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August 11, 2008

Ann Gimpel, Ph.D., Director
Mono County Mental Health
P.O. Box 2619
Mammoth Lakes, CA 93546

Dear Dr. Gimpel:

On behalf of the Mental Health Services Oversight and Accountability Commission (MHSOAC), I congratulate you, your stakeholders, providers and staff on the approval of Mono County's Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) plan which was approved by the MHSOAC on July 24, 2008. The MHSOAC looks forward to hearing and learning from you as this landmark PEI plan is implemented.

You will be contacted shortly by your county's Department of Mental Health County Operations liaison who will prepare an amendment to your MHSA agreement which serves as the mechanism for payment. The amendment must be fully executed before receiving any PEI MHSA funds. The amount of PEI funding approved for Fiscal Years (FY) 2007/08 and 2008/09 totals \$125,000. This amount includes \$25,000 for FY 2007/08 and \$100,000 for FY 2008/09 for PEI project implementation.

Again, congratulations and we wish you success as you begin implementing the PEI component of the MHSA. If you have additional questions or require further assistance, please feel free to contact Marsha Tagawa, MHSOAC Staff Mental Health Specialist, at (916) 445-8715, or Marsha.Tagawa@dmh.ca.gov.

Sincerely,

SHERI WHITT
Executive Director

Dr. Ann Gimpel

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cc: California Mental Health Planning Council
Deputy Director, Community Services Division
Assistant Deputy Director, Community Program Support
Assistant Deputy Director, Community Program Development
Chief, County Support Branch
Chief, Prevention and Early Intervention Branch
County File

**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: Mono	Date: 2/5/2008
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COUNTY'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):

County Mental Health Director	Project Lead
Name: Ann Gimpel, Ph.D.	Name: Same
Telephone Number: 760 924 1740	Telephone Number:
Fax Number: 760 924 1741	Fax Number:
E-mail: agimpel@mono.ca.gov	E-mail:
Mailing Address: POB 2619, Mammoth Lakes, CA 93546	

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 _____

_____ 2/5/2008 _____

County Mental Health Director

Date

Executed at ___Mammoth Lakes_____, California

PEI COMMUNITY PROGRAM PLANNING PROCESS

COUNTY: MONO

DATE: 2/5/2008

1. **County shall ensure that the Community Program Planning Process (CPPP) is adequately staffed. Describe which positions and/or units assumed the following responsibilities:**
 - a. The overall CPPP: Ann Gimpel, Ph.D.
 - b. Coordination and management: Ann Gimpel, Ph.D. and Paula Alvarez, LCSW
 - c. Ensuring the stakeholders have opportunity to participate in the CPPP: The entire mental health staff were involved both in publicizing our community meetings and in soliciting input from consumers, consumer family members and from the community.

2. **Explain how the county ensured that the stakeholder participation process accomplished the following objectives:**
 - a. Included representatives of unserved and/or underserved populations and family members of unserved/underserved populations:
We held community meetings in the Antelope Valley, Bridgeport, June Lakes/Lee Vining, Mammoth Lakes and the tri-valley area. Because we are so small and it is difficult to get individuals to attend meetings, we melded our planning process for various portions of the MHSA. Staff have been and are currently engaged in outreach to our clients and their families on an ongoing basis. This outreach occurs in the Spanish language as well. When we have community meetings, we provide food and/or incentives to encourage participation.
 - 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:
As noted above, we provided opportunities countywide for individuals and family members to give input into the MHSA planning process. We have been quite active within the Native American communities located in Bridgeport and in Benton. We have also encouraged the undocumented Latino population in Mammoth Lakes to provide input regarding their needs. We utilize senior and community centers throughout the community to discuss new funding opportunities since people are used to coming to these structures for meetings.
Additionally, the mental health advisory board has been most helpful in publicizing new funding opportunities through the MHSA with their friends and neighbors. The MHSA has also been a regular discussion topic at their monthly meetings as well as at a monthly Multi-Agency Commission (MAC) meeting that hosts representatives from local business, schools, law enforcement and county government. Staff made a

point of attending school board meetings countywide to discuss MHSA Prevention and Early Intervention (PEI) funding as well.

