Training	Screening, assessment, treatment	Ages 0-17	Unknown	Behavioral consulting services for children with high-risk behaviors in area schools. Services include consultation on child therapeutic action plans and workshops for parents and educators three times per year.
Kene Me-Wu Family Healing Center, Inc. Physical Address: 18500 Rawhide Rd. Jamestown, CA 95327 Mailing Address: P.O. Box 605 Sonora, CA 95370 (209) 984-8602	Domestic Violence Intervention Indian Child Welfare Act (ICWA)	Referral, support, socialization activities, other	Ages 0-17 18+	Native American or claim of Native American ancestry	Culturally sensitive response to domestic violence in Native American households. Community services include 24-hour crisis line, crisis intervention, group counseling, talking/healing circles, court accompaniment, advocacy, emergency shelter, temporary restraining orders, and prevention services, with cross referrals to ICWA.

Early Intervention Services Offered Throughout Calaveras County					
Organization Name	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Valley Mountain Regional Center (VMRC) Physical Address: 704 Mountain Ranch Rd., Ste 203 San Andreas, CA 95249 (209) 754-1871 Mailing Address: P.O. Box 1420 San Andreas, CA 95249	Various	Screening, assessment, referral, treatment	Ages 0-17 18+	Children, youth and adults with developmental disabilities and infants and toddlers showing or at risk for developmental delay	Services for children and adults with developmental disabilities in San Joaquin, Stanislaus, Amador, Calaveras and Tuolumne counties. Free diagnosis and assessment services are available to any person suspected of having a developmental disability, such as mental retardation, cerebral palsy, epilepsy, or autism. Early intervention services are offered to infants and toddlers (under age 3) who are believed to be at high risk of developmental delay.

Early Intervention Services by Town or Other Service Location

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Angels Camp	**Angels Camp Friends of the Library** Physical Address: 426 N. Main St. Angels Camp, CA 95222 (209) 736-2198 Mailing Address: P.O. Box 456 San Andreas, CA 95249 (209) 754-6510	Storytime	Literacy, socialization activities	Ages 0-5	Children	Literacy and socialization programs for children 0-5.
	Bret Harte High School Physical Address: 323 South Main Angels Camp, CA 95221 Mailing Address: P.O. Box 7000 Angels Camp, CA 95221 (209) 736-8340	Continuation School Independent School Mentoring	Socialization activities	Ages 11-17 18+	None	School-based counseling and mental health services offered. Services are coordinated through Behavioral Health Services and referrals are made to private therapists as needed.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Angels Camp (continued)	**Calaveras County Office of Education (CCOE)** Physical Address: 185 South Main St. Angels Camp, CA 95221 Mailing Address: P.O. Box 760 Angels Camp, CA 95221 (209) 736-4662	Friday Night Live Mentoring	Referral	Ages 11-17	Youth in 7th or 8th grade that are recommended by faculty	11th and 12th graders mentor 7th and 8th graders on a weekly basis for two hours. **In partnership with BHS-substance abuse prevention.*
		Multiple programs and services	Referral, assessment, treatment, other	Ages 0-3 3-22	Infants and toddlers with specific needs, children, youth, and young adults with Individualized Education Programs (IEPs) ages 3-22	Referrals to playgroups for infants and toddlers. Specialized services for up to 10 infants with low incidence disabilities. Services provided to children, youth, and young adults with IEPs, ages 3-22. Psychologists use standardized tools for assessment.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Angels Camp (continued)	**Calaveras County Office of Education (CCOE) (continued)**	Early Start, Infant Development Specialist	Screening referral, assessment, treatment, socialization activities, support, other	Ages 0-3	Infants and toddlers 0-36 months for children who have a significant delay in at least one area of development or who are at high risk of having a developmental disability	Early intervention services to children who have developmental delays or are at-risk for developmental delays, including developmentally appropriate activities for families and their children; child focused and family centered support through service coordination, home visits, and other educational services; and modeling of developmentally appropriate activities for parents to incorporate into daily life through education.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Angels Camp (continued)	**Calaveras Works and Human Services Agency** **Outreach Station: Sierra Hope** Physical Address: 1168 Booster Way Angels Camp, CA 95222 (209) 736-0179	CalWORKs Outreach Station	Referral, support	Ages 0-3 18+	Birth to 3 years and parents in Calaveras County	Applications for Medi-Cal, County Medical Services Program (CMSP), CalWORKs, Food Stamp* Benefits, and In-Home Supportive Services (IHSS). ** As of Oct. 1, 2008, Supplemental Nutrition Assistance Program (SNAP) is the new name for the federal Food Stamp Program.*
	Jane Lucas, MFT Physical Address: 1311 South Main St. Angels Camp, CA 95222 (209) 728-5253	Private Therapist	Treatment, other	Ages 10-17 18+	Minimum age of 10	Private therapy with children and families
	Mark Twain St. Joseph's Hospital Physical Address: Angels Camp Family Medical Center 222 S. Main St. Angels Camp, CA 95222 (209) 736-0249 (209) 736-0813	Angels Camp Family Medical Center	Screening, referral, assessment, treatment	Ages 0-18	Not enrolled in ongoing services from Calaveras County Behavioral Health Services	Early intervention services are short-term oriented with a focus on populations with grief, depression, anxiety and other issues. General medical services, such as lab tests, examinations, immunizations, and immediate care for minor injuries.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Angels Camp (continued)	**Sierra Health Resources, doing business as Sierra Hope** Physical Address: 1168 Booster Way Angels Camp, CA 95222 Mailing Address: P.O. Box 159 Angels Camp, CA 95222	HIV/AIDS Support Services Prevention Education Services Hepatitis Support Services Outreach Services and Events	Other	Ages 0-17 18+	Must be HIV positive	Case management and direct service including Hepatitis C testing, food pantry, and support.
	Sonora Regional Medical Center Physical Address: Foothill Pediatric Medical Center 445 South Main St. Angels Camp, CA 95222 (209) 736-0408	Foothill Pediatric Medical Center	Referral	Ages 0-18	Does not except Medi-Cal patients, Ability to pay for services at time of service	Medical services provided by doctors William Birtwhistle, M.D., Kelley George, M.D., and William Spangler, M.D.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Angels Camp (continued)	**Mark Twain Union School District** Physical Address: 981 Tuolumne Ave. Angels Camp, CA 95222 (209) 736-1855	Preschool to Kindergarten Bridge Program	Screening, social and educational transition supports	Ages 3-5	Eligibility is determined based on scores on pre-kindergarten screening instruments, lack of previous preschool experience, or other factors indicating that a child would benefit from this kindergarten transition experience	The Preschool to Kindergarten Bridge Program provides a two- to three-week pre-kindergarten experience for at-risk children at five schools. Program participation is intended to strengthen the skills of at-risk kindergartners so that they can perform at a level comparable to their peers. **First 5 funded program*
Arnold	**Calaveras Works and Human Services Agency** **Outreach Station: Arnold Family Medical Center** Physical Address: 2037 Highway 4 Arnold, CA 95223 (209) 768-7588	CalWORKs Outreach Station	Referral, support	Ages 0-3 18+	Birth to 3 years and parents in Calaveras County	Applications for Medi-Cal, County Medical Services Program (CMSP), CalWORKs, Food Stamp* Benefits, and In-Home Supportive Services (IHSS). ** As of Oct. 1, 2008, Supplemental Nutrition Assistance Program (SNAP) is the new name for the federal Food Stamp Program.*

