-

Amador County
Behavioral Health Department

10877 Conductor Blvd.
Sutter Creek, CA 95685

MENTAL HEALTH SERVICES ACT

PREVENTION AND EARLY INTERVENTION
THREE–YEAR PROGRAM AND EXPENDITURE PLAN

IN ACCORDANCE WITH THE

DMH PROPOSED GUIDELINES: ENCLOSURES 1-6

RELEASED SEPTEMBER 2007

REVISED AUGUST 2008

FINAL PLAN

APRIL 7, 2010

ACKNOWLEDGEMENTS

Amador County Behavioral Health (ACBH), wishes to thank the many consumers, their family members and other community members who gave their time and energy to this process. Their words of wisdom and stories of optimism, wellness, resiliency and recovery have shaped every component of this plan.

In addition, ACBH wishes to recognize the contributions of the members of the MHSA Steering Committee who helped guide the development of the planning process and the creation of this plan.

Prepared by Resource Development Associates

Project Team:

Jennifer Susskind, RDA, Project Lead
Amalia Freedman, RDA
Rima Spight, RDA
George Sonsel, BHS, Director
Lynn Thomas, BHS, MHSA Coordinator

Table of Contents:

A. PEI Component of the Three-Year Program and Expenditure Plan Face Sheet (Form # 1) 2

B. PEI Community Program Planning Process (Form # 2) 4

C. PEI Project Summary (Form # 3) 24

1. Project #1: Intervention for Depression and Anxiety (Young Children and Families) 26
2. Project #2: Youth Wellness Center (School-aged Youth and Transitional-aged Youth) 37
3. Project #3: Mental Health Liaison (All Ages) 46
4. Project #4: Promotores Mental Health Outreach (All Ages) 54
4. Project #5: Grandparents as Parents Support and Respite (Older Adults) 63

D. PEI Revenue and Expenditure Budget Worksheet (Form # 4) 71

E. PEI Administration Budget Worksheet (Form # 5) 83

F. Prevention and Early Intervention Budget Summary (Form # 6) 86

G. Attachments: Additional PEI Funding Requests 90

G. Local Evaluation of a PEI Project (Form # 7) 93

H. Appendix 95

I. Public Comments 97
(to be inserted after beginning of 30 day public review)

PEI Component of the Three-Year Program and Expenditure Plan Face Sheet (Form # 1)

This page intentionally left blank.

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: Amador	Date: 4/07/2010

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

County Mental Health Director	**Project Lead**
Name: George Sonsel, L.C.S.W.	Name: Lynn Thomas, L.C.S.W.
Telephone Number: 209-257-6296	Telephone Number: 209-223-6814
Fax Number: 209-223-3460	Fax Number: 209-223-3460
E-mail: gsonsel@amadorgov.org	E-mail: lthomas@amadorgov.org
Mailing Address: 10877 Conductor Blvd., Sutter Creek, CA 95685	

AUTHORIZING SIGNATURE

I HEREBY CERTIFY that I am the official responsible for the administration of Amador County Behavioral 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: _____ 4/7/2010

County Mental Health Director Date

Executed at _____Sutter Creek___, California

PEI COMMUNITY PROGRAM PLANNING PROCESS

(FORM # 2)

This page intentionally left blank.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

Instructions: Please provide a narrative response and any necessary attachments to address the following questions.

County: Amador ***Date: April 2010***

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

George Sonsel, the Director of Amador County Behavioral Health (ACBH), provided leadership and recommendations during all facets of the planning process. Mr. Sonsel convened the MHSA Steering Committee that made formal recommendations and approved the final Prevention and Early Intervention projects.

Lynn Thomas, the Community Planning and Mental Health Services Act Coordinator for Amador County, provided oversight for day to day planning activities. Ms. Thomas was supported in her efforts by Resource Development Associates (RDA), a consulting firm specializing in conducting community engagement efforts. RDA has worked extensively on Mental Health Services Act planning in various counties in California including San Francisco, Merced, and San Joaquin. RDA is currently developing two MHSA community plans in King's County.

Key planning activities included:

- Planning framework and design
- Convening the MHSA Steering Committee
- Conducting community outreach
- Conducting discovery phase: Community assessment of needs and assets
- Research in evidence based practices
- Developing consensus on PEI projects

b. Coordination and management of the Community Program Planning Process

Working under the leadership of Lynn Thomas, RDA staff carried out an expansive community outreach campaign, including maintaining an outreach database of 336 community members and organizations. Stakeholders represented a broad range of backgrounds and age groups, including consumers and families, social and medical services providers, educators, elected officials, law enforcement and criminal justice officials, childcare providers, and older adults.

Confidential interviews, small facilitated group discussions, and open community meetings presented community members with structured opportunities for involvement. Information on MHSA and relevant practices were provided at all events, ensuring that stakeholders were aware of MHSA goals and objectives. Close collaboration between RDA and ACBH allowed for seamless coordination and resulted in an even higher than anticipated level of community engagement. Overall, in a county of

38,238 residents, more than 220 individuals lent their insight and knowledge of community needs and assets to the planning process.

To promote continuous learning, Mr. Sonsel, Ms. Thomas and RDA staff also participated in monthly PEI teleconference meetings hosted by the State, CIMH and CMHDA.

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

The MHSA Steering Committee provided review of all planning documents and recommendations at all stages of development of the PEI Plan. A list of formal Committee members is included below, however it should be noted that meetings were open to the entire community, and as a result, participants brought a diverse range of knowledge and expertise to the planning process. Three MHSA Steering Committee meetings were convened during which participants provided guidance and an in-depth exploration of community needs and potential strategies to address those needs. During the final MHSA Steering Committee meeting RDA presented the proposed PEI projects, which were received with unanimous support. All MHSA Steering Committee Meetings were open to the public, and participation occurred across a broad range of community members.

The following is a summary of MHSA Steering Committee members:

Name	Affiliation
Anne Watts	Amador County Social Services– Child Protective Services
Barbara Hale	Deputy Director, Amador County Social Services
Beetle Barbour	Amador-Tuolumne County Action Agency – Homeless Services
Bill Wagner	NAMI Amador Member
Captain Ron Rockett	Amador County Sheriff's Office, Mental Health Board Chair
Connie Vacarrezza	PHN, Health Nurse Manager, Amador County Health Department
Dave Schroeder	Sierra Winds Wellness Center
Deron Brodhel	Amador County Probation
Jane Hoff	Amador County Behavioral Health – Clinical Manager
Jill Kelly	Mental Health Board, Family Member and Caregiver
John Plasse	Amador County Board of Supervisors, Mental Health Board
Joyce Stone	MPPA Manager, Amador Child Care Council
Honorable David Richmond	Judge, Amador County Superior Court
Honorable Susan Harlan	Judge, Amador County Superior Court
Kelly Trottier	NAMI Chair Person
Kim Shurtz	Consumer Advocate
Linda Phelps	Consumer Advocate
Mary Pulskamp, L.C.S.W	Extended Communities/ Mental Health Care Provider
Mel Welsh	Amador County Transportation Commission
Nina Machado	Executive Director, First 5 Amador
Patty Knobelauch	AUSD School Head Nurse
Shannon Lowrey	Director, Amador Community Foundation
Sharon Bertoli	Sutter Amador Hospital

Shelly Hance	Director, Amador-Tuolumne County Action Agency
Sue Slivick	TSPN Local TV
Sylvia Newlun	Community Behavioral Health Provider (Children and Youth)
Tara Parker	Amador-Tuolumne County Action Agency – Ione Family Learning Center
Tod Dorris	Peer Representative – Veteran's/PTSD Issues

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

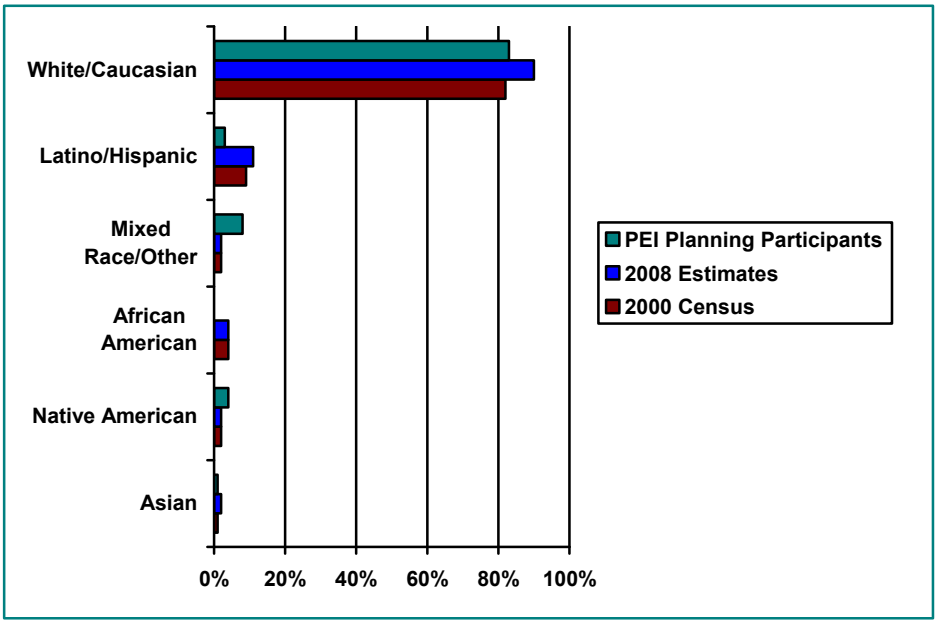
Amador County is a small, rural county located in the Sierra Foothills. While many Amador residents live in the centrally located cities of Jackson and Sutter Creek, almost 65% of the population (*Source: 2000 census*) lives in remote areas rendering centralized services difficult to access for many Amador residents. Harsh winter conditions and limited public transit further isolate areas from county aid. As these geographically isolated residents form one of the largest unserved/underserved groups, reaching out to community members in outlying locations was vital to gathering accurate information and gaining support and buy-in from Amador residents.

To mitigate this issue, interviews were conducted by phone, and focus groups were held at various locations throughout the county in familiar, accessible community venues such as the Family Resource Center, the First 5 preschool, ESL classes, community centers and the County's senior center.

In addition to the distinct geographic populations, Amador County also includes a rising population of Latinos, two Native American communities (2%) and an African American population (4%). The most prevalent languages spoken in Amador are English (92%) and Spanish (5%).

Demographic information was collected at all events, and reviewed continuously to help guide the outreach effort. Participants were asked to provide information on their ethnic/cultural background, age, and gender, and could choose to self-identify as a consumer and/or a family member of a consumer. A copy of the demographic questionnaire is included in Appendix H.

The chart below compares planning participant demographics to demographics of all Amador residents and population estimates for the year 2008. The discrepancy between participant demographics and the county, especially that of Hispanic/Latino residents and despite repeated attempts to engage all populations in the planning process, further illustrates the growing need for culturally competent outreach and programming:



Source: Census 2000, Quick Facts- 2008 Estimates, Includes demographics for individuals incarcerated in Amador County
** Hispanics may be of any race, so also are included in applicable race categories*

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.

Please see the previous section for a comparison of planning participants' geographic, linguistic and racial/ethnic distribution to those of the county as a whole.

The planning process was rooted in community engagement and included numerous opportunities for participation. Events were designed to accommodate various age groups, people living in isolated geographic areas, and those needing alternate meeting times due to demanding work schedules and long commutes to/from the County and Sacramento or Stockton, the largest proximate employment area.

Outreach strategies were informed by the CSS planning process. Targeted outreach to the large senior population, families with young children, and transition age youth, all previously identified as being underserved, yielded participation across all age groups. The lowest amount of participation was from Transition Aged Youth (TAY), despite significant efforts to engage them. Planning activities were advertised through phone, email, and flyers posted at community centers, young adult job programs, and other youth serving organizations, however, TAY represented only 2% of all participants. The following table provides a comparison of planning participants' age and gender to a breakdown for the entire county.

	Amador County 2000 census	PEI Planning Participants
TAY	7%	2%
Adults 26-59	49%	69%
Older Adults 60+	24%	20%
Female	45%	73%
Male	55%	26%

Throughout the planning process, participants noted the dearth of organized prosocial activities for TAY. This shortage of community infrastructure may have contributed to the under-representation in the process. In order to identify youth needs, interviews were conducted with service providers and community members who are involved with youth, including Sheryl Barghoorn, Tami Watson, Mary Pulskamp and Gretchen Heiss-Samuels. TAY also attended the focus group held at the Upcountry Community Center. Input from these outreach efforts indicate that with increased opportunities for prosocial engagement, TAY may be more likely to participate in community mental health planning efforts and to access mental health service.

Conducting concurrent community planning activities for multiple MHSA components provided Amador with a longer, more comprehensive process, with the objective of bringing the conception of system transformation to all constituents of the community, including those historically unserved/underserved by the Behavioral Health Department. Up to this point, the scarcity of departmental resources has resulted in minimal culturally relevant outreach strategies and service provision. Community members and Behavioral Health staff reiterated time and again the need to expand services to better integrate disparate cultural and ethnic groups that may be hard to reach or mistrustful of county services. While significant efforts were made to engage these cultural groups, many of those contacted showed reticence to participate.

The Amador County Behavioral Health Department (ACBH) remains committed to reaching out to those communities. Various projects were discussed to this end, intended to build on the Family Advocates program, an outreach program targeting underserved communities, including Latinos, funded through the MHSA CSS component and administered by Amador-Tuolumne Community Action Agency (ATCAA). The result includes the proposed PEI project, *Promotores de Salud*, to engage the Spanish speaking population, and an additional strategy funded through the subsequent Workforce Education and Training plan (to be submitted later this year).

The planning process also included outreach to key community leaders in the Native American community. Amador County is home two distinct Miwok tribes. The Jackson Rancheria Band of Miwok was first recognized by the federal government in 1898. The tribe now operates the Jackson Rancheria Casino & Hotel and is the largest employer in Amador County. Through its operation and charitable donations, the Casino has made a significant impact on the local economy in recent years. In addition to the hotel and casino complex, the Jackson Rancheria Band of Miwok has constructed a new access road to the casino, a general store and gas station, new homes for its residents, a medical and dental clinic, water and sewage treatment plants, an auto mechanic shop, a 24-hour child care center for employees' children, and an off-reservation apartment complex.

The second Native American community in what is now Amador County is the Ione Band of Miwok Indians. This Tribe won federal recognition in March 1994 and has been focused on developing self-reliance through establishing a tribal land base, which will provide the foundation for plans to build and operate a casino in the future.