- c. Included outreach to consumers and consumer family members to ensure their participation:

We have actively solicited input from consumers and consumer family members both orally and in writing. We discuss new funding with them both at our regular offices and at our MHSA Community Services and Supports (CSS) wellness centers. Community meetings are posted in the main office and staff make a point of discussion MHSA funding with their clients at every opportunity. We've also established a strong linkage with the newly formed behavioral health clinic that is part of our Rural Hospital District.

3. Explain how the county ensured that the CPPP included the following required stakeholders and training:

- a. Stakeholders

Individuals with Serious Mental Illness (SMI) or Severe Emotional Disability (SED) and their families: Staff discussed the MHSA and its various components with their clients. Also, we have information about the MHSA posted in our offices and in our MHSA wellness centers. We include information about MHSA sponsored activities and programs in our intake paperwork with our consumers. Staff who work in the schools discuss MHSA sponsored learning and craft opportunities with students.

Providers of mental health and/or related services such as physical health care and/or social services: There are very few (e.g. two) mental health providers in Mono County outside of county mental health and the rural hospital district. We informed them by telephone about MHSA related funding opportunities. The linkage with the Rural Hospital District encompasses physical health care as there are no MDs who practice independently of the Rural Hospital District here. Mono County Social Services is linked to Mono County Mental Health as we are all part of an umbrella Health and Human Services (HHS) Agency. Thus, the mental health director and social services director talk frequently about issues. Likewise line staff in the two agencies work closely on many projects.

Educators and/or representatives of education: The PEI component of the MHSA has been discussed at the MAC meetings in September, October, November, and January. This meeting includes representatives from education. Additionally, staff made presentations soliciting input at school board meetings during January 2008. The Mental Health Advisory Board, which has discussed the MHSA PEI for the last six months, also includes a retired school administrator.

Representatives of law enforcement: There are representatives from the District Attorney's office, the County Sheriff, and Mammoth Lakes Police Department as well as Mono County Probation at the monthly MAC meeting.

Other organizations that represent the interests of individuals with SMI or SED and/or their families: Other than the groups and agencies noted above, there are no others that represent SMI/SED interests within Mono County.

b. Training for county staff and stakeholders participating in the CPPP: County staff running the community planning meetings read all available documentation regarding the MHSA PEI and familiarized themselves thoroughly with its contents. All interactions with potential stakeholders were prefaced with a brief introduction discussion the MHSA and its various components. PEI was clearly differentiated from the CSS component in terms of its target audience and intent. We believe, given input from the community meetings and feedback from consumers, consumer family members and other agencies, that everyone has at least a working understanding of the intent behind the PEI segment of the MHSA.

4. Provide a summary of the effectiveness of the process by addressing the following:

a. The lessons learned from the CSS process and how these were applied in the PEI process:

The primary lessons learned from our CSS planning process were that it is very hard to engage the public in this county regardless of what type of incentives we offer to attend meetings. We have a much easier time engaging agencies and businesses. Preliminary input from the mental health advisory board and the MAC group pointed to a focus for Mono County's single PEI project within the educational setting. Thus, the next logical group to access was educators, starting with the school boards, moving to school administration, then teachers, then parents of students enrolled in Mono County schools. This focused process actually worked better for us in terms of participation than the far more general CSS planning process.

b. Measures of success that outreach efforts produced an inclusive and effective CPPP, with participation by individuals who are part of the PEI priority populations including Transitional Age Youths (TAY).

Looking at the priority populations individually, county mental health is adequately serving trauma exposed individuals as well as those experiencing the onset of an initial serious psychiatric illness. We also do a credible job serving youth at risk of or experiencing juvenile justice involvement. There, fortunately, have been no youth suicides here in the last decade. Against this backdrop, those within our small communities chose to focus on children and youth in stressed families and children and youth at risk of school failure. Obviously, there's a linkage between these two groups in that stress in the home often is one of the precipitating factors leading to academic failure. Students (including TAYs) who are currently involved in our Safe and Drug Free Schools grant which will end August 31, 2008, have been quite vocal in their support for continuation of our school based intervention efforts.