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Arnold (continued)	**Mark Twain St. Joseph's Hospital** Physical Address: Arnold Family Medical Center 2037 Highway 4 Arnold, CA 95223 (209) 795-1270 (209) 795-4193	Arnold Family Medical Center	Screening, referral, assessment, treatment	Ages 3-18	Not enrolled in ongoing services from Calaveras County Behavioral Health Services	Early intervention services are short-term oriented with a focus on populations with grief, depression, anxiety and other issues. General medical services, such as lab tests, examinations, immunizations, and immediate care for minor injuries.
Avery	**Calaveras County Office of Education (CCOE)** Physical Address: 185 South Main St. Angels Camp, CA 95221 Mailing Address: P.O. Box 760 Angels Camp, CA 95221 (209) 736-4662	Grandparents Project	Referral, support	Ages 0-5	Participants must be relatives raising another relative's child	Support group for grandparents raising their grandchildren; also available more broadly for relatives raising other relatives' children. Outreach to link children with emotional/ behavioral problems to BHS-MH. Held at school-based health centers. **Partnership with Calaveras County Behavioral Health Services*

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Avery (continued)	**Kitty Dennis, MA, MT, MTBC,** Credentialed Licensed Music Therapy Contact: Private Address (209) 795-5244	Private Therapist	Assessment, treatment	0-17 18+	None	Therapeutic service for children using music to stimulate language development, cognitive, speech, and some specialize in one or more areas, neurological or muscle. Services typically provided in private home or home of children.
	Vallecito Union School District Physical Address: 4545 B Moran Rd. Avery, CA 95224 Mailing Address: P.O. Box 329 Avery, CA 95224 (209) 795-8500	Preschool to Kindergarten Bridge Program	Screening, social and educational transition supports	Ages 3-5	Eligibility is determined based on scores on pre-kindergarten screening instruments, lack of previous preschool experience, or other factors indicating that a child would benefit from this kindergarten transition experience	The Preschool to Kindergarten Bridge Program provides a two- to three-week pre-kindergarten experience for at-risk children at five schools. Program participation is intended to strengthen the skills of at-risk kindergartners so that they can perform at a level comparable to their peers. **First 5 funded program*

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Copperopolis	**Calaveras Works and Human Services Agency** **Outreach Station: Copperopolis Family Medical Center** Physical Address: 3505 Spangler Ln., Ste 400 Copperopolis, CA 95228 (209) 768-7540	CalWORKs Outreach Station	Referral, support	Ages 0-3 18+	Birth to 3 years and parents in Calaveras County	Applications for Medi-Cal, County Medical Services Program (CMSP), CalWORKs, Food Stamp* Benefits, and In-Home Supportive Services (IHSS). * *As of Oct. 1, 2008, Supplemental Nutrition Assistance Program (SNAP) is the new name for the federal Food Stamp Program.*
	Mark Twain St. Joseph's Hospital Physical Address: Copperopolis Family Medical Center 3505 Spangler Ln., Ste 400 Copperopolis, CA 95228 (209) 785-7000	Copperopolis Family Medical Center	Referral, assessment, treatment	Ages 6-17	Not enrolled in ongoing services from Calaveras County Behavioral Health Services	Early intervention services are short-term oriented with a focus on populations with grief, depression, anxiety and other issues. General medical services, such as lab tests, examinations, immunizations, and immediate care for minor injuries.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Jamestown	**Kene Me-Wu Family Healing Center, Inc.** Physical Address: 18500 Rawhide Rd. Jamestown, CA 95327 Mailing Address: P.O. Box 605 Sonora, CA 95370 (209) 984-8602	Domestic Violence Intervention Indian Child Welfare Act (ICWA).	Referral, support, socialization activities, other	Ages 0-17 18+	Native American or claim of Native American ancestry	Culturally sensitive response to domestic violence in Native American households. Community services include 24-hour crisis line, crisis intervention, group counseling, talking/healing circles, court accompaniment, advocacy, emergency shelter, temporary restraining orders, and prevention services, with cross referrals to ICWA.
Mountain Ranch	**Calaveras Works and Human Services Agency** **Outreach Station: Mountain Ranch Youth Alliance** Physical Address: 7869 Whiskey Slide Rd. Mountain Ranch, CA 95222 (209) 754-4509	CalWORKs Outreach Station	Referral, support	Ages 0-3 18+	Birth to 3 years and parents in Calaveras County	Applications for Medi-Cal, County Medical Services Program (CMSP), CalWORKs, Food Stamp* Benefits, and In-Home Supportive Services (IHSS). ** As of Oct. 1, 2008, Supplemental Nutrition Assistance Program (SNAP) is the new name for the federal Food Stamp Program.*

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Murphys	**Sharon Armstrong Psychologist Marriage Child and Family Counselor** Physical Address: 432 Main St., (Rear Building) Murphys, CA 95247 (209) 754-3463	Private Therapist	Assessment, treatment, referral, other	Ages 0-17 18+	Private pay, sliding scale	Therapy for families, couples, children and adults. Multi-family groups with families in recovery and families with teenagers that have been hospitalized.
	Anne Berner Physical Address: 366 Main St. Murphys, CA 95247 (209) 735-2831	Private Therapist	Screening, referral, assessment, treatment, support	Ages 0-17 18+	Accepts insurance, private pay & Healthy Families Coverage	Private therapy for children and adults.
	Calaveras County Office of Education (CCOE) Physical Address: 185 South Main St. Angels Camp, CA 95221 Mailing Address: P.O. Box 760 Angels Camp, CA 95221 (209) 736-4662	Grandparents Project	Referral, support, socialization activities	Ages 0-17 18+	Participants must be relatives raising another relative's child	Support group for grandparents raising their grandchildren; also available more broadly for relatives raising other relatives' children. Outreach to link children with emotional/ behavioral problems to BHS-MH. Held at school-based health centers. **Partnership with Calaveras County Behavioral Health Services*