While the multiple attempts to contact representatives of the Jackson Band of Miwok met with little success, representatives of the Ione Band of Miwok participated in key informant interviews and focus groups. Participants reinforced the most pressing issues facing the county: lack of opportunities and interventions for families with young children, school-aged children and transitional age youth; a need for better integration among providers of social and health services; and the need for a safe place for young people to congregate for peer and mentoring support.

Another specific population that may be underrepresented in the planning process is the Gay Lesbian Bisexual Transgender Questioning (GLBTQ) community. Stakeholder feedback indicates that GLBTQ residents of Amador County face the greatest challenges in adolescence and young adulthood. The proposed Youth Wellness Center project includes components designed to target and support this community.

Where appropriate, smaller meetings were arranged to ensure that participants felt comfortable sharing personal information. Focus groups held with the local NAMI chapter, consumers of mental health services, transition age youth and at the senior center all yielded valuable discussions on PEI needs respective to these groups. Similarly, providing on-site childcare during a focus group for parents of children with special needs afforded access to many people who otherwise would not have been able to attend the meeting.

Primary Care Providers emerged as an essential group to speak with, as they are a potential point of engagement for many individuals, particularly the older adult population. People who are reluctant to seek help for behavioral health issues often feel more comfortable connecting to services if offered through a physician's office. Because of the demanding schedule maintained by many Primary Care Providers, a special, early morning meeting was facilitated with this group. Nine Primary Care Providers representing almost all health care centers in Amador County participated in the event.

A focus group held at the Community Learning Center in Ione was conducted in Spanish, and outreach was specifically targeted to monolingual residents. Focus groups were also held outlying Ione, Camanche and Pine Grove ("Upcountry"). Eight focus groups were facilitated in Sutter Creek, and six in Jackson, the largest town in Amador County.

Specific information regarding opportunities for community participation is detailed below.

1. *Community Notices and Planning Updates*

Frequent communications with stakeholders in the form of letters, flyers, phone calls and email notifications distributed to individual participants served the following functions:

- To inform the public of the planning process;
- To educate and provide information about mental health and the Mental Health Services Act;
- To encourage participation from community members;
- To initiate dialogue about mental health issues; and
- To advertise the time, dates, and locations of all public meetings.

RDA and ACBH distributed communications via email. All recipients were encouraged to share information with friends, family members and colleagues. Flyers of upcoming events were also posted at community centers across the County. To increase the visibility of the planning process, ACBH was granted a TV interview by TSPN, the local access channel, prior to the Community Kick-Off Meeting.

2. *Key informant Interviews (38)*

RDA, in conjunction with ACBH, developed a list of key community stakeholders who were interviewed at the initial stages of the planning process. Key Informants included mental health field workers, public officials, law enforcement, directors of non-profit community organizations and clinicians. Participants in the key informant interviews also represented different interest areas, including seniors, persons with involvement in the GLBTQ community, consumers and family members.

A full list of key informant interviewees and their affiliations is included below:

	0 - 5	K - 12	TAY	Senior	Underserved	Co-Occurring	Housing	Technology	BH/County Staff	Emergency Response	Law Enforcement	Medical /Public Health	Elected Official	CBO	Regional Partnership	Workforce	
Angel LeSage									■			■					Public Health Director
Beetle Barbour				■			■							■	■		ATCAA Homeless Services
Bill Wagner																	NAMI Member
Cheri Garamendi	■				■												School Readiness Coordinator, First 5
Dave Shroeder						■			■					■	■		Sierra Wind Wellness Center, MHA
George Sonsel									■								Behavioral Health Director
Gloria Zamora	■	■			■									■			Family Learning Center, Family Advocate
Gretchen Heiss-Samuels	■	■	■	■		■								■			Foster Care Education and Independent Living
Jane Hoff						■			■								Behavioral Health Clinical Manager
Jeff White								■	■								County IT Director

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

	0 - 5	K - 12	TAY	Senior	Underserved	Co-Occurring	Housing	Technology	BH/County Staff	Emergency Response	Law Enforcement	Medical /Public Health	Elected Official	CBO	Regional Partnership	Workforce	
John Jahn							■		■								Consumer Advocate
John Plasse									■				■				Board of Supervisors & Mental Health Board
Joyce Stone	■	■	■														Childcare Council
Kelly Trottier																	NAMI Chair Person
Ken Minkoff & Chris Cline						■											Co-Occurring Disorders
Kerry Williams						■	■							■	■		Resource Connection
Laurie Webb				■										■			Senior Services Director
Lawrence Fossen		■		■											■	■	Youth Programs
Linda Phelps							■		■								Consumer Advocate
Lynn Thomas									■								MHSA Coordinator
Mark Bonini			■								■						Probation Manager
Mary Pulskamp		■							■								K-12 Youth Service Provider
Mathew Zanze					■				■							■	Social Services Director
Michele Curran																	Consumer Advocate
Myrna-Kay Robison														■			Counseling Center
Nina Machado	■																Director of First 5 Amador
Pam Burris					■				■								Amador County Senior Finance Assistant, Ione Band of Miwok
Pat Bartosiewicz						■			■								Alcohol and Drug Services
Patty Knobelauch		■															School Administrator
Ron Rockett						■					■						Sheriff Department, Captain
Shelly Hance							■							■	■		ATCAA Director
Sherry Parkey								■	■								ACBH QI
Sheryl Barghoorn						■	■										True Transition Foster Care
Tammy Watson		■															Special Education
Terri Daly									■								Chief Administrative Officer/County HR Director
Tod Dorris						■					■						Fire/PTSD Specialist/Veterans
Tracy Tripp					■									■			Ione Miwok
Vickie Stephens											■						Jail, Lieutenant

3. Focused Discussion Groups (18)

Focus groups are meant to provide a space for facilitated conversation between individuals who may have shared interests. Eighteen focus groups were conducted with specific target populations such as school administrators, childcare providers, emergency workers, older adults, consumers and family members and transition age youth. With the help of representatives of each target population, focus groups were advertised through phone calls, emails and flyers posted at various locations.

Focus groups present a unique opportunity to gather in-depth qualitative data. Information gathered during focus groups is often quite personal in nature and provide valuable insight into the lives of consumers, parents, and caretakers.

Focus groups were conducted by Jennifer Susskind (RDA) and Amalia Egri Freedman (RDA). The following table illustrates focus groups conducted.

Focus Groups	# of Participants	0 - 5	K - 12	TAY	Senior	Consumer	Family	Underserved	Co-Occurring	Housing	BH/County Staff	Emergency Response	Law Enforcement	Medical /Public Health	CBO
BH Staff (4)	18								■		■				
Comanche Community Center	3					■	■	■							■
Child Care Providers	3	■						■							
Consumers of Mental Health Services (2)	18					■									
Emergency Workers/First Responders	15										■	■	■	■	
Family Members/NAMI	14						■								
Homeless	5							■		■					■
Primary Care Providers	9													■	
Monolingual Spanish	8					■	■	■							■
Parents of Children with Social, Emotional and Behavioral Needs	4	■	■				■								
School Administrators	10		■	■											
Older Adults	12				■										■
TAY	2			■	■										■
Upcountry/Pine Grove Community Center	5		■			■	■	■							■

4. Community Meetings

Two community meetings were held during the community planning process. The meetings were open to all community members. Aggressively advertised through flyers, letters, emails, phone calls and word of mouth, community meetings were well attended and provided an ideal forum for building community consensus and buy-in.

At the first meeting, participants were introduced to MHSA and given an overview of the planning process. Afterwards, facilitator-guided small group discussions provided participants with the opportunity to share their specific vision for what comprehensive, culturally competent mental health systems would consist of for Amador County. Through discussion, groups came to agreement on priority populations and brainstormed potential projects, which became the initial list of PEI project ideas. Ninety-two (92) people participated in the meeting.

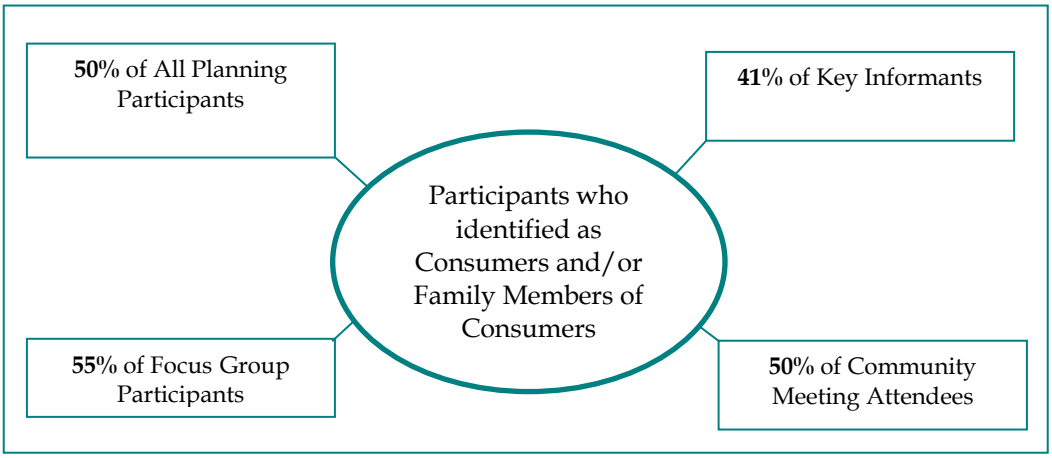
During the second meeting community members were given a more concentrated list of projects to prioritize through small group consensus-building exercises. Projects derived from community needs and opportunities identified during the discovery phase of the planning process, and were then aligned with evidenced-based models sanctioned by the MHSA Oversight and Accountability Commission and the California Department of Mental Health. Target populations were identified for projects, and care was given to communicate the cultural competence and resource efficacy of each. Tallies were taken recording community support for each potential project. Results of the consensus building activities were communicated to the MHSA Steering Committee during the final review of proposed PEI strategies. Over 60 people attended the second community meeting.

5. *Stakeholder Surveys*

In combination with the group activities listed above, surveys were administered during the second community meeting in which individuals were asked to prioritize key mental health needs and which un- or underserved groups were in the most need. Findings from the survey mirrored feedback collected from the workgroups. Survey tallies were also presented to the MHSA Steering Committee during the final review of PEI strategies.

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

Consumers of behavioral health services and their family members showed overwhelming engagement in planning activities. All meetings requiring community participation were advertised through ACBH, the Sierra Wind Wellness and Recovery Center, and various community based agencies. This focused method of outreach resulted in high consumer and family member participation, as shown in the table below.



Consumer recommendations and insights were sought at all stages of the planning process. Having consumer and family representatives on the MHSA Steering Committee helped to ensure that all planning activities were meaningful to consumers and their families.

Two focus groups were held at the consumer-run Sierra Wind Wellness Center, a safe and familiar venue for many people who receive services through the County. The focus groups were an opportunity for consumers to share their own experiences with Amador County's mental health system. Consumers and family members were invited to all other applicable planning events.

A focus group for family members of consumers hosted by NAMI Amador gave participants a forum for voicing the challenges they dealt with supporting loved ones through mentally and emotionally difficult situations. Many expressed frustration with the current service delivery system. Concerns expressed during the meeting resulted in an additional RDA facilitated meeting between NAMI and ACBH. This second meeting provided an opportunity for NAMI members and ACBH to build a closer, more supportive relationship and to develop more opportunities for family member participation in patient wellness and recovery.

A special group discussion for parents of children with social, emotional and behavioral needs hosted by First 5 was held at the Amador Cooperative School in Jackson. Free childcare was provided on-site, and gift cards were given to parents who attended.

Overall, 50% of planning participants self-identified as consumers and/or family members of consumers.

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

Significant efforts were made throughout the planning process to include representatives of all stakeholder groups in the county such as mental health providers, educators, law enforcement officials, and consumers and their families. At all contacts, individuals were asked to voluntarily provide demographic and affiliation information. The planning team continuously reviewed this information to prevent any stakeholder group from being overlooked.

As noted in the section above, consumers and their families represented 50% of planning participants. Consumer/family participation was especially strong in interviews and focus groups.

Providers of mental health and related services formed one of the larger stakeholder groups, and included representatives from ACBH, clinicians, primary care providers, veteran services, and foster

care workers. Multiple focus groups and interviews were held with mental health/social services providers.

Educators and school administrators were another key stakeholder group involved in the planning process. Information shared during a focus group that included teachers, school nurses, special education staff and a school psychologist provided the planning team with vital insight on the particular problems children and youth face in Amador County.

Law enforcement and other emergency service workers often come in contact with community members during mental and emotional crisis and therefore have essential information on the needs of the community. Focus groups and interviews with law enforcement and emergency first responders were crucial to understanding community needs and priority populations.

Many other organizations were represented in the planning process. The broad participation is demonstrated in the following partial list of organizations whose representatives attended planning functions:

- Amador Cooperative Preschool
- Amador County Office of Emergency Services
- Amador County Probation
- Amador County Public Health
- Amador County Sheriff's Office
- Amador County Transportation Commission
- Amador Recreation Department
- Amador-Tuolumne Community Action Agency and Family Resource Centers
- American League Ambulance
- Area 12 Agency on Aging
- CA Network of Mental Health Clients
- California Network of Mental Health Clients
- Child Protective Services
- Community Services Ione Band of Miwok
- First 5 Amador
- First Step Recovery
- Foster Family Services
- Halfway Ranch True Transitions
- Interfaith Food Bank
- Jackson City Fire Department
- Jackson Rancheria Health Clinic
- Mental Health America
- Mother Lode Job Connection
- NAMI Amador
- Operation Care
- Re/Max Gold Classic Country Properties
- Resource Connection Amador County
- SCOE State Preschool
- Sierra Wind
- Sutter/Amador Health Women's Services
- The ARC
- Trinity Health Ministries
- TSPN TV
- UC Davis
- United Home Care
- Wellness by Choice Self Management Strategies
- Zia Consulting

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

All meetings served as a forum for educating county staff and stakeholders on Prevention and Early Intervention. A Power Point presentation and informative handouts were given at all meetings, disseminating information on the goals of MHSA. Participants received specific education regarding

the meaning and scope of Prevention and Early Intervention, both in terms of the MHSA component definition and objectives, and the community benefits for mental health care.

The following definitions were provided to individuals prior to engaging in the planning process:

The Purpose of Prevention and Early Intervention

- Engage persons prior to development of serious mental illness or emotional disturbance.
- Alleviate the need for additional mental health treatment.
- Transition those with identifiable need to extended mental health treatment.

Prevention occurs prior to a diagnosis of mental illness.