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

a. Date: March 26th, 2008

b. Description of how the PEI and expenditure plan was circulated throughout the community:

Multiple copies were placed in our reception areas in our clinics and wellness centers. We posted the plan to the Mono County website and publicized that the plan was available for review in local media. The mental health advisory board was given copies to distribute and we left copies at senior and community centers countywide. County mental health emailed copies to every county department and copies were left at the Rural Hospital District. Multiple copies were also given to both school districts as well as the LEA.

- c. Summary and analysis of any substantive recommendations for revisions:
There were no substantive recommendations for revisions.
- d. Estimated number of participants:
Other than the Advisory Board, there were no other community participants at the public hearing despite extensive postings.

Summarize the stakeholder input and data that resulted in the selection of the priority populations.

When given information regarding the priority populations for the PEI portion of the MHSA, the communities within Mono County overwhelmingly wanted to focus this funding source on school aged children. Consensus was that Mono County Mental Health has sufficient resources to adequately address new onset psychiatric illness, trauma exposure and children and youth within the criminal justice system. Also, fortunately, there have not been any youth suicides in Mono County in the last fifteen years. During that time we have only had a handful of adult suicides. Further consensus was that Mono County Mental Health's 24/7 crisis call system provides an adequate safety net to address those at risk for suicide.

Given the above, Mono County settled upon targeting children and youth in stressed families and children and youth at risk of school failure. Since there is a great deal of overlap within these two priority populations, we believe that one intervention program will adequately reach youth in both of these groups.

3. PEI Project Description

Mono County proposes to partner with the two local school districts, Mammoth Unified (MUSD) and Eastern Sierra Unified (ESUSD), as well as with the Mono County Office of Education (MCOE) to place a rotating counselor in Mono County schools. Our proposed program is Universal in nature. The rotating counselor would be an employee of Mono County Mental Health and would be a licensed or license-eligible mental health clinician. This individual would provide the following school-based services:

- o Family intervention and counseling (brief intervention model)
- o Individual counseling for youth (brief intervention model)
- o Support groups on a variety of topics to include children of divorce, anger management, alcohol/drug topics, and topics relevant to growing up in a very isolated, rural environment
- o Helping youth with decision making, values clarification and refusal skills
- o Promoting a positive peer culture and pro social behaviors

- Encouraging development of self esteem

Because there are roughly 1600 school aged children in the county spread out amongst eleven schools and 3000+ square miles, it is unrealistic for one person to provide adequate school-based counseling coverage. It was the desire of the communities within Mono County to utilize some MHSA CSS monies to add one half to one FTE clinician to the FTE proposed for the MHSA PEI funding source. This issue will be addressed within a requested MHSA CSS contract amendment.

In any event, the projected one-and-a-half to two FTE positions will spend between one half and one day each week at each school site. Because Mono County is completing the last year of a five year Safe and Drug Free Schools project that targeted middle school youth only, the campuses (which are mostly integrated, encompassing all grade levels) are used to having mental health staff on site at their schools.

Our partners, the schools, provide our staff people with office space as well as student referrals. Additionally, the schools call our main office should they require emergency intervention between regularly scheduled counselor visits. Because we are targeting all school aged children within the County, this population mirrors the County demographics that run roughly 4% Native American, 20% Latino and 76% Caucasian. Services will be available in Spanish, principally through interpreter services available at each school site.

Key milestones include hiring the new program staff person which, hopefully, will be accomplished within sixty days of notice of approval from DMH. Mono County Mental Health has already entered into an active dialogue with the school boards and site principals to determine what is needed at each school. Our experience from the Safe and Drug Free Schools project was that each campus had substantively different needs. In order to provide sensitive and readily accepted customer service, we have historically crafted our offerings to meet the individual needs of each school campus. By the time that the staff person has been hired, Mono County Mental Health will have an idea of which days and times the clinician will be available on each campus. The newly hired staff person will then spend time visiting each campus and meeting key administrative and teaching personnel. After this initial time period, s/he will begin providing services. As noted earlier, Mono County plans to use some MHSA CSS resources to add at least one half additional FTE to this school-based prevention/early intervention effort.