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Murphys (continued)	**First Congregational Church** Physical Address: 509 Algiers St. Murphys, CA 95247 (209) 728-3141	First Congregational Church	Treatment, socialization activities, support	Ages 0-17 18+	Determined by programs	Services include bilingual family support group, caregivers support group, Stephens Ministry (support to individual members of the church offered through congregation), and other community services.
	Mind Matters Physical Address: 150 Big Trees Road, Ste A Murphys, CA 95247 (209) 728-2184	Multiple programs and services	Screening, referral, assessment, treatment, socialization activities, support	Ages 3-17 18+	None, accept insurance private pay, Medi-CAL and Healthy Families, and will accept payment on a sliding fee.	Multidisciplinary approach to help children and families with learning disabilities, including ADHD and autism. Services include diagnostic evaluations, treatment, dietary and supplemental interventions, psychological evaluations and services, social and life skills training, individual and family counseling, educational assessment, and dyslexia and reading remediation.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Rail Road Flat	**Calaveras Unified School District** **Ready To Learn Parent Cooperative Preschool** Physical Address: 298 Rail Road Flat Road Rail Road Flat, CA 95248 Mailing Address: P.O. Box 217 Rail Road Flat, CA 95248 (209) 293-4375	Kindergarten Bridge Program	Screening, social and educational transition supports	Ages 3-5	Eligibility is determined based on scores on pre-kindergarten screening instruments, lack of previous preschool experience, or other factors indicating that a child would benefit from this kindergarten transition experience	The Preschool to Kindergarten Bridge Program provides a two- to three-week pre-kindergarten experience for at-risk children at five schools. Program participation is intended to strengthen the skills of at-risk kindergartners so that they can perform at a level comparable to their peers. **First 5 funded program*
San Andreas	**Bikers Against Child Abuse (BACA)** Mailing Address: P.O. Box 486 San Andreas, CA 95249	Bikers Against Child Abuse (BACA), Calaveras County Chapter	Support, other	Ages 0-17	None	Provides advocacy and support for children that have been abused or neglected. Supports include "child rides," 24/7 access to advocates, and support at court appearances.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
San Andreas (continued)	**Calaveras County Behavioral Health Services (BHS)** Physical Address: 891 Mountain Ranch Rd. Dept. 127 San Andreas, CA 95249 (209) 754-6525	Perinatal Substance Abuse Program	Screening, referral, assessment, support, socialization activities, other	Ages 0-17 18+	Children of mothers in perinatal treatment, or those pregnant or parenting with substance abuse/dependence problems	Childcare on site. Services include part-time MFT available for family and couples therapy; diet/nutrition education provided by public health nurse; mental health screenings; and car seat safety for children and youth. Specialty parenting support for families with special needs children.
		Parents Unplugged (Support Group)	Referral, support, socialization activities, other	Ages 18+	Parents of children with special needs	Parent support group with childcare. Multiple programs and supports for individuals and families, with linkage to mental health services.
		Calaveras County Behavioral Health Services Outreach	Referral, support	Ages 0-17 18+	None	Outreach support and referral for at-risk families and individuals experiencing emotional or behavioral problems with their children or for those individuals with mental health concerns.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
San Andreas (continued)	**Calaveras County Public Library** Physical Address: 1299 Gold Hunter Rd. San Andreas, CA 95249 (209) 754-6510	Storytime Toddlertime Summer Reading Program	Socialization, other	Ages 0-17 18+	None	Programs for children include storytime, summer reading programs, children's activities. Meeting room space for community organizations.
	Calaveras High School Mailing Address: P.O. Box 607 San Andreas, CA 95249 (209) 754-1811	Friday Night Live Friday Night Live Mentoring	Treatment, socialization activities	Ages 11-17 18+	Youth in 7th or 8th grade that are recommended by faculty; Friday Night Live mentors must be sophomores, juniors, or seniors	Friday Night Live is a program aimed at preventing drug and alcohol use among teens. Friday Night Live Mentoring is a peer mentoring program--High school students mentor Toyon middle school youth, particularly those at risk.
	Calaveras County Probation Department Physical Address: 23 East Saint Charles St. San Andreas, CA 95249 (209) 754-6466	Juvenile Probation	Screening, referral, socialization activities, support	Ages 9-17	Youth ages 12-18	Early intervention for first time probation referrals, mostly for youth 12-18; offering intense supervision, case management, and referral to community services.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
San Andreas (continued)	**Calaveras Public Health Department** Physical Address: 700 Mountain Ranch Rd., Ste C-2 San Andreas, CA 95249 (209) 754-6460	Multiple programs and services	Other	Ages 0-17 18+	Varies by program	Public health services related to children include home visits, case management of children with physically handicapping medical conditions, pediatric immunizations, and safety seat education/ installation.
		Maternal Child Adolescent Health	Referral, assessment, socialization activities, other	Ages 0-2 18+	None	Prenatal and postnatal services for infants and mothers including: prenatal education for expectant mothers, food security of expectant mother, access to health insurance and medical services, and postpartum follow-up.
		Child Health and Disability Prevention (CHDP)	Referral, other	Ages 0-17 18+	200% of Federal Poverty Level (FPL), Supplemental Security Income (SSI), or Foster Care.	Administrative program links low income to preventive health care, diagnosis, and treatment.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
San Andreas (continued)	**Calaveras Unified School District** Physical Address: 3304 Highway 12 San Andreas CA 95249 Mailing Address: P.O. Box 788 San Andreas CA 95249 (209) 754-2300	School Nursing	Screening, referral, assessment, treatment, support	Ages 3-5 5-22	None	Services to children and youth include vision and hearing screenings, assessment, development of Individualized Family Service Plans (IFSPs) and development of Individualized Education Program (IEPs). Referrals made for infants.
	Calaveras Works and Human Services Agency Physical Address: 509 East Saint Charles St. San Andreas, CA 95249 (209) 754-6448	Programs include: Medi-Cal Healthy Families Food Stamp Benefits Cash Assistance Child Protective Services Beyond Talking Parent Training	Screening, referral, support, other	Ages 0-17 18+	Based on matrix of percentage of FPL; foster care youth to age 19	Screening in relation to substantiated abuse or neglect; referral support includes Medi-Cal, Food Stamp* Benefits, and cash assistance. * *As of Oct. 1, 2008, Supplemental Nutrition Assistance Program (SNAP) is the new name for the federal Food Stamp Program.*