- Universal targets the general population
- Selective targets groups whose risk of developing mental illness is higher than average

Early Intervention is directed toward individuals and families for whom a short-duration, low-intensity intervention is appropriate to improve a mental health problem or concern very early in its manifestation

- Reducing need for more intensive services
- Preventing mental health problem from getting worse

Flyers and letters to stakeholders further served to educate community members on Prevention and Early Intervention. Based on information discovered during the initial stages of the planning process, a condensed list of best practice programs was developed to help participants become more familiar with proven PEI strategies. Samples of the education tools used have been included in the Appendices (Appendices C-F).

This list of programs was shared with both community meeting attendees and the MHSA Steering Committee. This list served as a guide to several in-depth group discussions during which participants explored the appropriateness of proposed projects to meet Amador's specific needs. Results of this meeting were presented during a subsequent meeting with the MHSA Steering Committee, along with a more select list of PEI projects for review. A facilitated discussion followed the presentation during which MHSA Steering Committee members unanimously approved the proposed projects.

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.

Building on lessons learned from the CSS plan, an aggressive outreach plan was designed to reach community members across the different ethnic, cultural and geographically separate populations in Amador. The connections with community organizations established during the CSS planning process proved to be essential resources during the PEI planning process. As learned during the CSS planning process, multiple outreach strategies must be employed to reach rurally isolated people. By asking for support from those originally involved in CSS, even more community members, organizations, family members and service providers participated than in the first plan. Community organizations provided

an initial contact point for many. Fliers were emailed, posted and handed out informing the public about upcoming events. Many people chose to share contact information, allowing for follow-up phone calls and emails reminding community members about events.

Furthermore, the planning team created a flexible framework for scheduling focus groups and interviews to help engage participants who may not otherwise be able to attend. Activities were scheduled well in advance, at multiple locations throughout the County. Conversations between the planning team and stakeholder groups helped to identify more convenient meeting times.

Many lessons learned had to do with the needs already identified through CSS. Careful review of the plan and related documents helped the planning team to understand the unique strengths and challenges of Amador in a broader context. Issues voiced by community members during the Community Services and Supports planning process were relevant to PEI and flowed directly into the strategies developed to address PEI needs. CSS findings underscored the need for integrated, accessible, wellness-focused, and culturally appropriate community-based services for intervention and early identification programs to be most effective. Needs enumerated during CSS that relate to PEI goals include:

- Peer support opportunities
- Increased mental health education and training
- Life skills and employment training
- Community based organizational involvement
- Reduction of barriers to access
- Increased awareness and acceptance of mental health issues
- Stigma reduction towards the GLBTQ community
- Need to address co-occurring disorders in an integrated fashion
- Need for outreach and engagement
- Lack of coordination and networking among providers working with older adults, especially in outlying areas.

b. Measures of success which show 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.

Considerable efforts were made to include all of the different stakeholder groups residing in Amador county, especially those with particular knowledge or experience including:

- Those who work with young children or children at risk of school failure or juvenile justice involvement such as child care providers, school administrators, probation and police services
- Those who can act as a bridge to service for persons who may not seek help due to social stigma and/or a lack of trust such as primary care providers, community centers and other organizations
- Those who work in intervention sites where people go for housing, domestic violence, substance abuse, medical care and other basic necessities when they are in need
- Consumers and family members of consumers

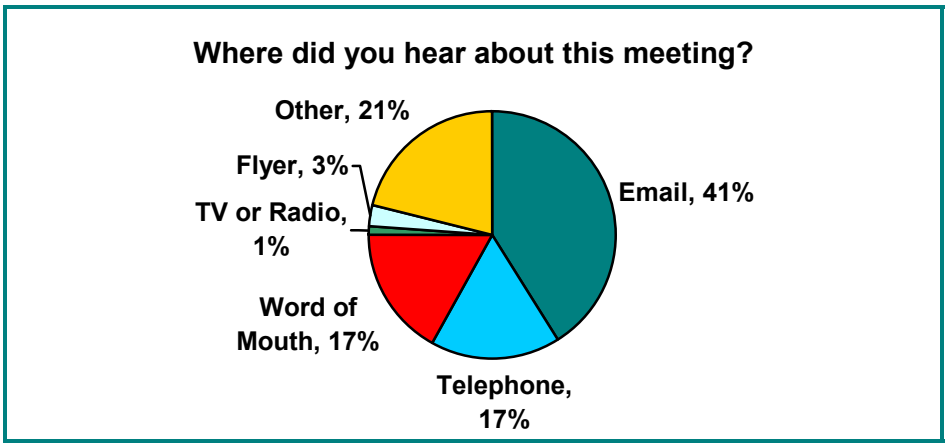
The success of outreach activities can be measure by the high levels of community participation at all stages of the planning process. Contact information and attendance was recorded on sign-in sheets at all meetings. The number of attendees detailed below is based on community members who chose to share this information with the planning team.

Planning Council Meeting #1	16 Attending
Planning Council Meeting #2	27 Attending
Planning Council Meeting #3	24 Attending
Community Kick-Off Meeting	92 Attending
Community Prioritization Meeting	64 Attending
Key Informant Interviews	38 Completed
Focus Groups	18 Completed
Community Survey	57 Collected

In addition to the meetings listed above, a facilitated discussion was held to help develop a shared understanding and partnership between NAMI members and Behavioral Health. Eight people attended this meeting.

Please refer to Sections 2b and 3a for more details about specific stakeholder groups' participation in planning activities.

As described in section 2b, multiple outreach strategies were employed to reach as many community members as possible. To measure the efficacy of each strategy, participants were asked to indicate on sign-in sheets how they heard about upcoming meetings. Sixty-five percent of meeting attendees responded, of those 27% answered that they had heard about the meeting through multiple sources. The pie chart below illustrates the success of each method.



By reviewing which strategies were working best, the planning team was able continually refine outreach strategies, resulting in participation levels of 50% by consumers and family members, 20% by older adults, and 2% by TAY. Challenges relating to engaging the TAY population are detailed in section 2b. Community members shared the following comments about the planning process:

Impressive diversity of participants. – Community member

So far so good! This is one of the best meetings since 2006! The questions provoked input that was realistic with suggested solutions that are feasible and workable. I am glad that I attended.–Community member

We need more feedback like this! – Community member

I think this meeting was very inspirational and provided great information. –Community member

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

a. The date of the public hearing:

Date	***Time***	***Hearing***
March 17, 2010	3:30 – 5:00	Amador County Mental Health Board

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 Prevention and Early Intervention Component of the MHSA Three Year Expenditure Plan was posted on Amador County Behavioral Health's website on February 9, 2010 for public review. Emails announcing the start of the public review period were sent to all stakeholders who chose to share email addresses, with copies of the plan attached. Paper copies of the proposed plan were distributed to various accessible community locations including the library, the Sierra Wind Wellness Center, Family Learning Centers, schools, and the Senior Center.

Near the end of the public review period, an email was sent reminding all stakeholders to share their comments and inviting them to attend the public hearing. The plan with revisions from initial stakeholder feedback was attached to this email as well.

On March 17, 2010 the Mental Health Board met to discuss the plan, and attendees were given time to provide any further comments or questions. The email notices sent out regarding the plan have been included in the Appendix (Appendices J and L).

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

Public comments were received between February 9th and March 16th during the thirty-day public review period. All comments were reviewed by the planning team, and changes were made to the DRAFT plan where appropriate. Specifically, this draft has been modified from the draft distributed in the following places:

- Amended spelling of city names, participant names and titles where necessary throughout the document.
- Clarifications were made to Form 2: PEI Community Program Planning Process to more accurately represent stakeholder involvement.
    - On page 9, language was changed to "Input from these outreach efforts indicate that with increased opportunities for prosocial engagement, TAY may be more likely to participate in community mental health planning efforts and to access mental health service."
    - On page 10, a comment on participation from the two Native American tribes in Amador reading, "While the multiple attempts to contact representatives of the Jackson Band of Miwok met with little success, representatives of the Ione Band of Miwok participated in key informant interviews and focus groups" was added.
    - On page 10, the following language about the NAMI focus group was removed. "This strategy proved particularly effective with members of the local NAMI chapter."
    - On page 10 and 11, references and the chart illustrating focus groups were updated to include the number of participants.
    - On page ten, the total percentage of participants self-identifying as consumers and/or family members of consumers was corrected from 39% to 50%.
- Sources and clarifications were added for information on population estimates and prevalence rates throughout the document.
- Language was strengthened to more clearly state project descriptions and community needs on Form 3: PEI Project Summary.
- On page 37, language was changed to "While dropout rates for Amador (15%) are slightly higher than California averages (19%), the percentage of graduates that meet eligibility requirements for state universities and colleges is much lower (18% and 34% respectively).
- Based on feedback from proposed community-based service providers, budget numbers for the proposed projects and related County administrative costs were adjusted throughout the document.

Stakeholders also offered a number of substantive comments which were not incorporated into the plan. It was suggested that offering job skills at the Youth Center, or other opportunities for youth employment opportunities would be met with more success than a wellness center. Concern was also expressed about the Mental Health Liaison position not having enough expertise or time to successfully bridge between underserved communities and ACBH. Additionally, it was noted that the liaison position must be distinct enough from the department to function at the capacity needed. Due to an interest in accurately representing the decisions made by the community during the planning process and financial constraints related to the MHSA PEI funds available, no changes were made to these projects.

d. The estimated number of participants.

In addition to the members of the Mental Health Board, several community members participated in the PEI plan public hearing. Participants included representatives from diverse stakeholder groups including First 5, the Commission on Aging, Sutter Creek Elementary, ATCAA, Operation Care, other

stakeholders, and over half identified as consumers and/or family members of consumers. The Mental Health Board, whose members are listed below, also provided feedback on the DRAFT plan.

- Denise Tillery
- George Sonsel
- Henry Howell
- Hillary Wagner
- Holly Rockett
- Kelly Pinataro
- Kelly Trottier
- Linda Phelps
- Lynn Shield
- Lynn Thomas
- Richard Forster
- Richard Forster

The Mental Health Board approved the DRAFT Plan as submitted and requested that this revised version of the Plan be prepared for submission to the Amador County Board of Supervisors.

PEI PROJECT SUMMARY (FORM # 3)

This page intentionally left blank.

Note:

All projects are expected to begin July 2010, or as soon as prudently possible following receipt of PEI funding. For planning purposes the first year of operations will be July 2010 – 2011.

All estimates of numbers served reflect this time period.

County: Amador **PEI Project Name: Intervention for Anxiety and Depression** **April 2010**

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
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	☒	☐	☐	☐

Project 1: Intervention for Anxiety and Depression

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

The proposed project was determined based on a structured planning process that engaged community members at every point. A general set of needs was identified in the Discovery Phase, made up of 38 interviews with key informants and 18 focus groups. Specific needs and resources were collected in a matrix, and analyzed to create a needs assessment for each age-segmented population in Amador County. The needs assessment, combined with population data and MHSA requirements, was used to create a set of specific strategies to address community-identified needs. These strategies were presented at a community meeting, where participants engaged in an interactive prioritization process to identify those strategies that make the most sense for Amador County. The prioritized strategies received Planning Council approval, at which point they were matched against existing resources to develop the specific projects contained in Amador County's PEI Plan.

Throughout the Discovery Phase, the need for an intervention for children and youth in stressed families was made apparent. Focus group participants, key informants and MHSA Steering Committee members repeatedly spoke of the need for an intervention for young children experiencing anxiety and depression. While specific needs were detailed in focus groups for parents of special needs children, with the school district and with childcare providers, participants in focus groups for older adults, for the homeless, and in geographically isolated areas of the county all spoke of the need for a prevention/intervention strategy for stressed families and particularly those with young children.

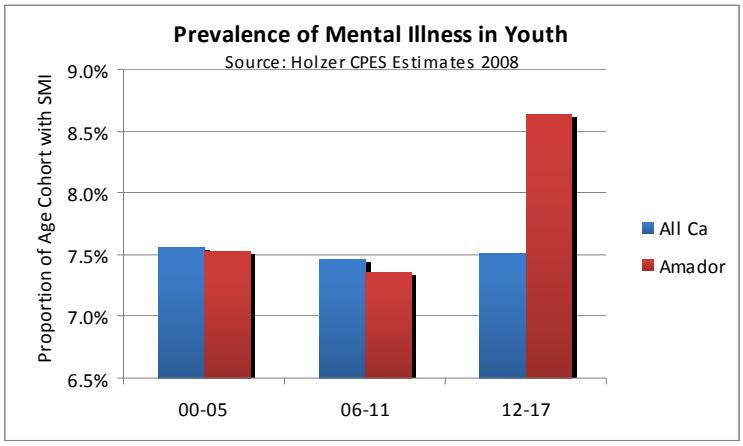
Community members also prioritized a home visiting program and parenting classes, which currently exist in a limited form. While all these interventions could be expanded in Amador County, the therapeutic interventions detailed in this project address an unmet need for the broad spectrum of families with children.

Key community mental health needs identified for young children and families include:

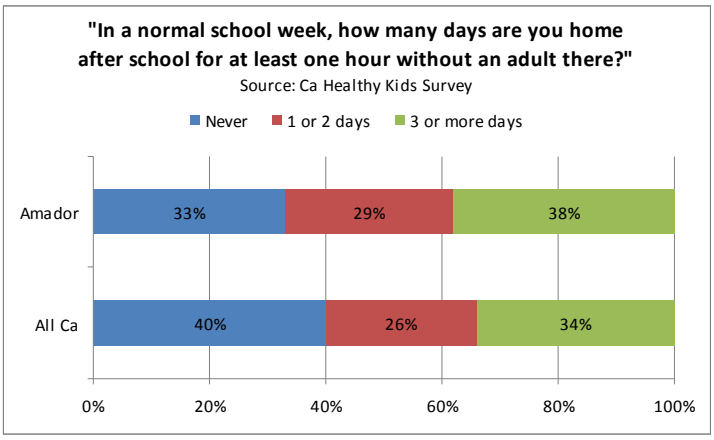
- Parents and care providers need diagnostic services within early intervention window
- There is intergenerational addiction. Families lack coping skills and resiliency. Children need alternative ways to cope; need to break the cycle of addiction
- Children and youth need a place to go that supports positive activities; there aren't mental health supports for young people
- Children and youth with gender variance are stigmatized and bullied
- Children in challenging family situations experience anxiety and depression
- Parents need social supports; parents are stressed
- Parents of special-needs children need to connect with other parents
- Isolated families experience depression

Amador County is a small, agricultural county, and residents must contend with historically higher than average unemployment and poverty rates. Additionally, rural isolation and a culture of intergenerational substance abuse leave children and families in Amador especially vulnerable to mental, emotional and behavioral issues. As noted by many participants in the PEI planning process,

children most at-risk often endure trauma caused by isolation, financially and emotionally stressed families, broken families, parental substance use, abuse and neglect. While maintaining comparatively low prevalence rates for children ages 0-11, the significantly higher percentage of youth age 12-17 in Amador who have mental illness indicate an overwhelming need for interventions prior to the onset of mental illness.