PEI PROJECT SUMMARY

4. Programs

Program title: School Counseling Program

Proposed number of individuals and families to be served through PEI expansion through June 2009 by type:

Prevention

Individuals: 250
Families: 80

Early Intervention

Individuals: 125
Families: 40

Total PEI Project estimated unduplicated count of individuals to be served: 525
(Estimate derived from adding prevention and early intervention figures for individuals which equaled 375 students. Out of the 120 families projected to be served, I anticipated that, perhaps 30 of them would have two parents, thus creating a total of 150 parents.)

This project is anticipated to run for roughly one year through June 2009.

5. Alternate Programs

While placing a counselor in the schools per se is not specifically listed in the voluminous PEI resource guide, nonetheless, there are many programs within which this approach is a primary component. These include student assistance programs, social decision making/problem solving, reconnecting youth and families and schools together. Unfortunately, all of these programs cost money and with our annual stipend of only \$100,000, Mono County did not feel that we had enough money to purchase both staff and a formalized program. Salary and benefits for one clinician run around \$84,000/year. This clinician will utilize a county car to reach schools throughout our large county at a cost of roughly \$10,000/year in mileage. This leaves only \$6,000 for office supplies and art materials to support youth growth and development.

Five years ago, Mono County was awarded a Safe and Drug Free schools grant that required use of a model program. We were funded to replicate Brief Strategic Family Therapy, a very expensive (\$60,000) intervention model targeting troubled youth and families. Two of the three staff who were trained in the BSFT model are still working for Mono County Mental Health; thus we do have access to interventions and strategies taught by a state-of-the-art model program, albeit not one listed in the PEI resource guide.

We believe that our chosen program is, in fact, consistent with the PEI Community Needs, Priority Populations and principles. Additionally, since we are planning to address needs of K-12 youth, we were unable to actually find a school-based program within the resource guide that did this. It appeared that most of the listed programs targeted specific age groups.

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

The MHSA PEI employee will be staff of Mono County Mental Health. Additionally, Mental Health has strong linkages to public health and social services since we are all part of an HHS Agency. Mental Health recently partnered with the Rural Hospital District to provide psychotherapy and alcohol/drug services to CMSP beneficiaries; thus we strengthened our linkage with physical medicine services. Other needed services in

this area would likely be provided by other governmental entities with whom Mental Health has an ongoing working relationship.

The MHSA PEI staff person will attend the weekly Mono County Mental Health general staff meeting. This will allow for integration of needed services for youth and families that are beyond the scope of the MHSA PEI program to be addressed by other mental health staff. Mono County Mental Health are housed in the same office suite. There are always alcohol/drug staff at the weekly staff meeting, thus allowing ease of referrals between the two programs. Wild Iris, the local domestic violence program, is also housed in our building, creating for ease in back-and-forth referrals as well.

Mono County's MHSA PEI project will be governed by the same governmental policies and procedures that apply to Mono County Mental Health. We are confident from our Safe and Drug Free Schools experience that we can marshal the personnel and expertise to have this project make a very real difference in our communities.

7. Collaboration and System Enhancements

Relationships and collaborations with the schools, primary care, other governmental entities and the domestic violence provider have been amply described elsewhere within this document. The proposed MHSA PEI project will not create any new partnerships; rather it will build on existing relationships.

There are so few resources here in Mono County, that we blend our assets amongst agencies as much as possible. Between desperately thinly staffed school districts and the new MHSA-funded school-based hires, there should be enough in the way of personnel to provide a badly needed safety net for youth in danger of academic failure and youth from stressed families.

It is anticipated that the MHSA PEI program will be sustained by MHSA PEI funding as well as by the prudent reserve if tax revenues are reduced for a period of time. Additionally, when project staff are doing billable mental health work, they will make every effort to secure sufficient information from families to bill a variety of third party payors. Any realized revenue will be returned to the project and used specifically for our school-based staff.

8. Intended Outcomes

Risk and Protective Factors by Domain:

Individual Risk Factors for Youth:

- ✓ Youth who smoke are 7-10 times more likely to use alcohol and illicit drugs.
- ✓ Early ATOD use is predictive of a variety of escalating behavioral problems and school failure.
- ✓ Sensation seeking, involving preferences for novel, unusual or risky situations is linked with behavior problems and school failure.