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
San Andreas (continued)	**Calaveras Works and Human Services Agency (continued)** **Outreach Station: Senior Center** Physical Address: 956 Mountain Ranch Rd. San Andreas, CA 95249 (209) 754-6437	CalWORKs Outreach Station	Referral, support	Ages 0-3 18+	Birth to 3 years and parents in Calaveras County	Applications for Medi-Cal, County Medical Services Program (CMSP), CalWORKs, Food Stamp* Benefits, and In-Home Supportive Services (IHSS). ** As of Oct. 1, 2008, Supplemental Nutrition Assistance Program (SNAP) is the new name for the federal Food Stamp Program.*
	Calaveras 4-H Physical Address: 576 East Charles Ranch Rd. San Andreas, CA 95249 Mailing Address: University of California Cooperative Extension (UCCE) Calaveras 4-H Office 891 Mountain Ranch Rd. San Andreas, CA 95249 (209) 754-6477	4-H Youth Development Program	Other	Ages 6-17 18+	None, limited costs and fees applied with opportunities for scholarships	Ten clubs meet within the county, providing citizenship, leadership, and life skills development through projects and activities such as swine, horses, sewing, bicycling, designing web pages, etc.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
San Andreas (continued)	**First 5 Calaveras County** Physical Address: 16B Main St. San Andreas, CA 95249 Mailing Address: P.O. Box 209 San Andreas, CA 95249 (209) 754-1470	Mother Infant Child Harvest (MICH) Fresh Produce Voucher Mobile Playgroups CARES (Comprehensive Approach to Raising Children) School Readiness Behavior Consultation & Parent-Provider Training Children's Activity Workshops Home Visiting and *Kit for New Parents* Distribution Early Childhood Education & Early Literacy Activities Kindergarten Transition Program	Other	Ages 0-5	Programs for children 0-5 and their families in Calaveras County	Services are primarily funding, training, and advocacy. Goals are: 1) To promote collaboration between community members, organizations, and institutions to ensure that resources are available, sensitive, and accessible to all families in Calaveras County. 2) Support optimal parenting, social-emotional health and economic self-sufficiency of families. 3) Improve the development and school readiness of young children from birth to age five. 4) Improve the overall physical and mental health of young children.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
San Andreas (continued)	**Human Resources Council, Inc. (HRC)** Physical Address: Drop-in Center 1404 Gold Hunter Rd. San Andreas, CA 95249 (209) 754-1075 Mailing Address: P.O. Box 623 San Andreas, CA 95249	HRC Crisis Center Support Groups	Referral, support	Ages 11-17 18+	Programs are for women and their children	Support and shelter for sexual assault victims and victims of domestic violence are offered at the main site and at other locations within the county. Children are also housed at the center with their mothers. Support service for teenagers.
		Child Care Resources Head Start State Preschool/Early Head Start Calaveras Crisis Center Community Services/Food Bank Motherlode Women/Infants/ Children (WIC) Program	Referral, support, socialization, other	Ages 0-17 18+	Varies by program. Income requirements for child care subsidies	Differs by program.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
San Andreas (continued)	**Human Resources Council, Inc. (HRC) (continued)**	CalWORKs Outreach Station, HRC & Partners--Extended Hours	Referral, support	Ages 0-3 18+	Birth to 3 years and parents in Calaveras County	Applications for Medi-Cal, County Medical Services Program (CMSP), CalWORKs, Food Stamp* Benefits, and In-Home Supportive Services (IHSS). * *As of Oct. 1, 2008, Supplemental Nutrition Assistance Program (SNAP) is the new name for the federal Food Stamp Program.*
	Mark Twain St. Joseph's Hospital Physical Address: Mark Twain St. Joseph's Hospital 768 Mountain Ranch Rd. San Andreas, CA 95249 (209) 754-3521		Screening, referral, assessment, treatment		Not enrolled in ongoing services from Calaveras County Behavioral Health Services	Main hospital site. Early intervention services are short-term oriented with a focus on populations with grief, depression, anxiety and other issues. General medical services, such as lab tests, examinations, immunizations, and immediate care for minor injuries.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
San Andreas (continued)	**Mountain Oaks Charter School** Physical Address: 150 Old Oak Rd. San Andreas, CA 95249 (209) 754-0532 Mailing Address: P.O. Box 1209 San Andreas, CA 95249	Mountain Oaks Charter School	Other	Ages 6-17 18+	None	Children and youth who are home schooled are offered academic workshops, sports, and some other extra-curricular activities. Mountain Oaks is part of the Calaveras County Office of Education (CCOE), so children and youth have access to services provided by the CCOE.
	Calaveras River Academy (formerly known as Mountain Ranch Community School) Physical Address: 150 Old Oak Rd. San Andreas, CA 95249 (209) 754-1996 Mailing Address: P.O. Box 249 San Andreas, CA 95249	Calaveras River Academy	Screening, referral, assessment, socialization activities, support	Ages 11-17 18+	None	All youth are assessed at intake by a staff member. Counseling is available on site and students work with staff to set goals and understand family issues.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
San Andreas (continued)	**Rite of Passage Sierra Ridge Academy Athletic Training Center and School (ATCS)** Physical Address: 10400 Fricot City Rd. San Andreas, CA 95249 (209) 736-4500	Group home	Screening, referral, assessment, treatment, socialization, support, other	Ages 14-18	Males involved in juvenile justice system	Group home that provides treatment and educational services for males involved in juvenile justice system.
	M.A.C.T. Health Board, Inc. Physical Address: 265 West Saint Charles St. San Andreas, CA 95249 (209) 754-6262	San Andreas Counseling Services	Screening Screening, referral, support, other	Ages 0-17 18+	Native Americans and non-Native American with Medi-Cal or Medicare coverage.	Individual and family therapy. No treatment for children under 5; only screening and assessment for children under 5. Screenings by therapists are limited psycho-social intakes.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
San Andreas (continued)	**Valley Mountain Regional Center (VMRC)** Physical Address: 704 Mountain Ranch Rd., Ste 203 San Andreas, CA 95249 (209) 754-1871 Mailing Address: P.O. Box 1420 San Andreas, CA 95249	Multiple programs and services	Screening, assessment, referral, treatment	Ages 0-17 18+	Children, youth and adults with developmental disabilities and infants and toddlers showing or at risk for developmental delay	Services for children and adults with developmental disabilities. Free diagnosis and assessment services are available to any person suspected of having a developmental disability. Early intervention services are offered to infants and toddlers (0-3) who are believed to be at high risk of developmental delay.
Vallecito	**Vallecito Union High School** Physical Address: 3670 Church Street Vallecito, California 95251 Mailing Address: P.O. Box 247 Vallecito, California 95251 (209) 736-8327	Multiple programs and services	Referral, treatment, support	Ages 11-17	None	Direct support with BHS substance abuse counselor, school psychologist, and with parents. Workshops at middle schools for parents in evenings when possible.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Valley Springs	**Calaveras Unified School District** Physical Address: 3304 Highway 12 San Andreas CA 95249 Mailing Address: P.O. Box 788 San Andreas CA 95249 (209) 754-2300	Latino Playgroup Raising a Reader Family Literacy	Literacy, social interaction	Ages 0-5	Children and parents	Local volunteers in conjunction with adult English as a second language (ESL) class teach the Latino Playgroup and Raising a Reader Family Literacy Curricula.
	Calaveras Works and Human Services Agency **Outreach Station: Valley Springs Family Medical Center** Physical Address: 1919 Vista Del Lago Dr., Ste 9 Valley Springs, CA 95252 (209) 772-9538	CalWORKs Outreach Station	Referral, support	Ages 0-3 18+	Infants and toddlers 0 to 3 years and their parents in Calaveras County	Applications for Medi-Cal, County Medical Services Program (CMSP), CalWORKs, Food Stamp* Benefits, and In-Home Supportive Services (IHSS). * *As of Oct. 1, 2008, Supplemental Nutrition Assistance Program (SNAP) is the new name for the federal Food Stamp Program.*

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Valley Springs (continued)	**Calaveras County Office of Education (CCOE)** Physical Address: 185 South Main Street Angels Camp, CA 95221 Mailing Address: P.O. Box 760 Angels Camp, CA 95221 (209) 736-4662	Grandparents Project	Referral, support	Ages 0-5 and their families	Participants must be relatives raising another relative's child	Support group for grandparents raising their grandchildren; also available more broadly for relatives raising other relatives' children. Outreach to link children with emotional/ behavioral problems to BHS-MH. Held at school-based health centers. **Partnership with Calaveras County Behavioral Health Services*
	Human Resources Council, Inc. (HRC) & Calaveras Head Start State Preschool Physical Address: 42 Hwy 26 Valley Springs, CA 95252 (209) 772-3980	Head Start Early Head Start State Preschool	Screening, referral, assessment, socialization activities, support other	Ages 0-5	Children are eligible until entry into Kindergarten; income requirements determine eligibility but space is children with special circumstances such as homelessness or foster care placement	Provides comprehensive services and referrals to the family to support them in any manner needed; offers infant toddler care, preschool, and home visiting, and parenting classes.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Valley Springs (continued)	**Mark Twain St. Joseph's Hospital** Physical Address: Valley Springs Family Medical Center 1919 Vista Del Lago Dr., Ste 9 Valley Springs, CA 95252 (209) 772-9538	Valley Springs Family Medical Center	Screening, referral, assessment, treatment	Ages 5-18	Not enrolled in ongoing services from Calaveras County Behavioral Health Services	Early intervention services are short-term oriented with a focus on populations with grief, depression, anxiety and other issues. General medical services, such as lab tests, examinations, immunizations, and immediate care for minor injuries.
	Toyon Middle School Physical Address: 3412 Double Springs Rd. Valley Springs Valley Springs, CA 95252 (209) 754-2137	Friday Night Live Mentoring	Screening, socialization activities, referral	Ages 11-14	Youth in 7th or 8th graders that are recommended by faculty	11th and 12th graders mentor 7th and 8th graders on a weekly basis for two hours. **In partnership with BHS-substance abuse prevention.*
	Valley Springs Library Physical Address: 240 Pine Street Valley Springs, CA 95252 (209) 772-1318 Mailing Address: P.O. Box 1552 San Andreas, CA 95249	Storytime	Literacy, socialization activities	Ages 0-5	Children	Literacy and socialization programs for children 0-5.