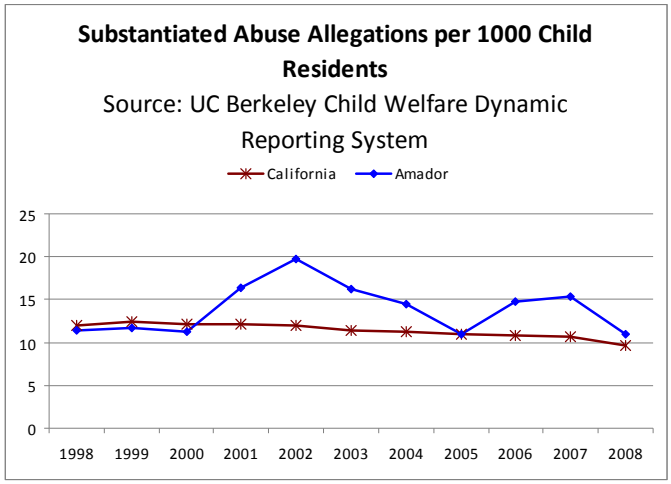


Parents struggling financially often have few options for affordable childcare, a problem which is exaggerated by the lack of reliable transportation in Amador. Because of this, many children are left alone without adult supervision. Isolation has been shown to negatively effect cognitive and emotional development and may increase aggressive behaviors. The chart below shows that a higher percentage of children responding to a survey question on parental supervision were left alone three or more days in a week.



As in many rural communities, Amador has seen a marked increase in substance use among residents. Methamphetamine abuse is a particular problem, with recent data stating that 50% of all felony offenders arrested in Amador used or were involved in the manufacture or sale of methamphetamines. Law enforcement officials have sighted substance abuse as one of the main

contributors to domestic violence.[1] The chart below shows that child abuse in Amador happens at a significantly more volatile rate than in California as a whole.



Anxiety, depression and aggression in young children often develop as a result of living in stressed situations like those described above. Children exhibiting anxiety, depression, and/or aggressive behaviors are more likely to develop more serious mental health issues and increase negative outcomes such as the inability to form attachments, school failure, juvenile justice involvement and substance abuse later in life. Teaching coping mechanisms to children with identified needs helps to increase resiliency and has been shown to help mitigate early issues and lead to more meaningful and productive lives.

Recognizing the particular challenges children in Amador face, the majority of participants showed support for an intervention program aimed at young children with depression or anxiety, noting that "Early intervention for this age is unavailable in this county for behavior issues." Participants especially were concerned with mitigating the underlying cause of behavioral and emotional issues in young children, and the need for increasing positive parent-child interactions in stressed families. One community member asserted that parents were "the perpetrators that cause as well as continue to cause the trauma." Community members also shared that they felt at a loss on how to deal with children suffering from anxiety and depression, and feared that emotional difficulties would lead to worse problems in the future:

> We see children in really bad custody arrangements, 2-3 year olds who are demonstrating symptoms of anxiety and depression. If we can't get a parent to respond, because they are in denial, we can't address the issue for the child...I feel like I no longer know how to talk with parents. – Child Care Providers Focus Group
>
> I'd like to see more play therapy and self esteem building in the young grades. – Key Informant Interview
> My husband died, and there were no support groups for my daughter. She needs peers who have similar issues. I have a 7 year old in my daycare who has real anger issues, she could benefit too. I feel like if kids could be with other kids who have anger issues they could learn together to overcome them and they would be more healthy adults. – Child Care Providers Focus Group

[1] Anderson, Scott Thomas. "Officials Say Tougher Laws Needed to Keep Meth Users Behind Bars". Ledger Dispatch, January 01, 2010.

We need anger management or pre-anger management for kids who are bullying other kids. – Key Informant Interview I try to communicate, but it doesn't work. It is one sided. – Consumer Focus Group We need intervention now so our kids don't end up in the probation system. I just don't want to visit my child in prison. – Parent Focus Group

During the community prioritization meeting, 5 of 9 participant tables indicated that Intervention for children with depression, anxiety and aggression was a priority. Results of the meeting are included in Appendix I.

3. PEI Project Description:

1. Project Title: Intervention for Anxiety and Depression

This project is intended to address the need for an intervention for anxiety and depression in children. This project will address the population through two different interventions in order to meet the unique development needs and abilities of children aged 0-12 years.

The first intervention, designed for children aged 0-8 years, is Parent Child Interactive Therapy (PCIT). PCIT is an evidence-based practice for children who demonstrate symptoms of depression, anxiety and aggression. This intervention places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's prosocial behavior and decreasing negative behavior. This treatment focuses on two basic interactions:

- Child Directed Interaction (CDI) is similar to play therapy in that parents engage their child in a play situation with the goal of strengthening the parent-child relationship; and
- Parent Directed Interaction (PDI) resembles clinical behavior therapy in that parents learn to use specific behavior management techniques as they play with their child.

Through a start-up grant from United Way, Amador County Behavioral Health partner Amador-Tuolumne Community Action Agency (ATCAA) has made significant investments in PCIT, training staff, creating an appropriate delivery space and delivering services. Currently ATCAA works in collaboration with the Amador County Child Welfare Redesign Team, Behavioral Health, Drug & Alcohol, Child Protective Services, Victim Services, Public Health, and Probation as well as Operation Care Domestic Violence Agency, First 5 and Child Care Resources. Since being certified, ATCAA clinicians have delivered approximately 120 hours of PCIT to date.

Once the start-up grant ends in FY 2009-2010, funds for service delivery will be limited. The proposed funds will be used to sustain the pilot program and to expand service delivery.

PCIT will be delivered at ATCAA in purpose-built space that is already in use the PCIT intervention. PCIT is delivered in 50-minute sessions for approximately 10 weeks. The proposed funding will enable 12 sessions each week.

The second intervention to be delivered as part of this project is Aggression Replacement Therapy (ART®). ART® is a cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents. ART® has been implemented in schools and juvenile delinquency programs across the United States and throughout the world. The program consists of 10 weeks (30 sessions) of intervention training and is divided into three components—social skills training, anger-control training, and training in moral reasoning.

Clients attend a one-hour weekly group session to cover each of these components. Incremental learning, reinforcement techniques, and guided group discussions enhance skill acquisition and reinforce the lessons in the curriculum.

The ART® program was first developed for aggressive and violent adolescents aged 12 to 17 who were incarcerated in juvenile institutions and has since been successfully adapted for younger school-aged children. The target audience for this implementation is children 9-12 years. ART® can be taught to children and adolescents from all socioeconomic backgrounds in rural, urban, and suburban communities.

The ART® program is a multi-modal intervention consisting of three components: social skills training, anger control training, and training in moral reasoning. Research has shown that students who develop skills in these areas are far less likely to engage in a wide range of aggressive and high-risk behaviors. Lessons in this program are intended to address the behavioral, affective, and cognitive components of aggressive and violent behavior. Detailed descriptions of the three components are provided below:

- Social Skills Training: Social skills training teaches youth what to do in threatening or stressful situations. ART® Structured Learning is based upon a social learning process, and activities include modeling, role-playing, and performance feedback.
- Anger Control Training: As part of their homework, participants relate examples of anger-arousing experiences from situations that had occurred during the previous week. The group facilitator uses a structured reporting checklist (hassle log) to reinforce the skills from the lesson.
- Training in Moral Reasoning: This component of ART® aims to raise participants' awareness of others' points of view (perspective taking) and teaches youth to view their world in a more fair and equitable way.

The group format, which is more effective with this age population than with younger children, will enable Amador County to reach the greatest number of potential consumers. The groups will take place in school-based settings as well as at the Youth Wellness Center proposed as PEI Project 2.

The combination of the PCIT and ART® interventions will achieve two objectives:

1) Provide a continuum of care for children as they move through developmental phases; and
2) Provide a continuum of linked services for stressed families, ensuring against service gaps that would prevent siblings within the same family from receiving an appropriate intervention.

Proposed PEI fund will be used to train providers and to deliver services. Clients will be referred through Amador County Behavioral Health and other community partners. In addition, the programs will be implemented to serve culturally underserved communities. ATCAA will engage its bilingual family advocates to identify families in need of these interventions, and will collaborate with the Promotores de Salud team to ensure that families are aware of these services. In addition, ART® is appropriate for delivery in a community setting, thus should the need emerge through outreach conducted by *promotores*, a group could be delivered in the appropriate setting to meet that need.

4. Programs

Program Title	Proposed number of individuals or families to be served in first year.		Number of months in operation
	Prevention	Early Intervention	
1. *Parent Child Interaction Therapy (PCIT)*		600 hours	Program Expansion
2. *Aggression Replacement Therapy (ART®)*		400 hours	0
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals:** **Families:**	**Individuals: 33** **Families: 60**	

*PCIT: 600 hrs per year, families enrolled for 10 weeks. ART®: Groups serve 8 individuals at a time, meeting weekly. Assume 12 weeks of participation.

Estimating Numbers Served

Funding will be available to extend the PCIT program from 1 FTE/encounter hours to 1.5 FTE/encounter hours.

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

As a small county, Amador has few children's services providers, and there is a strong emphasis placed on collaboration. ATCAA and the Amador County Behavioral Health Department have a long history of working together. ATCAA currently has multiple contracts with the County for the provision of behavioral health services, in addition to contracts with Amador County Public Health.

In addition, ATCAA has established working relationships with other Amador County community based organizations in the implementation of the PCIT program, including First 5, Operation Care Domestic Violence Agency, The Resource Connection, and Amador County Probation. ATCAA also operates the Court-Appointed Special Advocates (CASA) program in Amador County.

This project represents an expansion of services, both in terms of the expansion of an existing intervention for young children as well as the addition of an intervention for children who previously lacked access to services.

6. Collaboration and System Enhancements

This project builds upon and strengthens the fabric of services delivered to at-risk families and youth as well as the partnership between Amador County Behavioral Health, Probation and ATCAA, a major provider of services in the County. One of the two programs identified for this project, PCIT, was developed with strong support from University of California at Davis and will continue to receive support and guidance through that partnership. ART® builds on PCIT by extending the intervention to older school-aged children, and offers the opportunity to strengthen collaboration with Amador Unified School District through the delivery of interventions in the school setting. In addition, ART® will be delivered in the Youth Wellness Center funded as PEI Project 2.

The continuation and expansion of PCIT sustains a critical mental health component of the childrens' system of care by providing an age-appropriate therapy for stressed families with young children. The institutionalization of the PCIT program would enhance the progress that has been made towards addressing the needs in this population.

7. Intended Outcomes

Focus Area	Resources	Activities	Outputs	Outcomes	Measures	Impact
List the most important things the program will accomplish	*Describe the resources that will support the program activities*	*Describe and define the program activities*	*For each activity identify ways to demonstrate that services have been delivered*	*Identify what changes you expect each activity to effect*	*Specify the ways that these outcomes will be measured*	*Describe the impact that the community will feel in 1-2 years as a result of the program*
Create stronger families Improve parenting: Parents will receive tools and resources for better parenting Increase resiliency: Children will develop a skillset for responding to different/challenging situations	Trained staff to work with children and families Knowledgeable care providers and teachers to identify families and children in need of the intervention Dedicated space in which to deliver PCIT Extension of mental health services to familiar and safe settings for school-aged children Fidelity will be tracked by academic partner (UC Davis for PCIT)	Train clinicians (ART®) Family counseling Group counseling Engagement with referral agencies Dissemination of information to at-risk families regarding additional services and supports	Clinician trainings Count of sessions delivered (PCIT) Count of group attendance (ART®) Count of participants by key characteristics Referrals by partner agencies	Change in clinicians' skills and knowledge Improvements in family resiliency and cohesion (PCIT) Improvements in resiliency among school-aged youth (ART®)	Quarterly clinician reports Participant self-reporting of behavior Family stability Reduced disciplinary action in school setting	Strengthened families Reduced at-risk youth

8. Coordination with Other MHSA Components

The ART® group therapy will be delivered at the Youth Wellness Center, funded as PEI Project 2. In addition, participants in the Respite and Support for Parenting Grandparents project (Project 5) may be referred to either intervention as appropriate.

It is anticipated that both the Primary Care Liaison and the *Promotores*, in conjunction with existing ATCAA Family Advocates, will identify underserved families in need of services and will assist them in connecting with the appropriate intervention.

9. Additional Comments (optional)

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 3

County: **Amador** **PEI Project Name:** **Youth Wellness Center** **DATE: April 2010**

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
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	☒	☒	☐	☐

Project 2: Youth Wellness Center

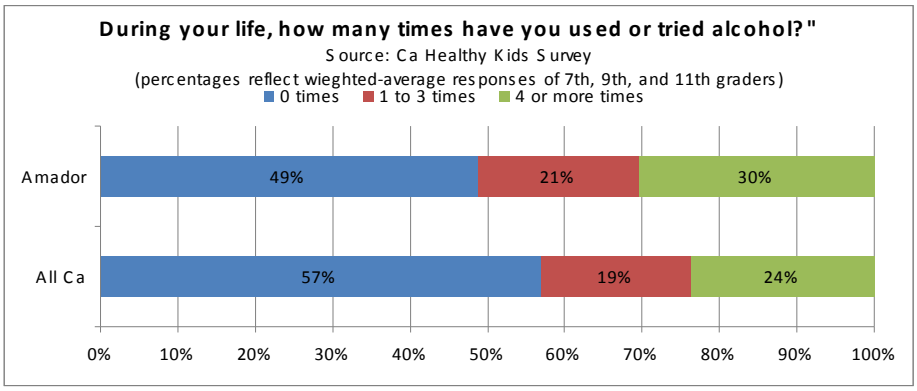
Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Please see Project 1 for a description of the process for arriving at the proposed PEI project. Mentoring programs targeted at youth empowerment also received significant community support. During this process, ATCAA determined that it had the resources available to restart its mentoring program, which will launch in 2010.