- ✓ Depressive symptoms and ATOD use are linked with behavior problems, aggression and school failure
- ✓ Aggressive and disruptive classroom behavior predicts substance abuse, school failure, and emergent criminality.
- ✓ Comorbid psychiatric and substance abuse diagnoses create exponential problems for youth.

Protective Factors for the Individual Domain:

- ✓ Conventional values, including valuing academic achievement over independence
- ✓ Social competencies
- ✓ Solid decision making skills leading to personal efficacy and beliefs regarding the social benefits of remaining embracing conventional values and remaining substance free.
- ✓ Appropriate skills for expression of anger, sadness and other difficult emotions

Family Risk Factors for Youth:

- ✓ Poor parenting practices exacerbate antisocial behavior in childhood and adolescence and are predictive of adolescent behavior problems, school failure and substance abuse
- ✓ Nonexistent or inconsistent parental discipline also predicts youth behavior problems, school failure and substance use
- ✓ Youth exposed to parental, or older sibling, substance use are at high risk for becoming substance abusers
- ✓ Low parent-child bonding is associated with behavioral problems, school failure and substance use risk

Family Protective Factors for Youth:

- ✓ Positive family dynamics that lead to enhanced bonding among family members
- ✓ Mutually reinforcing parent-child relationships
- ✓ Strong parent-child attachment leads to children who internalize traditional norms/behaviors
- ✓ Parental monitoring and supervision of children's activities and relationships
- ✓ Parental limits on types and amount of television viewing; parental review of other media materials such as music and internet content

School Risk Factors for Youth:

- ✓ Academic failure, absenteeism, prior dropout status, suspensions, expulsions, truancy
- ✓ School conflict
- ✓ A severe lag between chronological age and school grade
- ✓ Alcohol/drug use at school
- ✓ Limited English proficiency

School Protective Factors for Youth:

- ✓ Positive school performance; family involvement with school culture
- ✓ Engagement in school activities and sports
- ✓ Bonding with the school and school personnel, someone to "talk to" at school
- ✓ Teacher and student perception of firm and clear rule enforcement

Peer Risk Factors:

- ✓ Peer substance use is among the strongest predictors of substance use

- ✓ Peer pressure and peer conformity are stronger predictors of risk behaviors than anything else
- ✓ Associations with deviant peers strongly predicts behavior problems, early substance use and criminality
- ✓ Bullying

Peer Protective Factors:

- ✓ Sustained involvement in structured peer activities, including extracurricular programs
- ✓ High levels of social support for positive behaviors
- ✓ Peer involvement in intervention implementation

Community Risk Factors:

- ✓ The isolation from living in rural areas
- ✓ Communities lacking economic and social resources
- ✓ Strong culture of ATOD use promoted by tourism
- ✓ Youth who have a parent deployed in the military serving in a war zone

A specialized community risk factor in Mammoth Lakes is the seasonal presence of over 2000 transitional age youth (e.g. 18-24) who come to this area annually for employment in the ski industry bringing behavioral issues and ATOD problems and issues with them and negatively impacting area youth

Community Protective Factors:

- ✓ Build parent linkages to reduce social isolation
- ✓ Teach parents effective ways of monitoring their children's activities
- ✓ Cooperation from the ski area via inclusion on the planning committee for this project
- ✓ Develop strong school-community links

Specific outcomes will include:

- ✓ Improvement in youth self concept and self control
- ✓ Reduction in youth behavior problems including substance abuse and association with antisocial peers as measured by reduced suspensions, expulsions, and other school problems
- ✓ Increased parental involvement in school activities
- ✓ More effective parental interventions and management of youth behavioral problems
- ✓ Improvement in family cohesiveness, collaboration and child bonding to the family
- ✓ Improvements in family communication, conflict resolution and problem-solving skills
- ✓ Increases in positive attachment to schools as measured by improved grades and greater participation in school activities and sports; as well as by a decrease in incidents of class disruption and defiance

9. Coordination with Other MHSA Components

Mono County is opting out of the housing portion of the MHSA. We plan to take those funds to partially fund our prudent reserve as well as to support our CSS Wellness Centers. New CSS funds included in the 08-09 planning estimate will be used to subsidize the additional school-based counselor alluded to within the body of this request for funding. This will require a CSS plan amendment which will occur after Mono County has completed our application for our share of the \$64 million one time monies, the Capitol Facilities and IT application, and the housing opt out application. However, we plan to have this CSS plan amendment completed no later than July 31, 2008.