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
West Point	**Calaveras County Behavioral Health Services** Physical Address: 291 Main St. , Unit A West Point, CA 95255 (209) 768-7523 (209) 293-2333	Calaveras County Behavioral Health Services Outreach	Referral, support	Ages 0-17 18+	None	Outreach support and referral for at-risk families and individuals experiencing emotional or behavioral problems with their children or for those individuals with mental health concerns.
	Calaveras Works and Human Services Agency Physical Address: 291 Main St., Unit A West Point, CA 95255 (209) 768-7523 (209) 293-2333	CalWORKs Outreach Station	Referral, support	Ages 0-3 18+	Birth to 3 years and parents in Calaveras County	Applications for Medi-Cal, County Medical Services Program (CMSP), CalWORKs, Food Stamp* Benefits, and In-Home Supportive Services (IHSS). ** As of Oct. 1, 2008, Supplemental Nutrition Assistance Program (SNAP) is the new name for the federal Food Stamp Program.*

Early Intervention Services by Town or Other Service Locations						
Town or City/Other Service Locations	**Organization Name**	**Program Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
West Point (continued)	**Blue Mountain Coalition for Youth and Families (BMCYF)** Mailing Address: P.O. Box 41 West Point, CA 95255 (209) 293-4500	Blue Mountain Coalition for Youth and Families (BMCYF)	Screening, socialization activities, support, other	Ages 0-17 18+	None	Family Resource Center, Youth and Adolescent Drop-in Center providing programs, activities, and events for adults, children and the larger community. Provides some screening and referral, First 5 play group with children 0-5 each month, and BHS outreach worker on site.
	West Point Library Physical Address: 291 Main St. West Point, CA 95255 (209) 293-7020 Mailing Address: P.O. Box 1552 San Andreas, CA 95249 (209) 754-6510	Storytime	Literacy, socialization activities	Ages 0-5	Children	Literacy and socialization programs for children 0-5.

Out of County Resources (Referenced in Interviews)

In addition to local resources, persons interviewed mentioned a handful of out of county organizations or services.

Out of County Resources *Referenced in Interviews*					
Location	**Organization Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Amador County Mailing Address: P.O. Box 839 Sutter Creek, CA 95685 (209) 267-0538	Joan Pickering, Support group	Support, socialization activities	N/A	For families of children with disabilities	Connection and networking of families with children that have disabilities.
Amador and Calaveras Counties Physical Address: 75 Academy Drive Sutter Creek, CA 95685 (209) 267-5978 (209) 754-4001	The ARC of Amador and Calaveras Counties	Referral, assessment, treatment, socialization activities, support	Ages 18+	Children, youth and adults with developmental disabilities and infants and toddlers showing or at risk of developmental delay	Community services, recreation, supported employment, supported living, community outreach and awareness, advocacy.
Sacramento Physical Address: 3205 Hurley Way Sacramento, CA 95864 (916) 485-6711	Easter Seals	Support, treatment, socialization activities	Ages 0-17 18+	For families of children with disabilities and adults with disabilities	Pediatric services including physical therapy, occupational therapy, speech-hearing therapy and early intervention.

Out of County Resources *Referenced in Interviews*					
Location	**Organization Name(s)**	**Service Type(s)**	**Ages or Grades Served**	**Eligibility Requirements**	**Description of Services**
Stockton Physical Address: 702 North Aurora Street Stockton, CA 95202 (209) 473-0951 (209) 754-1871	Valley Mountain Regional Center	Screening, referral, assessment, treatment, socialization activities, support	Ages 0-17 18+	Children, youth and adults with developmental disabilities and infants and toddlers showing or at risk of developmental delay	Services provided largely in homes of clients, some center-based is in Tuolumne County at the hospital. Services for children and adults with developmental disabilities in San Joaquin, Stanislaus, Amador, Calaveras and Tuolumne counties. Free diagnosis and assessment services are available to any person suspected of having a developmental disability, such as mental retardation, cerebral palsy, epilepsy, or autism. Early intervention services are offered to infants and toddlers (under age 3) who are believed to be at high risk of developmental delay.
Stockton Physical Address: 5250 Claremont Avenue, Ste 239 Stockton, CA 95207 (209) 472-3674	Family Resource Network	Socialization Support	Ages 0-17 18+	Special needs child, birth to 22, with or without an IEP	Workshops are held at held at different locations in Calaveras and surrounding counties throughout the year.

Appendix 2: Provider Contact List

The information in this table is organized as follows:

- When there are two addresses listed, the first address is the *physical* address and the second address listed is the *mailing* address
- A P.O. Box is considered a *mailing* address
- When a P.O. Box is not listed, the address listed should be considered both a *mailing* and *physical* address

Provider Contact List					
Organization Name	**Address**	**City**	**Zip Code**	**Phone**	**Web Address**
Amador School District	217 Rex Ave.	Jackson	95642	(209) 223-1750	http://www.amadorcoe.org/
Angels Camp Family Medical Center, Mark Twain St. Joseph's Hospital	Angels Town Center 222 S. Main St.	Angels Camp	95222	(209) 736-0813	http://www.marktwainhospital.org/Medical_Services/111542
Anne Berner, Private Therapist	97 Scott St.	Murphys	95247	(209) 728-1250 (209) 753-2831	N/A
Bikers Against Child Abuse (BACA) (International Organization, 120 chapters in U.S.) 501 c3	P.O. Box 486	San Andreas	95249	(209) 217-4300	www.bacausa.com
Blue Mountain Coalition for Youth and Families	364 Main St. P.O. Box 41	West Point	95255	(209) 293-4500	www.bmcyf.org

Provider Contact List					
Organization Name	**Address**	**City**	**Zip Code**	**Phone**	**Web Address**
Bret Harte High School	323 South Main St. P.O. Box 700	Angels Camp	95221	(209) 736-8333	http://www.bhuhsd.k12.ca.us/BHHighSchool/Default.htm
Calaveras 4-H	576 East Charles Ranch Rd. 891 Mountain Ranch Rd.	San Andreas	95249	(209) 754-6477	http://cecalaveras.ucdavis.edu/
Calaveras County BHS	891 Mountain Ranch Rd. Dept. 127	San Andreas	95249	(209) 754-6525 (209) 754-6798	http://www.co.calaveras.ca.us/cc/Departments/BehavioralHealthServices.aspx
Calaveras County Library	1299 Gold Hunter Rd.	San Andreas	95249	(209) 754-6510	http://www.co.calaveras.ca.us/libraryinfo.asp
Calaveras County Office of Education	185 South Main St. P.O. Box 760	Angels Camp	95221	(209) 736-4662 (209) 620-3849	http://www.ccoe.k12.ca.us/
Calaveras County Probation Department	23 East Saint Charles St.	San Andreas	95249	(209) 754-6466	http://www.co.calaveras.ca.us/cc/Departments/ProbationDepartment.aspx
Calaveras County Public Health Department	700 Mountain Ranch Rd. Suite C-2	San Andreas	95249	(209) 754-6460 (209) 754-6491	http://www.co.calaveras.ca.us/cc/Departments/PublicHealthDepartment.aspx