The need for a safe space for school- and younger transition-aged youth was raised in virtually every focus group and interview. The dearth of activities for young people, the lack of employment opportunities and the high incidence of substance abuse in Amador County all point to the need for wellness and recovery-oriented activities for this population. This need emerged as a priority across the majority of stakeholders who participated in the process. Specifically, stakeholders agreed that older school-aged youth and TAY faced the following challenges:

- Older youth lack safe, fun, skill-building activities
- Youth in stressed families lack role models/mentors
- Parents of teens/TAYs struggle with challenging behaviors, insecurities and anger
- TAYs experience high unemployment due to lack of local job opportunities
- Substance abuse is an issue, and is often intergenerational
- Youth coming out of foster care need support
- LGBTQ youth and youth of color are particularly at risk of isolation and abuse

Within the community, there is well recognized need to engage youth and provide positive activities. The 2008 Alcohol and Drug Prevention Strategic Plan specifically sites the "lack of supervised teen events," the "lack of opportunities for young people," and the "lack of community connectedness and caring relationships between age groups" as contributing factors to the high amount of substance use among older school-aged youth and TAY. The following chart compares the percentage of youth who self-reported using alcohol.



Similarly, participating 7th, 9th and 11th graders were asked about drug use. Thirteen percent of 7th graders, 28% of 9th graders, and 38% of 11th graders self-reported "ever being high from using drugs." This is particularly concerning when compared to the average responses state wide (8%, 20% and 31% respectively).

In addition to substance abuse issues, Amador TAY also face the same economic climate as adults in the community while lacking much of the education and skills necessary to find meaningful employment. While dropout rates for Amador (15%) are slightly higher than California averages (19%), the percentage of graduates that meet eligibility requirements for state universities and colleges is much lower (18% and 34% respectively)[2].

As discussed in conjunction with the previous project, there is a higher prevalence of Serious Mental Illness and Serious Emotional Disturbance in children ages 12-17 (8.6%) living in Amador than those in California as a whole (7.5%). The prevalence rate is only slightly increased in Transition Age Youth at the state level (7.6%), but the prevalence rate for Amador shows a decided increase (9.5%)[3].

The link between skill building, self-efficacy, empowerment and mental health is well documented. Community members agreed that "youth empowerment, self-esteem, and positive adult interaction" and "peer relationships, and life skills" all aided in the prevention of high risk activities and help to promote future health. Many felt a central location for service provision was needed for this age group. Specifically, the need for "a safe place for TAY" that also provided "supervision for at risk youth" was identified.

Amador County has some experience in establishing youth centers; in the past two decades, four have been founded and four have failed. Community feedback indicates a variety of instructive reasons for these failures: 1) lack of community engagement in the development of the project; 2) lack of experienced management at the site level; 3) lack of organizational depth in the administering organization; and lack of long-term financial stability. Yet several community organizations and local agencies stand ready to support and develop a new youth center. This project has been constructed with these learnings in mind. The PEI funds will be used as seed money to enable a collaborative, community-based approach to project implementation. The contract will require a set of baseline features, such as youth mentoring, a wellness program and opportunities for peer-driven leadership development. The project administration will be awarded to the collaborative that brings the most appropriate array of local resources and location to the youth center.

Comments such as the four listed below highlight community support for a Youth Wellness Center:

There are not any sober, clean social activities, whether formal or informal. We have very little for teens. – BH Staff Focus Group

[2] California Department of Education Educational Demographics Office Adjusted Grade 9-12 4-Year Derived Dropout Rate: http://dq.cde.ca.gov/dataquest/DropoutReporting/GradeEth.aspx
[3] Prevalence Data developed by Dr. Holzer: http://www.dmh.ca.gov/Statistics_and_Data_Analysis/Prevalence_Rates_Mental_Disorders.asp

> As a mother, it is important that there be a place for children to go. Children need a wellness center too. – Consumer Focus Group
> We really need activities for TAY. If they didn't go into the military or to school, they are in trouble. There are no jobs here. – Homeless Focus Group
>
> We really need mentoring up here for kids, kids who are depressed or in trouble. – UpCounty/ TAY

During the community prioritization meeting, 6 of 9 participant tables indicated that creating a Youth Wellness Center was a priority. Results of the meeting are included in Appendix I.

3. PEI Project Description:

The Youth Wellness Center is intended to address a significant need for a safe, recovery and wellness-oriented place for older school-age youth (12 – 18 year old) to find support in peer relationships and mentoring. The Amador County Youth Wellness Center will offer the traditional components of a Wellness Center, including peer-to-peer education, support, prevention services, wellness activities, and system navigation. The center will also offer opportunities specific to those at risk for mental illness, including opportunities to increase community engagement, build resiliency and leadership capabilities, and academic and/or vocational support. In addition, the center will offer fun social and enrichment-oriented activities for youth who otherwise would remain unsupervised.

Some of these resources are available to youth in the central part of the county such as Jackson and Martell. However, in the traditionally underserved areas of Pine Grove, Camanche and Ione, little is available for youth once the school day ends. Thus, the Center will be located in a geographically isolated, underserved area and will be open after school hours and on Saturdays.

Because there are several components to this project, and different local government agencies and community-based organizations can bring different resources to the project, Amador County will develop an RFP outlining required project components and put the project out for competitive bid.

Required project components, assuming that some will be provided in-kind by the project partners and others will be paid for through PEI funds, include:

- Staffing to hire a part-time paraprofessional with appropriate screening to work with youth
- Facility costs
- Availability of peer support programs including Al-Anon/Al-Ateen; system navigation and support for LGBTQ and other underserved youth
- Information about mental health services and other supports
- Implementation of evidence-based interventions, such as mentoring
- Materials for recreation and the arts

The goal of the RFP process is to encourage a project with the best possible set of services, partnerships and resources. The Youth Wellness Center will leverage existing resources to begin

to address a county-wide issue in an area of greatest need. Successful efforts could be extended in future years, perhaps leveraging other resources/funds for additional locations or van transport to the selected location.

4. Programs

Program Title	Proposed number of individuals or families to be served in first year		Number of months in operation
	Prevention	Early Intervention	
PROJECT #2: Youth Wellness Center	10,166		11
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 847**	**Individuals:**	

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

The Youth Wellness Center will serve as a referral point for Amador County Behavioral Health Services, as well as a source of support for those navigating the system. It is expected that existing community organizations such as ATCAA and the Sierra Wind Wellness Center will extend existing services to the Youth Wellness Center.

6. Collaboration and System Enhancements

The success of the Youth Wellness Center is dependent on and the project is designed to encourage collaboration. While Amador County's size naturally limits the number of service providers, in developing this project it became clear that many resources could be brought to bear. In addition to the traditional social and health services providers, other community members, including the business and faith-based communities, emerged with ideas for resources that could be applied to this effort. By implementing this project through RFP, with basic requirements and budget defined, Amador County hopes to encourage collaboration in a project that leverages previously unidentified resources.

7. Intended Outcomes

Focus Area	Resources	Activities	Outputs	Outcomes	Measures	Impact
List the most important things the program will accomplish	*Describe the resources that will support the program activities*	*Describe and define the program activities*	*For each activity identify ways to demonstrate that services have been delivered*	*Identify what changes you expect each activity to effect*	*Specify the ways that these outcomes will be measured*	*Describe the impact that the community will feel in 1-2 years as a result of the program*
Provide a safe space for school- and transition-aged youth Provide resources to youth in a geographically isolated area Provide space to deliver ART® and recovery groups in an age-appropriate setting Establish a trusted entity from which to distribute information regarding mental health support and resources Provide a safe space for LGBTQ youth	Dedicated space apart from adult services Trained staff to support the space and activities ART® group Existing mentorship programs Existing Al-Ateen groups	Peer counseling and peer-facilitated groups Professionally facilitated groups Information resources and presentations Mentoring Drop-in support	Count of groups delivered Attendance counts Resources utilized Information distributed	Reduce substance abuse Reduce school failure Increase resiliency Strengthen community	Voluntary participant surveys Quarterly reports on attendance and frequency of activities	Fewer at-risk school- and transition-aged youth Strengthened collaboration among those serving youth Increased knowledge of available services Increase in requests for assistance from youth, including culturally and linguistically isolated populations and LGBTQ youth

8. Coordination with Other MHSA Components

The Youth Wellness Center will provide space for the Aggression Replacement Therapy (ART®) groups funded under Project 1. In addition, it will receive support from the Sierra Winds Wellness Center, funded by the County's CSS investment.

9. Additional Comments (optional)

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 3

County: **Amador** **PEI Project Name:** **Mental Health Liaison** **DATE**

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
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 Populations	☒	☒	☒	☒

Project 3: Mental Health Liaison

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

Please see Project 1 for a description of the process for arriving at the proposed PEI project. No other prevention/intervention strategy to address a community need received the same level of support as this project, however, the need for both a Family Advocate and Consumer Advocate to work within ACBH was identified, and ACBH is planning to fund this project with Community Services and Supports funding through its 2010 Annual Update.

Despite the significant community support for the planning process, participants frequently voiced their confusion with navigating the Behavioral Health system and their frustration with the stigma and discrimination felt by persons receiving services. Needs identified across all ages and ethnicities include:

- Doctors lack up-to-date information about mental illness; they don't recognize early signs and don't know about services and supports
- Doctors won't treat those in crisis in the ER
- Since BH cannot bill MediCare, many older adults only see primary care physicians, who do not always recognize prevention/intervention opportunities
- Multiple county departments outreach to and serve the same people
- There aren't enough support groups
- Many adults suffer from mental illness and addiction and can't access services
- Victims of PTSD are misunderstood and wrongly served by doctors and the justice system
- Emergency responders need support to deal with exposure to trauma
- Those in crisis need someone to talk to without waiting for a therapist appointment
- People in the justice system don't always get services, and law enforcement doesn't always understand mental illness

Consumers participating in planning activities recurrently spoke of the difficulty they had in accessing services, renewing prescriptions and understanding the nuances of their condition. Coupled with a general lack of understanding of mental health and many people's reluctance to seek services, most contact with ACBH happens during or right after a crisis. Overburdened Behavioral Health staff often can't meet the needs of all consumers, and many do not have regular access to a therapist, or even to someone who can regularly refill necessary prescriptions. Throughout the planning process, participants spoke of the detrimental effect such interruptions in the continuity of care have on maintaining wellness and recovery.

Similarly, first contact with ACBH is often through law enforcement or emergency services resulting from a crisis that very well may have been preventable if addressed earlier. Hospital, emergency, probation and law enforcement personnel all expressed that they did not understand enough about behavioral health issues to be able to adequately deal with a person in crisis. All expressed the desire to learn more and build better relationships to aid in the prevention of such occurrences.

Planning participants strongly agreed that "the County needs its professional force to be educated," as they are potential points of contact for persons who may not seek help because they feel shame or discomfort in doing so. Even for those willing to reach out, managing as a consumer or family member of a consumer can be overwhelming without appropriate support. "It's so easy to get lost," one group noted at the community prioritization meeting, there needs to be "help providing direction when families feel helpless and hopeless" echoed another group. Although this need was identified for all age groups, it is especially relevant for Older Adults. "Physicians are our major gatekeepers for seniors," commented one participant, "doctors are first in line, encountering people whose mental issues have started to manifest physically."

Primary Care Providers also noted the need for more collaboration and the systematic sharing of information:

> We need mental health training for Primary Care Physicians. They write prescriptions that say "Needs IEP" – they need education on recognition of issues, and on what's available. Right now they just set up fear and wrong expectations for parents. – Parents Focus Group
>
> We need a BH liaison. To create systems, establish protocols, work on technology and relationships. – Primary Care Providers Focus Group
>
> I still don't know what is available at ACBH right now. I don't know who to communicate with. – Primary Care Providers Focus Group
>
> We want someone from BHS to come to PC clinics. We need support when we have an issue that comes up with a patient. Someone that can make a connection before they go into crisis. Someone who can spend a day at each clinic. – Primary Care Providers Focus Group
>
> 60% of my patients have mental health issues I don't have the training or capacity to help them – Primary Care Providers Focus Group

During the community prioritization meeting, 5 of 9 participant tables indicated that a Mental Health Liaison was a priority. Results of the meeting are included in Appendix I.

3. PEI Project Description:

This Project is intended to address a widely reported lack of adequate mental health understanding and education on the part of primary care and other partner providers. Throughout the PEI planning process, it was noted in that in a small rural county, the primary care provider is the first line of inquiry for any health-related issue, including behavioral issues in children, youth, adults and older adults. Yet the disbursed nature of primary care delivery in a rural setting means that primary care providers may receive little in the way of training regarding mental health issues.

This project is intended to create a liaison to serve as a bridge between Behavioral Health and Primary Care providers and other county agencies in order to:

- Promote the integration of services

- Encourage better understanding of mental health diagnoses and related treatment
- Provide support for coordination of medications and care
- Focus training on the needs of older adults
- Streamline referrals for timely response to crises

The liaison position will be filled by a part-time psychiatric nurse or psychiatric technician who will serve on both the Integrated Recovery Teams and as part of the Access & Crisis Stabilization Team within Amador County Behavioral Health. The liaison's role is to serve as a bridge to the Behavioral Health department and help coordinate referrals from primary care physicians and emergency department doctors to promote the integration of services and transition those experiencing the onset of serious mental illness to ongoing services.

The liaison will provide information regarding diagnosis, treatment, and medications management. On the consumer side, the liaison is intended to help individuals with private insurance by identifying covered providers and expediting referrals, as well as to help coordinate appointments with appropriate psychiatrists and nurses. On the provider side, the liaison will provide resources and materials to increase the understanding of mental health diagnosis, treatment and services for primary care providers.

Primary care providers and the hospital are the key settings for launching this project; liaison services will be extended to the County jail, Probation and other agencies within the justice system in future years.

4. Programs

Program Title	Proposed number of individuals or families to be served in first year		Number of months in operation
	Prevention	Early Intervention	
Mental Health Liaison	75	tbd	11
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals:** Tbd	**Individuals:** tbd	

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

The Liaison will work within the Behavioral Health Agency, and will be tasked with creating a formal linkage with the Emergency Department as well as primary care physicians throughout Amador County. In future years, once the program is established, the Liaison will develop formal linkages to agencies within the criminal justice system.

6. Collaboration and System Enhancements

Currently the only formal linkages provided between Behavioral Health and primary care providers are through members of the Crisis Team. Thus, consumers may only receive assistance in navigating the system once they are in crisis. Introducing the liaison is intended to create greater collaboration across the health system at every stage of mental health diagnosis and treatment, and to increase access to appropriate services to prevent crisis.

In addition, the Liaison will work to reduce miscommunications, inconsistencies, and duplications of medications, resulting in lower costs to the system. The Liaison will increase both the appropriateness and fluidity of referrals for quicker response the crisis, increased follow-through and better system utilization.