10. Additional Comments

Mono County does not feel the need to add additional comments about our proposed MHSA PEI project at this time.

County: Mono
Counseling Program

PEI Project Name: School
Date: 2/5/2008

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

<p>1. PEI Key Community Mental Health Needs</p>	<p>Children and Youth</p>	<p>T</p>
<p>Select as many as apply to this PEI project:</p> <ul style="list-style-type: none"> 1. Disparities in Access to Mental Health Services <input type="checkbox"/> 2. Psycho-Social Impact of Trauma <input type="checkbox"/> 3. At-Risk Children, Youth and Young Adult Populations <input checked="" type="checkbox"/> 4. Stigma and Discrimination <input type="checkbox"/> 5. Suicide Risk <input type="checkbox"/> 	<p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p></p>
<p>2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.</p>	<p>Children and Youth</p>	<p>T</p>

A. Select as many as apply to this PEI project:

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

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

County Name: Mono Date: 2/

PEI Project Name: 3. Children and Youth in Stressed Families

Provider Name (if known): Mono County Mental Health

Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 52

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

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

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

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	FY 09-10
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
1 FTE Psychiatric Specialist		\$54,000	\$
Administrative Staff Time	\$50,000		\$
b. Benefits and Taxes @ 40 %	\$20,000	\$21,600	\$
c. Total Personnel Expenditures	\$70,000	\$75,600	\$1
2. Operating Expenditures			
a. Facility Cost	\$3,600	\$3,600	
b. Other Operating Expenses --mileage and supplies	\$7,500	\$20,800	\$
c. Total Operating Expenses	\$11,100	\$24,400	\$
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
	\$0		
	\$0	\$0	

		\$0	\$0	
a. Total Subcontracts		\$0	\$0	
4. Total Proposed PEI Project Budget		\$81,100	\$100,000	\$1
B. Revenues (list/itemize by fund source)				
	We may eventually get some M/C or third party payor revenue		\$0	
	but probably not for this first year	\$0	\$0	
1. Total Revenue		\$0	\$0	
5. Total Funding Requested for PEI Project		\$0	\$100,000	\$1
6. Total In-Kind Contributions		\$0	\$0	

County: Mono

-

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007
A. Expenditures			
1. Personnel Expenditures			
a. PEI Coordinator			
b. PEI Support Staff			
c. Other Personnel (list all classifications)			
Administrative Staff Time			
--			
(several staff)		1	\$50,000
d. Employee Benefits			\$20,000
e. Total Personnel Expenditures			\$70,000
2. Operating Expenditures			
a. Facility Costs			\$3,600
b. Other Operating Expenditures			\$7,500
c. Total Operating Expenditures			\$11,100
3. County Allocated Administration			
a. Total County Administration Cost			\$11,100

4. Total PEI Funding Request for County Administration Budget					\$81,100
B. Revenue					
1 Total Revenue					
C. Total Funding Requirements					\$81,100
D. Total In-Kind Contributions					

County:	Mono
Date:	2/12/2008

#	List each PEI Project	Fiscal Year			Funds Requested	
		FY 07/08	FY 08/09	Total	*Children, Youth, and their Families	*Transition Age Youth
	School Counseling Project		\$75,600	\$75,600	\$120,365	\$60,630
				\$0		
				\$0		
				\$0		
				\$0		
				\$0		
				\$0		
				\$0		
	Administration	\$81,100	\$24,400	\$105,500		
	Total PEI Funds Requested:	\$81,100	\$100,000	\$181,100	\$120,365	\$60,630

County:

Mono

Date: 4/8/08

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

PEI Project Name:

1. a. Identify the programs (from Form No. 3 PEI Project Summary), the county will evaluate and report on to the State.

1. b. Explain how this PEI project and its programs were selected for local evaluation.

2. What are the expected person/family-level and program/system-level outcomes for each program?