Provider Contact List					
Organization Name	**Address**	**City**	**Zip Code**	**Phone**	**Web Address**
Calaveras High School	350 High School St.	San Andreas	95249	(209) 754-1811 (209) 754-3504	www.calaveras.k12.ca.us
Calaveras Unified School District	3304 Highway 12 P.O. Box 788	San Andreas	95249	(209) 754-2300 (209) 754-3504	http://www.calaveras.k12.ca.us/
Calaveras Works and Human Services Agency	509 East Saint Charles St.	San Andreas	95249	(209) 754-6450 (209) 754-6448	www.co.calaveras.ca.us
Easter Seals	3205 Hurley	Sacramento	95864	(916) 485-6711 (888) 877-3257 (toll-free)	http://superiorca.easterseals.com/site/PageServer?pagename=CASU_homepage
Family Resource Network	5250 Claremont Ave., Ste 239	Stockton	95207	(209) 472-3674 800-847-3030	http://www.frcn.org/
First 5 Calaveras County	16 B North Main St. P.O. Box 209	San Andreas	95249	(209) 754.1470	http://www.first5calaveras.org/
First Congregational Church	509 Algiers St.	Murphys	95247	(209) 728-3141	N/A
Foothill Pediatric Medical Center	445 S. Main St. P.O. Box 1387	Angels Camp	95222	(209) 736-0408 (209) 532-5524	N/A

Provider Contact List					
Organization Name	**Address**	**City**	**Zip Code**	**Phone**	**Web Address**
HRC (Administrative Main Site)	1113 Hwy 49, Building 2, Ste 3	San Andreas	95249	(209) 754-3114	http://hrcnet.org/contact.php
HRC Crisis Center	P.O. Box 623	San Andreas	95249	(209) 754-1300	http://www.womenscrisis.org/
HRC Head Start and Early Head Start, State Preschool	42 Hwy 26	Valley Springs	95252	(209) 772-3980 x107	http://www.hrchs.org/earlyhs.php
HRC Resource and Referral Agency	501 F Gold Strike Rd.	San Andreas	95249	(209) 754-1028	http://www.hrcccr.org/
Jane Lucas, MFT	1311 S. Main St.	Angels Camp	95222	(209) 728-5253	N/A
Joan Pickering	Personal Address	N/A	N/A	(209) 267-0538	N/A
Kene Me-Wu Family Healing Center	18500 Rawhide Rd.	Jamestown	95327	(209) 984-8602 (Office) (800) 972-7776 (Crisis Line)	N/A

Provider Contact List					
Organization Name	**Address**	**City**	**Zip Code**	**Phone**	**Web Address**
Kitty Dennis, MA, MT, MTBC	Personal Address	Avery	95224	(209) 768-5243 or (209) 768-5244	N/A
MACT, Behavioral Health Centers	265 West Saint Charles St. #2 P.O. Box 1588	San Andreas	95249	(209) 755-1450 (209) 755-1470	http://macthealthboard.com/
Mark Twain St. Joseph's Hospital, Arnold Family Medical Center	2037 Highway 4	Arnold	95223	(209) 795-4193	http://www.marktwainhospital.org/Medical_Services/111542
Mark Twain St. Joseph's Hospital, Family Medical Centers, Copperopolis Center	Lake Tullock Plaza 3505 Spangler Ln., Ste 400	Copperopolis	95228	(209) 785-7000	http://www.marktwainhospital.org/Medical_Services/111542
Mark Twain St. Joseph's Hospital, Family Medical Centers, Valley Springs Center	La Contenta Plaza 1919 Vista Del Lago Dr.	Valley Springs	95252	(209) 772-9538	http://www.marktwainhospital.org/Medical_Services/111542
Mind Matters	150 Big Trees Rd., Ste A	Murphys	95247	(209) 728.2184	http://mindmattersclinic.net/id2.html
Mokelumne Hill Elementary	8350 Highway 26	Mokelumne Hill	95245	(209) 754-2140	www.calaveras.k12.ca.us

Provider Contact List					
Organization Name	**Address**	**City**	**Zip Code**	**Phone**	**Web Address**
Mountain Oaks Charter School	150 Old Oak Rd. P.O. Box 1209	San Andreas	95249	(209) 754-0532 x270	http://www.mountainoaks.org/School%20Information/about%20Mt.%20Oaks.htm
Mountain Ranch Community School, now Calaveras River Academy	150 Old Oak Rd. P.O. Box 249	San Andreas	95222	(209) 754-1996	http://www.mranchcds.k12.ca.us/
Sharon Armstrong Psychologist, Marriage Child and Family Counselor	432 Main St.	Murphys	95247	(209) 754-3463	N/A
Sierra Health Resources, dba Sierra Hope	1168 Booster Way P.O. Box 159	Angels Camp	95222	(209) 736-6792 (209) 736-6836	www.sierrahope.org
Vallecito Union High School	3670 Church St. P.O. Box 247	Vallecito	95251	(209) 736-8327 (209) 795-8504	http://www.vsd.k12.ca.us/
Vallecito Union School District	P.O. Box 329	Avery	95224	(209) 795-8500	http://www.vsd.k12.ca.us/
Valley Mountain Regional Center	704 Mountain Ranch Rd., Ste 203 P.O. Box 1420	San Andreas	95249	(209) 754-1871	http://www.vmrc.net/
Wendy Smith, PhD	75 Main St.	San Andreas	95249	(209) 754-0452	N/A

Provider Contact List					
Organization Name	**Address**	**City**	**Zip Code**	**Phone**	**Web Address**
West Point Elementary School	54 Bald Mountain Rd.	West Point	95255	(209) 293-4255	http://www.calaveras.k12.ca.us/07%20Schools/WPE/

Appendix 3: Interview and Online Survey Contacts

This report was possible with the assistance of several persons throughout the county that agreed to be interviewed or complete a web survey, including:

Sharon Armstrong
Danielle Beauchemin
Anne Berner
Michelle Besmer
Vincent Bicocca
Beverly Boone
Cathy Bourland
Robin Bunch
Mike Carll
Marcy Jo Caywood
Brittan Crum
Kitty Dennis
Mark Dyken
Patty Foppiano
Jennifer Goerlitz
Kelly Graesch
Mikey Habbestad
Patty Haskell
Belinda Illers
Emily Jacobs
Mike Kriletich
Catherine Lambie
Corrina Lindblom
Catherine Moore
Christa Thompson
Cindy Landreth
Collen Tracy
Corrina Lindblom
Dean White
Glenn Sewell
Gretchen McReynolds
Jane Lucas
Rita Downs
Maurie Hoekstra
Tina Marler
Scott Nanik
Jessica Ockley
Joan Pickering
Karen Pecarcik
Suzy Randalf
Sandy Sandborn
Linda Smallenberger
Wendy Smith
Merlyn Storm
Staci Strahl
Mary Thu
Nancy Tiffany
Dean White
Sharon Willis

Appendix 4: Demographic Snapshot, a More Detailed Description

In 2007, the population of Calaveras County was 46,844, compared to 40,554 in 2000 and 31,998 in 1990. [13] From 2000 to 2006, Calaveras County experienced a population increase of 17.7%, a significantly larger percentage increase than California as a whole, which grew 7.6% during the same period.

A smaller percentage of the county's population is five years of age and under when compared to California as a whole and the rest of the nation. In 2006, approximately 3.7% (1,766) of the population of Calaveras County were children five years of age and under, compared to 4.4% (1,791) in 2000. For California as a whole during this same period, the percentage of the population five years of age and under was 7.3%. While the actual numbers of children five years of age and under in Calaveras County has increased slightly from 2000 to 2006, the overall percentage of the population five years of age and under has decreased.