7. Intended Outcomes

Focus Area	Resources	Activities	Outputs	Outcomes	Measures	Impact
List the most important things the program will accomplish	*Describe the resources that will support the program activities*	*Describe and define the program activities*	*For each activity identify ways to demonstrate that services have been delivered*	*Identify what changes you expect each activity to effect*	*Specify the ways that these outcomes will be measured*	*Describe the impact that the community will feel in 1-2 years as a result of the program*
Educate and support primary care physicians and Emergency Department staff in mental health diagnosis, prevention and treatment Provide support in navigating the Behavioral Health system Provide education and support for law enforcement agency personnel	Trained staff to interact with primary care physicians and other agency personnel	Training for primary care physicians, Emergency Department personnel, and law enforcement Liaison between primary care physicians, consumers and ACBH	Quarterly reports Feedback in ACBH staff meetings Count of presentations ad trainings conducted Count of participants by key characteristics	Improve understanding of mental health among primary care providers and law enforcement personnel Improve access to preventative mental health services prior to a crisis	Surveys of primary care providers, Emergency Department doctors and law enforcement personnel Medical records Participant focus groups	Better understanding of mental health issues, diagnosis and treatment Improved interaction between ACBH, mental health providers, primary care providers and law enforcement

8. Coordination with Other MHSA Components

The MHSA Planning Council has identified an interest in applying MHSA Workforce Education and Training (WET) funds to provide training in mental health diagnosis and treatment for primary care providers and crisis response for law enforcement agencies.

9. Additional Comments (optional)

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 3

County: Amador **PEI Project Name: Promotores de Salud** **DATE**

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
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 Communities	☒	☒	☒	☒

Project 4: Promotores for Mental Health

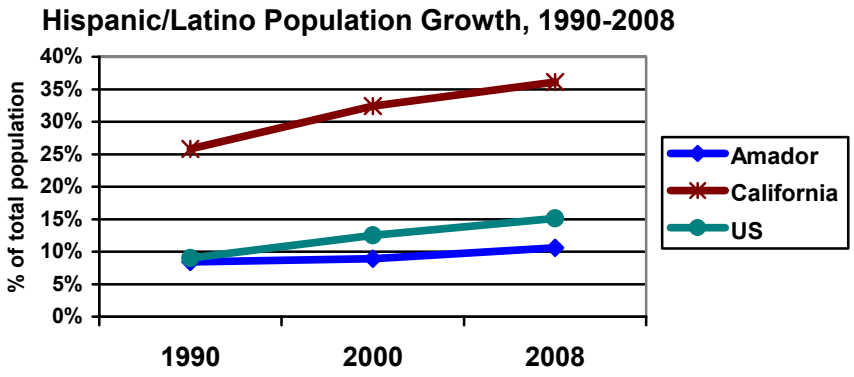
Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Please see Project 1 for a description of the process for arriving at the proposed PEI project. The need for this project was evidenced by the relative lack of participation by the Latino/Hispanic community in the planning process.

Through community surveys and group consensus building activities, participants expressed their concern about limited service utilization by culturally underserved communities in Amador, especially the rising population of Hispanic/Latinos. Moreover, stakeholders related the following challenge in engaging linguistically isolated community members:

- People need to know about services; not everyone can access a website; illiteracy and language barriers make outreach more difficult

Over the past two decades, Amador has seen a steady increase in the Hispanic/Latino population residing in Amador County. The chart below illustrates the percentage of the total population identifying as Hispanic/Latino.



While growing at a slower rate than at the state and national level, this population forms a culturally distinct group in Amador necessitating a different approach to outreach and service provision. Stigma and discrimination stemming from different cultural practices and attitudes towards mental health decrease the likelihood that people will seek needed services. Geographic isolation affects this component of the community as well. Though some members of the Hispanic/Latino population live in Jackson (7%), Amador City (10%) and Ione (21%), many live in the more isolated unincorporated areas away from most County-provided services. The need for targeted outreach is underscored by the higher prevalence rate for Serious Emotional Disturbance and Serious Mental Illness in the Hispanic/Latino population than for all Amador residents (10.9% and 7.5% respectively)[4].

[4] Prevalence Data developed by Dr. Holzer:
http://www.dmh.ca.gov/Statistics_and_Data_Analysis/Prevalence_Rates_Mental_Disorders.asp

Community members also recognize this as a barrier to overcome:

> There are programs, but not in Spanish. We don't know what programs are available. –Spanish Focus Group
> More paraprofessionals is [sic] better than a single professional. Like a Promotores program. Sometimes the professionals are intimidating. An older mentor, like a grandmother, we can trust her. –Spanish Focus Group
>
> Latinos do not come into our center, there is a lot of stigma. –UpCountry/ Focus Group
>
> We need Spanish speaking providers. Spanish is now a threshold language; we need people who can do all types of service in Spanish. We also need cultural competence in Spanish speaking communities, not just the ability to read and write. –Key Informant Interview
>
> The emerging Hispanic population are most in need, they are the least likely to ask for help. –Key Informant Interview

3. PEI Project Description:

Promotores de Salud is a widely regarded practice for outreaching to traditionally underserved communities. In this implementation, the Promotores program will focus on mental health needs in the Spanish-speaking community. *Promotor/a* is a Spanish term for a male/female "promoter," in this instance a community-based lay health worker and peer educator.

Promotores are noted for expertise in the community in which they live and serve, rather than formal health education. This familiarity with community practices, norms and biases enables the *promotores* to help address barriers to accessing services, such as transportation, availability, culture, language, stigma, and mistrust.

According to a Community Health Workers national workforce study[*], the promotor/a serves seven core roles that are particularly effective in rural communities:

1) Cultural mediation,
2) Informal counseling and social support,
3) Providing culturally appropriate health education,
4) Advocating for individual and community needs,
5) Assuring that people get the services they need,
6) Building individual and community capacity; and
7) Providing referrals to direct services.

The Center for Public Awareness describes additional functions of the promotor/a[*] in the context of the health delivery system:

- Decreasing health care costs,

[*] Swider, SM. (2002) "Outcome Effectiveness of Community Health Workers: An Integrative Literature Review" Public Health Nursing, Vol. 19, No. 1.

- Increasing health care access, and
- Strengthening the family and community.

The objective of this program is to engage ATCAA to train and deploy Promotores de Salud into the Spanish-speaking community throughout Amador County. The Promotores de Salud will primarily be community members who have received services or are family members of persons who have received services and have general knowledge of the local county system, to establish channels of communication within the community they serve. As part of this project, ATCAA will:

- Recruit and direct interested individuals capable of becoming Promotores de Salud
- Collaborate with Amador Behavioral Health and other partners to educate Promotores de Salud on topics relevant to mental health and wellness
- Educate Promotores on resources available through the local county system and other community service providers and other topics relevant to the community and mental health

The Promotores will conduct educational presentations and perform community outreach activities addressing behavioral health topics to groups and individuals within community organizations countywide such as schools, churches, etc. on a weekly basis. The overall benefit to the county will be the increase of community members being connected to community-based prevention and early intervention and behavioral health services without fear of discrimination or stigmatization.

ATCAA currently delivers outreach services to Spanish-speaking communities through the Community Partners Outreach and Services Cultural & Rural Communities program, funded under a Mental Health Services Act (MHSA) Full Service Partnership (FSP). For this program, ATCAA has hired Spanish-speaking staff to augment the core clinical services of the County by providing outreach, engagement, support, liaison and linkage between the Spanish-speaking community and ACBHD. The ATCAA Family Advocates work in partnership with the County staff to provide and coordinate services with the treatment team and provide referrals. The Promotores De Salud program will augment the efforts by focusing on Prevention and Early Intervention.

The Promotores program will be implemented across the county in selected areas with elevated concentration of Spanish-speaking populations, beginning with Ione, where the highest concentration resides.

The Promotores model is highly reliant on community volunteers who will be trained to work with professionals and paraprofessionals in the delivery of prevention activities. Outreach is most successful in natural gathering places, including churches and other places of worship, homes and other settings that are non-threatening/non-stigmatizing locations for the target community. Thus, where possible, volunteers will be recruited from these entities and others that the Spanish-speaking community is most likely to trust. Volunteers will receive stipends in order to defray transportation costs, given the lack of public transportation services in this rural county, and to encourage ongoing participation.

Each Promotor/a will receive eight (8) weeks of extensive training that teaches knowledge of culturally and linguistically competent topics relevant to behavioral health. They will be trained to identify and recognize early signs and symptoms of substance abuse and behavioral/mental health disorders, work with selected provider(s) in delivery of prevention and early intervention educational programs, develop culturally relevant materials, and assist in ensuring that activities are provided in a culturally and linguistically appropriate manner. They will be trained in ways to participate in behavioral health coalition building to strengthen their communities' capacity to increase resilience and wellness. They must also be trained on assisting individuals in navigating the public behavioral health system such as directing them to the appropriate behavioral health services, when necessary, and providing support and follow up for individuals that are referred to behavioral health services.

4. Programs

Program Title Promotores de Salud	Proposed number of individuals or families to be served in first year		Number of months in operation through June 2010
	Prevention	Early Intervention	
	190		11
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals:** 54	**Individuals:** 22	

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

The success of the Promotores program depends on collaboration in order to deliver the needed information to the target community. The Promotores de Salud program is an enhancement to the Family Advocates Program funded under an MHSA FSP. In addition, the promotores will work in concert with the Mental Health Liaison to increase the cultural competency of primary care providers and will develop strategies to increase participation at the Sierra Winds Wellness Center.

6. Collaboration and System Enhancements

The Promotores de Salud project will rely on extensive collaboration with Amador County Behavioral Health, the Amador Unified School District and school sites, faith-based organizations, primary care centers, the Public Health Department and other health centers, Social Services, and law enforcement agencies, as well as other community based organizations in underserved/unserved populations to include community/family resource centers, private and public employment offices, and local media outlets. This effort may serve as a launching pad for other health related outreach campaigns.

7. Intended Outcomes

Focus Area	Resources	Activities	Outputs	Outcomes	Measures	Impact
List the most important things the program will accomplish	*Describe the resources that will support the program activities*	*Describe and define the program activities*	*For each activity identify ways to demonstrate that services have been delivered*	*Identify what changes you expect each activity to effect*	*Specify the ways that these outcomes will be measured*	*Describe the impact that the community will feel in 1-2 years as a result of the program*
Reduce disparities in access to mental health services Reduce stigma and discrimination towards people who need mental health services	Staff time to coordinate training and manage volunteers Stipends for volunteers Promotor/a volunteers who can act as cultural brokers to bring information to culturally and linguistically isolated communities CBOs, churches and schools that are deeply connected to target populations	Train volunteers Disseminate information Present to groups Form trust-based relationships with target population Act as a liaison and cultural broker to traditional providers of mental health services	Count of materials distributed Count of presentations conducted Count of visits to target community settings Count of participants by key characteristics	Informed pubic regarding mental health issues and resources Increased usage of mental health services and supports by target population Increased cultural competency on the part of traditional mental health service providers	Analysis of activities by key characteristics Analysis of usage of mental health services	Increased engagement of target population in mental health services Decreased stigma regarding mental health Greater knowledge of available resources

8. Coordination with Other MHSA Components

It is anticipated that the Promotores will work with the Mental Health Liaison funded through PEI project 3. It is also intended that the Promotores will provide linkages to the Youth Wellness Center to encourage Latino youth at risk for or engaged in the mental health system to receive appropriate and necessary peer support. In addition, Promotores will coordinate with ATTCA's Family Advocates to transition those with identifiable needs to ongoing behavioral health treatment.

9. Additional Comments (optional)

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 3

County: Amador PEI Project Name: Respite and Support for Parenting Grandparents DATE

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
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 Communities	☒	☒	☐	☒

Project 5: Support and Respite for Parenting Grandparents

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

Please see Project 1 for a description of the process for arriving at the proposed PEI project. The need for home-based interventions was also identified during the planning process. This need is addressed by the Senior Center of Amador County operated Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) program, and was also able to identify resources to coordinate and train volunteers to visit older adults in their homes.

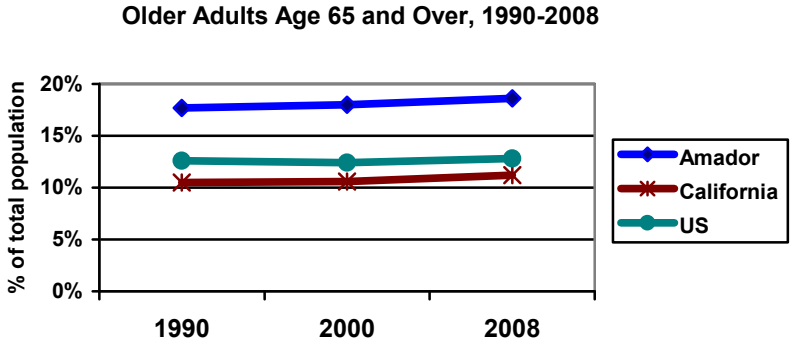
In addition, past efforts to outreach to parenting grandparents have met with overwhelming interest. The Resource Connection provided training in 2009 using in-house staff. Both trainings were fully registered, and there were requests for additional segments. The Foster Parent Education program has also seen an increase in participation in trainings and support from parenting grandparents. These efforts, offered based on need, and on an ad hoc basis without a reliable source of funds, serve to demonstrate a real need for a structured program to address the mental health needs of parenting grandparents.

In Amador County, one third of the population is made up of older adults, a concentration higher than both the State and national average. Patterns of poverty, unemployment and lack of economic opportunity, as well as the impacts of drug and alcohol addiction have created a situation in which many grandparents are the primary caregivers for their grandchildren. In Amador County, 5.6 percent of children are being raised by a grandparent, compared with 5.2 percent for the national average[5]. Further, those households are more likely to live in poverty, given that the median income for a householder 65 or older is 71 percent of that for someone aged 25-44. Amador County Department of Social Services (DSS) estimates that of 64 cases in the "3R" aid code (households with children or disabled adults and eligible for CalWORKS), approximately 55 of them are cases in which grandparents are raising grandchildren. These older adults find themselves on unfamiliar terrain, balancing the needs of their grandchildren with their own needs as aging adults. Stakeholders agree that this group is uniquely at risk:

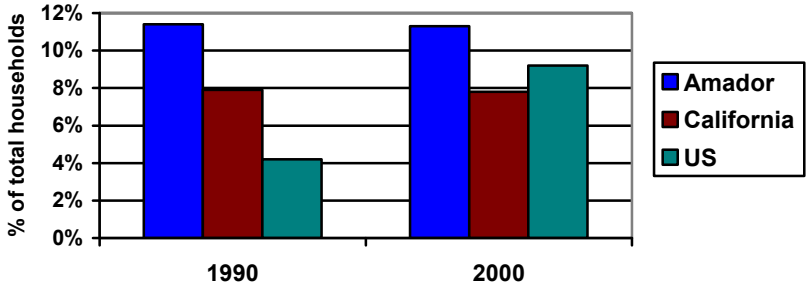
- Older adults are caring for adult children without sufficient support; older adults are parenting their grandchildren
- Older adults don't recognize the symptoms of mental illness and/or won't reach out for help
- Older adults live in isolation; this is even more true for LGBT older adults
- Amador has a large population of older adults, many live in isolation; they don't receive intervention services
- There is a high rate of suicide among older adults

[5] According to the US Census Community Service 2008, Table B10002

As shown in the following chart, Amador County has an older adult population significantly higher than state and national levels.



Additionally, almost 11% of households in Amador are headed by older adults. Increased stress caused by dealing with the issues of aging and concurrently caring for a household make this population especially vulnerable. The high rates of older adult householders are illustrated below.



As noted during the community prioritization process, "caregiver wellness is the first step in quality support," there is a need for "multi-generational stress reduction." Participants maintained that parenting grandparents form one of the highest priority populations in Amador:

> Grandparents need support in raising their grandchildren. –School Administrators Focus Group
>
> Support for the families really involves the seniors. It is the grandparents of the people with drug problems that are parenting the kids. –Key Informant Interview
>
> Preventative programs for caregivers are really important. How to get parents excited, and provide support for seniors who are parenting. –Key Informant Interview

During the community prioritization meeting, 6 of 9 participant tables indicated that support for parenting grandparents was a priority. Results of the meeting are included in Appendix I.

3. PEI Project Description:

This project serves as a two-pronged effort to provide intervention to older adults acting as parents to their grandchildren. It is intended to improve the wellbeing of parenting grandparents and to help them to mobilize their social support network and better adapt to their role as primary caregivers to their grandchildren. The first component of this program consists of a support intervention for older adults struggling with the pressures of the parenting role. The second component consists of a respite care fund for grandparents serving as parents that will be accessed on an as-needed basis.

- Support: The Resource Connection; Brenda Bullington/Resource Connection offered two workshops for grandparents as parents last year; attendance at these workshops indicates a need for ongoing support. The Resource Connection will maintain two trainings per year as part of their in-kind contribution to the project. PEI funds will be used to expand trainings to quarterly, and to foster mutual aid in the parenting grandparent community, as well as provide opportunities to engage families in mental health services when needed, as well as social supports ongoing.
- Respite: The respite care fund operations contract will be awarded to Resource Connection, an established community based organization that operates a similar respite fund for parents in the justice system and that has the appropriate relationships with licensed childcare providers to operate the respite care fund. Families would be referred to Resource Connection to access the fund, which would pay for 2-4 hours of childcare by a licensed provider. Resource Connection has the capability to manage a list of providers who can accept children on a drop-in basis.

Amador County DSS/CPS has indicated an ability to refer clients to these services

4. Programs

Program Title Respite and Support for Parenting	Proposed number of individuals or families to be served in first year		Number of months in operation through June 2010
	Prevention	Early Intervention	
	80		12
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 20**	**Individuals: TBD**	

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

As the target population is typically unfamiliar with the stresses on and resources available to parents of young or school-aged children, it is anticipated that the program will receive referrals from service providers outside the mental health system, including Child Protective Services, childcare providers, Amador County Unified School District and the juvenile justice system, as well as First 5, who has had success in outreaching to this population in the past.

6. Collaboration and System Enhancements

This project enhances the array of services available to at-risk families, targeting an increasingly common family structure that falls between the gaps in existing services for families. Both Resource Connection and First 5 have provided ad-hoc presentations and supports that demonstrate the need for a more formal program, and both programs will be critically important to its success. Both Resource Connection and First 5 enjoy strong reputations for working collaboratively in Amador County.

7. Intended Outcomes

Focus Area	Resources	Activities	Outputs	Outcomes	Measures	Impact
List the most important things the program will accomplish	*Describe the resources that will support the program activities*	*Describe and define the program activities*	*For each activity identify ways to demonstrate that services have been delivered*	*Identify what changes you expect each activity to effect*	*Specify the ways that these outcomes will be measured*	*Describe the impact that the community will feel in 1-2 years as a result of the program*
Provide support for older adults who are parenting their grandchildren Provide respite to the target population to prevent a family crisis Strengthen connections and social networks Improve caregiving by grandparents	Existing network of childcare providers Existing service providers with experience serving the target population Funding to provide respite services Existing curriculum for support services	Limited respite care on an as-needed basis provided by licensed childcare providers Support group and education materials for parenting grandparents Referrals by organizations working with families	Count of respite hours use Count of referrals into Resource Connection Respite Fund Count of participants in support group Count of presentations given	More informed target population capable of seeking help Respite for care providers in times of extreme stress Increase in social supports	Change in knowledge of participants through self-reports Quarterly report on fund usage	Grandparents who are parenting grandchildren will have a better understanding of the resources available to them Strengthen families Strengthen community linkages

8. Coordination with Other MHSA Components

It is anticipated that families participating in the PCIT and ART® interventions as well as in the Full Service Partnerships may be referred from the Parenting Grandparents program and vice versa. Resource Connection also has language capability to work with referrals from the Promotores program.

9. Additional Comments (optional)

PEI REVENUE AND EXPENDITURE BUDGET WORKSHEET (FORM # 4)

This page intentionally left blank.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 4

Form No. 4

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

County Name: Amador

Date: Apr-2010

PEI Project Name: **1. Intervention for Depression and Anxiety in Stressed Families**

Provider Name (if known): Amador-Tuolumne Community Action Agency (ATCAA)

Intended Provider Category: Various Non-profits Project

Proposed Total Number of Individuals to be served:	FY 10-11	171	FY 11-12	171
Total Number of Individuals currently being served:	FY 10-11	40	FY 11-12	n/a
Total Number of Individuals to be served through PEI Expansion:	FY 10-11	131	FY 11-12	n/a
Months of Operation:	FY 10-11	12	FY 11-12	12

	Total Program/PEI Project Budget*		
Proposed Expenses and Revenues	FY 10-11	FY 11-12	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)			
Project Oversight (0.2 FTE Program Manager)	16,300	15,900	
Eligible Providers – Clinician Recruitment and Service Delivery	20,700	20,100	
ART® Training	8,000	0	
Ongoing training	0	4,000	
a. Total Subcontracts	45,000	40,000	
4. Total Proposed PEI Project Budget	**$45,000**	**$40,000**	**$85,000**
B. Revenues (list/itemize by fund source)			
1. Total Revenue			
5. Total Funding Requested for PEI Project	**$45,000**	**$40,000**	**$85,000**
6. Total In-Kind Contributions 1.75 FTE clinician Certified PCIT Facility Indirect Contract Costs	$73,000	$73,000	$146,000

* Funds for these programs will be drawn from the earliest available funding year first.

BUDGET NARRATIVE Form No.4
PROJECT 1: Intervention for Depression and Anxiety in Stressed Families

Personnel Expenditures: $0

No personnel costs are anticipated through this project.

Operating Expenses: $0

No Operating costs are budgeted through this project. All operating costs are provided in kind by ATCAA as the provider of services.

Subcontracts: $85,000

1. Eligible CBO Providers – Amador-Tuolumne Community Action Agency (ATCAA)

Funding for this project will be made available to the current provider of the PCIT program, Amador-Tuolumne Community Action Agency (ATCAA). Contracting both the PCIT and ART® programs to the same provider will leverage their existing county-wide presence and provide for a seamless provision of services across age groups and families.

Funding for the first year is set at $45,000 and is allocated for the delivery of PCIT and ART® services as follows:

- PCIT services will be provided two days per week for a total of 15 families per week with exceptions of holidays and client absences. Families will participate in 10 weeks of PCIT services.
- ATCAA will train 6 clinicians in the delivery of ART® services.
- Two to four ART® groups will run concurrently at different locations in Amador County. Each group will serve 8 children aged 8-12 years with one licensed therapist and one registered intern. In addition, individual services will be delivered two days per week.

Additional funding will be available for the delivery of services in FY 2011/2012, to be funded from the earliest funding year available.

- $36,000. The $36,000 will be allocated in full for project oversight and continuing clinician services for both PCIT and ART®.
- $4,000. The $4,000 will be allocated for the delivery of refresher training on an annual basis.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 4

Form No. 4

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

County Name: Amador | Date: Apr-2010

PEI Project Name: **2. Youth Wellness Center**

Provider Name (if known): Contracted Partner(s) to be determined

Intended Provider Category: Various Non-profits Project

Proposed Total Number of Individuals to be served:	FY 10-11	10,166	FY 11-12	12,200
Total Number of Individuals currently being served:	FY 10-11	n/a	FY 11-12	n/a
Total Number of Individuals to be served through PEI Expansion:	FY 10-11	n/a	FY 11-12	n/a
Months of Operation:	FY 10-11	10	FY 11-12	12

	Total Program/PEI Project Budget*		
Proposed Expenses and Revenues	FY 10-11	FY 11-12	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)			
Paraprofessional oversight	20,000	20,000	
Furniture and Supplies	9,000	4,000	
Facility Expenses	13,000	13,000	
a. Total Subcontracts	42,000	37,000	79,000
4. Total Proposed PEI Project Budget	**$42,000**	**$37,000**	**$79,000**
B. Revenues (list/itemize by fund source)			
1. Total Revenue			
5. Total Funding Requested for PEI Project	**$42,000**	**$37,000**	**$79,000**
6. Total In-Kind Contributions Mentorship program, Al-Anon/Al-Ateen groups	tbd	tbd	tbd

* Funds for these programs will be drawn from the earliest available funding year first.

BUDGET NARRATIVE Form No.4
PROJECT 2: Youth Wellness Center

Personnel Expenditures: $0

No personnel costs are anticipated through this project.

Operating Expenses: $0

No Operating costs are budgeted through this project. The selected provider of services will provide all operating costs.

Subcontracts: $79,000

1. Eligible CBO Providers – To Be Determined

   - Funding for the first year is $42,000. This project will be put out to bid by ACBH in order to encourage local buy-in and collaboration. The Request for Proposals (RFP) will require that the Youth Wellness Center be located in an underserved area of Amador County and that wellness activities and services are provided, including recovery meetings such as Al-Ateen and that a mentoring and youth leadership program be established.
   - Funds are intended to provide all appropriate project components that cannot be leveraged in-kind from the collaborative, including facility rental and/or operating expenses, staffing, furniture and supplies, and any materials or training appropriate to delivering wellness-oriented services.

Additional funding will be available in the 2011/2012 funding cycle.

- $37,000. The $37,000 will be allocated in full for continued operation of the Wellness Center, assuming some reduction in budget following project start.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 4

Form No. 4

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

County Name: Amador — Date: Apr-2010

PEI Project Name: **3. Mental Health/Primary Care Liaison**

Provider Name (if known): Amador County Behavioral Health

Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served:	FY 10-11	75	FY 11-12	125
Total Number of Individuals currently being served:	FY 10-11	n/a	FY 11-12	n/a
Total Number of Individuals to be served through PEI Expansion:	FY 10-11	n/a	FY 11-12	n/a
Months of Operation:	FY 10-11	11	FY 11-12	12

	Total Program/PEI Project Budget*		
Proposed Expenses and Revenues	FY 10-11	FY 11-12	Total
A. Expenditure			
1. Personnel: Psychiatric Nurse (0.5 FTE)			
a. Salaries, Wages	41,000	41,00	82,000
b. Benefits and Taxes	19,800	19,800	39,600
c. Total Personnel Expenditures	**$60,800**	**$60,800**	**$121,600**
2. Operating Expenditures			
a. Facility Cost			
Other Operating Expenses:			
c. Total Operating Expenses	**$0**	**$0**	**$0**
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
a. Total Subcontracts	**$0**	**$0**	**$0**
4. Total Proposed PEI Project Budget	**$60,800**	**$60,800**	**$121,600**
B. Revenues (list/itemize by fund source)			
1. Total Revenue			
5. Total Funding Requested for PEI Project	**$60,800**	**$60,800**	**$121,600**
6. Total In-Kind Contributions	0	0	0

* Funds for these programs will be drawn from the earliest available funding year first.

BUDGET NARRATIVE Form No.4
PROJECT 3: Mental Health/Primary Care Liaison

Personnel Expenditures: $121,600

Funding for this project will be made available to ACBH in order to hire a psychiatric nurse to provide liaison services. Funding will provide a part-time (0.5 FTE) hire, including benefits.

Additional funding will be available in the 2011/2012 funding cycle.

- $63,766. The $63,766 will be allocated in full for continuing mental health liaison services.

Operating Expenses: $0

No Operating costs are budgeted through this project. All operating costs are provided in kind by ACBH as the provider of services.

Subcontracts: $0

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 4

Form No. 4

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

County Name: Amador | Date: Apr-2010

PEI Project Name: **4. Promotores de Salud**

Provider Name (if known): Amador-Tuolumne Community Action Agency (ATCAA)

Intended Provider Category: Various Non-profits Project

Proposed Total Number of Individuals to be served:	FY 10-11	190	FY 11-12	237
Total Number of Individuals currently being served:	FY 10-11	n/a	FY 11-12	n/a
Total Number of Individuals to be served through PEI Expansion:	FY 10-11	n/a	FY 11-12	n/a
Months of Operation:	FY 10-11	11	FY 11-12	12

Proposed Expenses and Revenues	Total Program/PEI Project Budget*		
	FY 10-11	FY 11-12	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
b. Benefits and Taxes			
c. Total Personnel Expenditures			
2. Operating Expenditures			
a. Facility Cost			
b. Other Operating Expenses			
c. Total Operating Expenses			
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Volunteer Coordinator	11,342	11,342	22,684
Transportation Stipends, Events	6,558	6,558	13,116
Indirect costs (11.5%)	2,059	2,059	4,118
a. Total Subcontracts	19,959	19,959	39,918
4. Total Proposed PEI Project Budget	**$19,959**	**$19,959**	**$39,918**
B. Revenues (list/itemize by fund source)			
1. Total Revenue			
5. Total Funding Requested for PEI Project	**$19,959**	**$19,959**	**$39,918**
6. Total In-Kind Contributions	$46,916	$46,916	$93,832
Program Supervision (6 hours per week)	$6,666	$6,666	
Facility (including rent, utilities, maintenance, etc.)	$40,250	$40,250	

* Funds for these programs will be drawn from the earliest available funding year first.