The vast majority of Calaveras County residents, including adults and children, speak English at home. In 2006, 93.2% of the population of Calaveras County was White/Caucasian, followed by 9.3% who identify themselves as Hispanic/Latino. Following state and national trends, the percentage of individuals in Calaveras County who identify themselves as Hispanic/Latino has increased in recent years, from 6.8% in 2000 to 9.3% in 2006, though still considerably less than the state of California as a whole (35.9% in 2006) and the nation (14.8%). Related to race and ethnicity, from 2000 to 2006 approximately 6% of the population in Calaveras County spoke a language other than English at home, compared with 42% (2006) of California's overall population. Additionally, approximately 5% of children 0-17 years of age in Calaveras County speak a language other than English at home. [14]

Calaveras County has a lower percentage of its population living in poverty compared to the state of California as a whole. From 2000 to 2004 Calaveas County saw a slight decrease in the percentage of its total population living at or below the FPL, from 11.8%(4,704) in 2000 to 9.3% (approximately 3,999) in 2004. This trend is similar to California as a whole which also saw a decrease in the percentage of its total population living at or below the FPL, from 14.2% in 2000 to 13.1% in 2006. In 2004, approximately 4% of the population of Calaveras County had an income below 50% of the FPL, again less than the California as a whole. [15]

Calaveras County families have comparable or slightly higher per capita family incomes when compared to other counties in the Northern/Sierra Region of California and California as a whole. According to Children NOW and the California County Data Book, in 2005 Calaveras County ranked 30th out of 50 for overall Family Economic Well-Being, with 55% of all families

[13] U.S. Census Bureau, accessed online September 2008
[14] 2007 California County Data Book
[15] 2007 California County Data Book

achieving self-sufficiency with a median family income of $48,489. [16] In 2005, the per capita family income (dollar amount) of Calaveras County families was $25,061, slightly higher when compared to the $21,785 amount for other Northern California/Sierra Region counties and slightly lower then the $26,800 average for California as a whole. [17] In 2000 approximately 8.7% of all families in Calaveras County lived at or below the FPL, while in 2005 17% of all children 0-17 years of age in Calaveras County lived at or below the FPL; both these figures are slightly below the percentages for other counties in the Northern/Sierra Region and California as a whole. In Calaveras County in 2004 approximately 43% of children and youth seventeen years of age and under lived at or below the FPL, when compared to all other counties in California Calaveras County ranks 27th ouf of 58. [18]

Residents of Calaveras County (and surrounding counties) generally have comaprable rates of health insurance coverage to that of California as a whole, though with lower utilization of Medi-Cal/Healthy Families. In 2005, between 14% and 25% of Calaveras County residents were uninsured all or part of the year, this is compared 20.2% for California as a whole during the same time period. [19]* In 2005 Calaveras County ranked 7th out of 58 in the percentage of children 0 to 17 years of age with health insurance. [20] Of children and youth 0-17 years of age, approximately 6% (or between 1.3% and 11.9%) are uninsured all or part of the year, this is compared to 10.7% for California as a whole. Of note is that 22.1% (between 10.7% and 33.4%) are enrolled in Medi-Cal/Health Families, compared to 31.2% for California as a whole. [21]

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[16] 2007 California County Data Book, *County Rankings*: Key measures of children's health, education and family economic well-being, providing a comparative look at how counties are performing relative to one another. http://publications.childrennow.org/publications/invest/cdb07/cdb07_rankings_county.htm
[17] 2007 California County Data Book
[18] 2007 California County Data Book
[19] * 2005 California Health Interview Survey. The 2005 California Health Interview Survey combines health insurance coverage figures for Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, and Alpine Counties. Based on Data from the 2005 California Health Interview Survey approximately 29,000 children and adults who were uninsured for all or part of the year reside in Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, and Alpine Counties, out of a total of 6.5 million uninsured Californians statewide. Approximately 3,000 uninsured children and 26,000 uninsured nonelderly adults reside in these counties, out of 1.1 million uninsured children and 5.4 million uninsured adults statewide. There are 107,000 non-elderly adults and 41,000 children in these counties, for a total non-elderly population of 148,000.
[20] 2007 California County Data Book.
[21] 2007 California Health Interview Survey.

Appendix 5: Glossary

Early Intervention: Calaveras Behavioral Health Services defines early intervention as short-term services or activities that can remediate or keep emotional and/or behavioral disorders from occurring or worsening, including but not limited to screening, referral services, or direct intervention (such as counseling, youth groups, support or socialization activities).

(Calaveras Behavioral Health)

Early Intervention: For purposes of the Mental Health Services Act (MHSA) early intervention is directed toward individuals and families for whom a short-duration, (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse. Examples include mental health consultation with interventions in childcare environments parent-child interaction training for children with behavioral problems, anger management guidance.

(Department of Mental Health, Mental Health Services Act Enclosure 4, Prevention and Early Intervention Glossary of Acronyms, Terms, and Definitions)

Lanterman Act: The Lanterman Developmental Disabilities Services Act, known as the "Lanterman Act" for short, was passed in California in 1969. The Lanterman Act outlines the rights of individuals with developmental disabilities and their families, how the regional centers and service providers can help these individuals, what services and supports they can obtain, how to use the individualized program plan to get needed services, what to do when someone violates the Lanterman Act, and how to improve the system. In addition to persons with mental retardation, the Centers are now mandated to serve persons with cerebral palsy, epilepsy, autism and other conditions similar to mental retardation.

http://www.lanterman.org/info/LantermanAct.asp

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): The Early and Periodic Screening, Diagnosis and Treatment benefit serves children and adolescents from birth through age twenty-one who meet Medicaid income eligibility requirements, and the Medi-Cal medical necessity criteria for this age group. Most children who meet Medicaid eligibility requirements are from families with annual incomes up to approximately 100% of the federal poverty level, or have been removed from their homes and made dependents of the court. For the most part, children and adolescents who meet Medi-Cal medical necessity criteria have a recognized mental disorder; are not developing appropriately; and interventions have been identified that are likely to help the child to progress developmentally as appropriate. Services include (but are not limited to): mental health assessment, collateral contacts, therapy, rehabilitation, mental health services, medication support services, day rehabilitation, day treatment intensive, crisis intervention/stabilization, and therapeutic behavioral services.

EPSDT Fact sheet, http://www.cacfs.org/files/advocacy/FINAL3EPSDTFactSheet.pdf

The Individuals with Disabilities Education Act (IDEA): The Individuals with Disabilities Education Act (IDEA) requires public schools to make available to all eligible children with disabilities a free appropriate public education in the least restrictive environment appropriate to their individual needs. IDEA requires public school systems to develop appropriate Individualized Education Programs (IEPs) for each child. The specific special education and related services outlined in each IEP reflect the individualized needs of each student.

IDEA also mandates that particular procedures be followed in the development of the IEP. Each student's IEP must be developed by a team of knowledgeable persons and must be at least reviewed annually. The team includes the child's teacher; the parents, subject to certain limited exceptions; the child, if determined appropriate; an agency representative who is qualified to provide or supervise the provision of special education; and other individuals at the parents' or agency's discretion.