BUDGET NARRATIVE Form No.4
PROJECT 4: Promotores de Salud

Personnel Expenditures: $0

No personnel costs are anticipated through this project.

Operating Expenses: $0

No additional Operating costs are budgeted through this project. All operating costs are provided by ATCAA as the provider of services.

Subcontracts: $39,918

1. Eligible CBO Providers – Amador-Tuolumne Community Action Agency (ATCAA)

Funding for this project will be made available to the current provider of the Family Outreach Program, a project of the Amador County Community Services and Supports (CSS) component. The Promotores de Salud project will leverage inroads made to the Spanish speaking community as part of that project.

Funding is allocated for the delivery of the Promotores de Salud project as follows:

- $11,342 for salary related to program and volunteer coordination.
- $6,558 for transportation stipends for *promotores* and for any materials related to community events attended by the *promotores*. It is assumed that *promotores* will attend at least two community gatherings each month in addition to direct outreach services through churches, schools and other meeting places.
- $2,059 to cover indirect costs related to contract administration at a rate of 11.5 percent.

Equivalent funding will be available in the 2011/2012 funding cycle.

- $11,342 for salary related to program and volunteer coordination.
- $6,558 for transportation stipends and materials.
- $2,059 to cover indirect costs related to contract administration.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 4

Form No. 4

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

County Name: Amador | Date: Apr-2010

PEI Project Name: **5. Grandparents as Parents Respite/Support**

Provider Name (if known): The Resource Connection

Intended Provider Category: Various Non-profits Project

Proposed Total Number of Individuals to be served:	FY 10-11	80	FY 11-12	80
Total Number of Individuals currently being served:	FY 10-11	20	FY 11-12	n/a
Total Number of Individuals to be served through PEI Expansion:	FY 10-11	60	FY 11-12	n/a
Months of Operation:	FY 10-11	12	FY 11-12	12

Proposed Expenses and Revenues	Total Program/PEI Project Budget*		
	FY 10-11	FY 11-12	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
b. Benefits and Taxes			
c. Total Personnel Expenditures			
2. Operating Expenditures			
a. Facility Cost			
b. Other Operating Expenses:			
c. Total Operating Expenses			
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Respite Fund	6,000	7,000	13,000
Program staffing (0.05 FTE Subsidy Coordinator; 0.05 FTE resource and referral coordinator, 0.01 FTE administrative support, 0.01 FTE Program Manager)	4,825	5,550	10,375
Trainings and support group	3,500	4,000	7,500
Training and outreach materials, other operating expenses	1,775	1,850	3,625
Indirect costs (at 8%)	1,288	1,472	2,760
a. Total Subcontracts	$17,388	19,872	$37,260
4. Total Proposed PEI Project Budget	**$17,388**	**$19,872**	**$37,260**
B. Revenues (list/itemize by fund source)			
1. Total Revenue			
5. Total Funding Requested for PEI Project	**$17,388**	**$19,872**	**$37,260**
6. Total In-Kind Contributions Two parenting workshops per year	$1,150	$1,150	$2,300

* Funds for these programs will be drawn from the earliest available funding year first.

BUDGET NARRATIVE Form No.4
PROJECT 5: Grandparents as Parents Respite/Support

Personnel Expenditures: $0

No personnel costs are anticipated through this project.

Operating Expenses: $0

No Operating costs are budgeted through this project. All operating costs are covered by The Resource Connection as the provider of services.

Subcontracts: $37,260

1. Eligible CBO Provider – The Resource Connection

Funding for this project is allocated towards two specific activities as well as program administration and overhead:

- $3,500 for training programs for grandparents parenting their grandchildren as well as support for peer-led mutual aid and support efforts among participating grandparents. This amount is intended to pay to hire presenters in subject areas of need to program participants, as well as for materials and refreshments related to these trainings.
- $6,000 to provide respite childcare services for grandparents raising their grandchildren, provided on a limited regular and emergency basis. Respite care is intended to provide temporary relief for primary caregivers from the ongoing responsibility of caring for a child. Eligibility will be determined but may include time for grandparents to attend support groups, obtain services so the family can function effectively or secure health services that protect their ability to raise children. A limited number of hours will be available to provide unexpected time off to deal with an urgent situation, based on availability of licensed, age-appropriate childcare services. The number of hours allocated to each family will be limited based on guidelines to be determined, based on a drop-in childcare rate of $30/day.
- $4,825 to provide staff for program administration for both the training and support program and for the respite fund.
- $1,775 to provide materials and other operating expenses
- $1,288 to provide for overhead costs related to contract administration.

Additional funding of $19,872 will be available in the 2011/2012 funding cycle.

- $4,000 for training and support programs for grandparents parenting their grandchildren.
- $7,000 to provide respite childcare services for grandparents.
- $5,550 to provide staff for program administration.
- $1,850 to provide materials and other operating expenses
- $1,472 to provide for overhead costs related to contract administration.

PEI ADMINISTRATION BUDGET WORKSHEET (FORM #5)

This page intentionally left blank.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 5

Form No.5

County: Amador Date: April 2010

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2010-11	Budgeted Expenditure FY 2011-12	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator/Behavioral Health Program Manager	0	0.08	$6,856	$6,856	$13,712
b. Senior Finance Assistant	0	0.05	$1,694	$1,694	$3,388
c. Department Secretary	0	0.05	$2,094	$2,094	$4,188
d. Employee Benefits					
PEI Coordinator (0.08)			$2,315	$2,315	$4,630
Senior Finance Assistant (0.05)			$678	$678	$1,356
Department Secretary (0.05)			$1,022	$1,022	$2,044
e. Total Personnel Expenditures			$14,659	$14,659	$29,318
2. Operating Expenditures					
a. Facility Costs			$0	$0	$0
b. Other Operating Expenditures			$4,428	$4,116	$8,544
c. Total Operating Expenditures			$4,428	$4,116	$8,544
3.County Allocated Administration					
a. County Administration			$0	$0	$0
b. PEI Evaluation			n/a	n/a	
c. PEI Planning Estimate			$8,685	$8,449	$17,134
d. Total County Administration Costs			$27,772	$26,645	$54,417
4. Total PEI Funding Request for County Administration Budget			$27,772	$26,645	$54,417
B. Revenue					
1. Total Revenue			$0	$0	$0
C. Total Funding Requirements			$212,919	$204,276	$417,195
D. Total In-Kind Contributions			$114,400	$114,400	$228,800

BUDGET NARRATIVE Form No.5

- Funding will be used to support 3 administrative positions:
  - $9,171 is allocated for a Behavioral Health Program Manager to serve as the PEI coordinator.
  - $2,372 is allocated for a Senior Finance Assistant to support the PEI coordinator and to provide contract monitoring with the funded programs
  - $3,116 is allocated for a Department Secretary to provide administrative support to the PEI coordinator in support of program oversight responsibilities

Funding is also allocated to operations and administrative costs. Operations costs includes all office supplies, printing and reproduction services, internal and external communication costs including cell phones, and the use of County motor pool vehicles. Administrative costs include PEI Planning and Annual Updates. Additionally County Administration costs include all overhead associated with overseeing the PEI projects, including a share of County data processing and IT services, A-87 costs, facilities management, purchasing, legal, human resources, etc.

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY (FORM #6)

This page intentionally left blank.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 6

Funding sources for the Amador County's PEI Budget

- 08/09 allocation: $141,400 per DMH info notice 07-17, Aug. 10, 2007
- 09/10 allocation: $56,175 per DMH info notice 08-36, 12/11/08
- **Total Funding request for 10/11: $197,575**

- 09/10 allocation: $187,225 per DMH notice 08-36, 12/11/08
- **Total Funding request for 11/12: $187,225**

- 08/09 & 09/10 Prevention and Early Intervention Statewide Project for Training, Technical Assistance and Capacity Building: $9,200 per DMH notice 08-25, 9/11/08

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:	Amador
Date:	April 2010

		Fiscal Year			Funds Requested by Age Group			
#	List each PEI Project	FY 10/11	FY 11/12	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	Intervention for Depression and Anxiety in Stressed Families (19%)	$45,000	$40,000	$85,000	$85,000	0	0	0
2	Youth Wellness Center (20%)	$42,000	$37,000	$79,000	$52,666	$26,333	0	0
3	Mental Health Liaison (30%)	$60,800	$60,800	$124,566	$0	$34,656	$40,736	$46,208
4	Promotores de Salud (8%)	$19,959	$19,959	$39,918	$0	$13,971	$12,973	$12,974
5	Respite for Parenting Grandparents (8%)	$17,388	$19,872	$37,260	0	0	0	$37,260
	Administration (15%)	$27,772	$26,645	$54,417	n/a	n/a	n/a	n/a
	Total PEI Funds Requested:	**$212,919**	**$204,276**	**$417,195**	$137,666 (38%)	$74,960 (21%)	$53,709 (15%)	$96,442 (27%)

*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" excluded). $100,000 of the FY 07-08 allocation and $50,000 of the FY 08/09 allocation has already been approved as Planning Funding.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Attachments

Addendum to Form 6		FY 09/10 PEI Request	
Project	**Program**	**08/09 funding**	**09/10 funding**
1. Anxiety & Depression in Stressed Families: $85,000 (20%)			
	PCIT and ART Intervention Delivery	$37,000	$36,000
	ART Training, ongoing PCIT and ART Refresher Training	$8,000	$4,000
2. Youth Wellness Center: $79,000 (19%)			
	Paraprofessional Oversight	$20,000	$20,000
	Equipment and Materials	$9,000	$4,000
	Facility Expenses	$13,000	$13,000
3. Mental Health Liaison: $121,600 (29%)			
	Psychiatric nurse (0.5 FTE)	$60,800	$63,766
4. Promotores de Salud: $39,918 (9%)			
	Volunteer Coordinator	$11,342	$11,342
	Transportation Stipends and Events	$2,055	$2,055
	Indirect contract costs	$1, 607	$1,607
5. Support and Respite for Parenting Grandparents: $37,260 (8%)			
	Training and Support	$2,300	$2,300
	Respite Childcare	$7,000	$7,000
	Program Administration	$4,500	$4,500
	Indirect contract costs	$1,200	$1,200
Administration: $54,417 (15%)			
	PEI Coordinator and Support Staff	$14,659	$14,659
	PEI Administration	$4,428	$3,689
Required PEI Administrative Expenses			
	PEI Planning	$8,609	$8,373
Total: $417,195 (100%)		**$212,919**	**$204,276**

NOTE: Discrepancy between project totals and line item detail is captured by 10/11 funding.

This page intentionally left blank.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Attachments

Exhibit E: 2009-2010 PEI Funding Request

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

County: Amador Date: April 2010

PEI Work Plans			FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Type of Intervention			Estimated MHSA Funds by Age Group			
	No.	Name		Universal Prevention	Selected/ Indicated Prevention	Early Intervention	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.	PEI-1	Intervention for Anxiety and Depression in Stressed Families	$85,000	0	0	$85,000	$85,000	0	0	0
2.	PEI-2	Youth Wellness Center	$79,000	$79,000	0	0	$52,666	$26,333	0	0
3.	PEI-3	Mental Health Liaison	$121,600	0	$121,600	0	0	$34,656	$40,736	$46,208
4.	PEI-4	Promotores de Salud	$39,918	39,918	0	0	0	$13,971	$12,973	$12,974
5.	PEI-5	Support & Respite for Parenting Grandparents	$37,260	0	37,260	0	0	0	0	$37,260
6.										
7.										
8.										
9.	**Subtotal: Work Plans***		**$362,778**	$118,918	$158,860	$85,000	$137,666	$74,960	$53,709	$96,442
10.	**Plus County Administration**		**$54,417**							
11.	**Plus Optional 10% Operating Reserve**		**$0**							
12.	**Total MHSA Funds Required for PEI**		**$417,195**							

* The requirement that a majority of funds be directed towards individuals under age 25 – children, youth and their families and transition age youth is waived for Small Counties, including Amador. Percent of funds directed towards those <25 years = 50%

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form No. 7

2010-2011 PEI Work Plan

Amador County MHSA Planning		FY 09/10 PEI Allocation		
Project	Program	On-Going $	Additional $	One-Time $
1. Anxiety & Depression in Stressed Families: $85,000 (20%)				
	PCIT and ART® Intervention Delivery	$73,000		
	ART® Training; Ongoing PCIT and ART® Refresher Training	$4,000		$8,000
2. Youth Wellness Center: $79,000 (20%)				
	Paraprofessional Oversight	$40,000		
	Equipment and Materials	$4,000		$9,000
	Facility Expenses	$26,000		
3. Mental Health Liaison: $121,600 (30%)				
	Psychiatric nurse (0.5 FTE)	$121,600		
4. Promotores de Salud: $39,918 (9%)				
	Volunteer Coordinator	$22,684		
	Transportation Stipends and Events	$13,116		
	Indirect contract costs	$4,118		
5. Support and Respite for Parenting Grandparents: $37,260 (8%)				
	Training and Support	$7,500		
	Respite Childcare	$13,000		
	Program Administration	$10,375		
	Indirect contract costs	$2,760		
Administration: $54,417 (15%)				
	PEI Coordinator and Support Staff	$ 29,318		
	PEI Administration @ 15%	$20,873		
	PEI Evaluation and Fidelity Support	$0*		
	PEI Operating Reserve			$0
Total: $417,195 (100%)		**$400,195**	**$0**	**$17,000**

* Program Evaluation requirements are waived for Small Counties per MHSA guidelines.

All projects indicated in this 2010-2011 Work Plan have been described above, within the 2009-10 PEI Plan.

LOCAL EVALUATION OF A PEI PROJECT (FORM # 7)

This page intentionally left blank.

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
Form 7

County: Amador Date: April 7, 2010

☒ 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.

APPENDIX

This page intentionally left blank.

Appendix

A. Strengths and Opportunities, Threats and Challenges Worksheet
B. MHSA Vision Worksheet
C. Focus Group Protocol
D. Key Informant Interview Protocol
E. Sample Meeting Announcement
F. Sample Meeting Flier
G. Sign in Sheet
H. Stakeholder Demographics Form
I. Potential PEI Project and Evidence-Based Practice Handout
J. MHSA Community Input Form: PEI Priorities
K. MHSA Community Input Form: PEI Mental Health Needs and Priority Populations
L. PEI Plan Email Announcement
M. Email Reminder: Close of Thirty-Day Public Comment Period and Upcoming Mental Health Board Meeting

PUBLIC COMMENTS

This page intentionally left blank