Infants and toddlers with disabilities (birth-2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B.

http://www.ada.gov/cguide.htm, http://idea.ed.gov/

MHSA Prevention & Early Intervention Program Scorecard

Exhibit J

PROGRAMS:	Triple-P America	Incredible Years	Special Friends	School Counseling	Other:	Other:
GAPS						
Family Counseling						
Youth Groups/Centers						
Parenting Classes						
1:1 Parent Support						
More Screening						
BARRIERS						
Transportation						
Lack of Resources						
Lack of Information						
Economic Barriers						
Parental Resistance						
AGE GROUPS						
0 to 5						
6 to 12						
PARTNERS						
Schools						
Head Start						
MACT/Other Clinics						
HRC/Parenting Ed						
Doctors/PCPs						
REQUIREMENTS						
Evidence Based Pract						
Underserved Pop Focus						
Reduce Stigma						

NOTES: _____

_____

_____

NAME: _____ **PHONE:** _____

Exhibit K

News Release

FOR IMMEDIATE RELEASE

Date: September 16, 2008

Contact: Rita Downs, Director, Calaveras County Behavioral Health Services

Phone: 209-754-6525
Fax: 209-754-6597

[San Andreas, CA – Behavioral Health Services]

New Suicide Prevention Advisory Committee

Thanks to funding from the Mental Health Services Act (Prop 63), the State Department of Mental Health will be implementing several Prevention and Early Intervention initiatives including Suicide Prevention. In collaboration with these efforts, Calaveras County Behavioral Health Services is forming a new Suicide Prevention Advisory Committee to build partnerships to address our local needs and to develop interim strategies. Anyone affected by suicide is encouraged to join and help prevent this tragedy in our community.

According to the State's Strategic Plan on Suicide Prevention, suicide is the tenth leading cause of death in California, resulting in approximately 3,300 people losing their lives each year. On average, nine Californians die by suicide every day—among all age groups and across all socioeconomic, racial, and ethnic backgrounds.

Rural areas have the highest rates of suicide in the US, particularly among older adult males and youth. Calaveras is not exempt as recent tragedies have reminded the community. In 2007, Calaveras had nine suicides. Eight of the nine were male and eight were by gunshot—both of which are consistent with State statistics for rural communities.

Suicide is preventable. As a community, Calaveras County can do much to help. If you are a survivor, have lost someone, or would like to contribute to the prevention of this leading cause of death, please consider joining the new Suicide Prevention Advisory Committee.

For questions regarding the Mental Health Services Act or to join the new Suicide Prevention Advisory Committee, please contact Christa Thompson at 209-754-2810 or at cthompson@co.calaveras.ca.us. If you or someone you know may be at risk of suicide, call the Behavioral Health Services Crisis Line 24 hours a day, 7 days a week at 209-754-3239 or toll-free at 800-499-3030.

- End -

Print Page

CALAVERAS ENTERPRISE
calaverasenterprise dot com

New Suicide Prevention Advisory Committee

Posted: Monday, September 29, 2008 9:16 AM CDT

Thanks to funding from the Mental Health Services Act (Proposition 63), the state Department of Mental Health will be implementing several prevention and early intervention initiatives, including suicide prevention. In collaboration with these efforts, Calaveras County Behavioral Health Services is forming a new Suicide Prevention Advisory Committee to build partnerships to address local needs and develop interim strategies. Anyone affected by suicide is encouraged to join and help prevent this tragedy in our community.

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Suicide is preventable. As a community, Calaveras County can do much to help. If you are a survivor, have lost someone or would like to contribute to the cause, consider joining the new Suicide Prevention Advisory Committee.

For questions regarding the Mental Health Services Act, or to join the committee, contact Christa Thompson at 754-2810 or cthompson@co.calaveras.ca.us. If you or someone you know may be risk of suicide, call the Behavioral Health Services Crisis Line 24 hours a day, seven days a week, at 754-3239 or (800) 499-3030.

Close Window

News

COUNTY FOCUSED ON SUICIDE PREVENTION

By ***The Record***
September 18, 2008

SAN ANDREAS - Calaveras County Behavioral Health Services officials are seeking volunteers whose lives have been touched by suicide to join a new countywide Suicide Prevention Advisory Committee.

Nine people died by suicide in Calaveras County in 2007, according to county figures.

Calaveras County has recently received state funding to begin efforts to prevent suicides there. County officials want to work with individuals concerned about suicide as they develop those strategies.

Information: Call Christa Thompson, (209) 754-2810 or e-mail her at cthompson@co.calaveras.ca.us.

Immediate help for those at risk of suicide is available 24 hours a day at (209) 754-3239.

Arnold, CA
At 12:53 PM PDT
Partly Cloudy
64°F
S 12 G 18 MPH
www.weatherforyou.com

THEPINETREE.NET

The Celebrated News of Calaveras County and Beyond

Murphys, CA
At 12:53 PM PDT
Clear
75°F
VARIABLE 6 MPH
www.weatherforyou.com

Posted by: Kim_Hamilton on 09/18/2008 04:58 PM
Updated by: Kim_Hamilton on 09/18/2008 05:05 PM
Expires: 01/01/2013 12:00 AM

New Suicide Prevention Advisory Committee for Calaveras County

Calaveras County, CA....Thanks to funding from the Mental Health Services Act (Prop 63), the State Department of Mental Health will be implementing several Prevention and Early Intervention initiatives including Suicide Prevention. In collaboration with these efforts, Calaveras County Behavioral Health Services is forming a new Suicide Prevention Advisory Committee to build partnerships to address our local needs and to develop interim strategies. Anyone affected by suicide is encouraged to join and help prevent this tragedy in our community.....

According to the State's Strategic Plan on Suicide Prevention, suicide is the tenth leading cause of death in California, resulting in approximately 3,300 people losing their lives each year. On average, nine Californians die by suicide every day—among all age groups and across all socioeconomic, racial, and ethnic backgrounds.

Rural areas have the highest rates of suicide in the US, particularly among older adult males and youth. Calaveras is not exempt as recent tragedies have reminded the community. In 2007, Calaveras had nine suicides. Eight of the nine were male and eight were by gunshot—both of which are consistent with State statistics for rural communities.

Suicide is preventable. As a community, Calaveras County can do much to help. If you are a survivor, have lost someone, or would like to contribute to the prevention of this leading cause of death, please consider joining the new Suicide Prevention Advisory Committee.

For questions regarding the Mental Health Services Act or to join the new Suicide Prevention Advisory Committee, please contact Christa Thompson at 209-754-2810 or at cthompson@co.calaveras.ca.us. If you or someone you know may be at risk of suicide, call the Behavioral Health Services Crisis Line 24 hours a day, 7 days a week at 209-754-3239 or toll-free at 800-499-3030.

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Coming Soon...

Friday, Sep 19

All Day	Preview Artists Studio Tour Exhibit
All Day	AWANA at Chapel in the Pines for Junior High
05:00 PM	"Fresh Fridays" Farmers Market in Angels Camp
05:30 PM	Bret Harte Football Game
All Day	AWANA at Chapel in the Pines
All Day	Murphys Music Club
10:00 PM	The Celebrated Nightly News of Calaveras County

Saturday, Sep 20

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Calaveras County Looking To Reduce Number Of Suicides

Wednesday, September 17, 2008 - 02:10 PM
BJ Hansen
MML News Reporter

San Andreas, Ca -- Calaveras County is forming a Suicide Prevention Advisory Committee with help from Prop. 63 funding, the Mental Health Services Act.

"We believe that any suicide is too many," says Behavioral Health Services Director Rita Downs. "Calaveras County has around 9-13 each year, and we would like to have a committee of people that are really passionate about the subject and are willing to work hard and look at the issue."

Downs says the rural areas typically have the highest rates of suicide, particularly among older adult males and youth. Last year, Calaveras County reported nine suicides, eight of which were male.

According to the State's Strategic Plan on Suicide Prevention, suicide is the tenth leading cause of death in California.

For information on how to join the Suicide Prevention Advisory Committee, you can call Christa Thompson at 209-754-2810.

Written by bjhansen@mlode.com

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