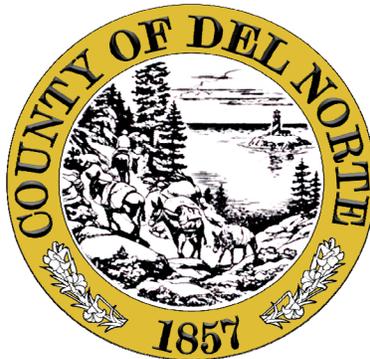


**County of Del Norte
Department of Health and Human Services**

Mental Health Branch



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

**POSTED
September 1, 2010**

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

Enclosure 3

Form No.1

MENTAL HEALTH SERVICES ACT (MHSA)
PREVENTION AND EARLY INTERVENTION COMPONENT
OF THE THREE-YEAR
PROGRAM AND EXPENDITURE PLAN

County Name: Del Norte Fiscal Years 2007-08 and 2008-09 Date: 9/1/10

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

County Mental Health Director

Project Lead

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Gary R. Blatnick

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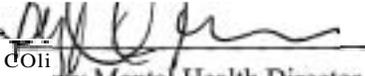
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AUTHORIZING SIGNATURE

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

Signature: 
County Mental Health Director

10/05/10
Date

Executed at Crescent City, California

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PEI COMMUNITY PROGRAM PLANNING PROCESS

Instructions: Please provide a narrative response and any necessary attachments to address the following questions. (Suggested page limit including attachments, 6-10 pages)

County: Del Norte

Date: 9/1/10

1. The county shall ensure that the Community Program Planning Process is adequately staffed. Describe which positions and/or units assumed the following responsibilities:

a. The Overall Community Program Planning Process

The Director of the Del Norte County Department of Health and Human Services, Mental Health Branch (DHHS, MHB) and the MHA Administrative Analyst were the key staff overseeing the MHA Prevention and Early Intervention planning process. We contracted with the California Center for Rural Policy (CCRP) at Humboldt State University (HSU) to facilitate the overall planning in order that stakeholders would feel free to express their own ideas and to ensure the integrity of the process. In addition, DHHS, MHB staff and the CCRP team worked closely with County Administration to ensure that processes for approval of the final plan were coordinated with the Board of Supervisors.

The CCRP Research Protocol for the Del Norte County MHA PEI planning process:

- Reviewed all PEI guidelines and developed focus group questions.
- Coordinated focus group scheduling with DHHS, MHB staff who contacted intermediaries with access into focus group communities to contact and invite participation.
- Conducted nine community focus groups and several PEI Planning Leadership Committee meetings. Most focus groups include a mix of community members and providers. Notes were taken and pictures were recorded to capture the major themes expressed by participants. In addition, focus group participants voted on which priority populations they would like to see supported by local PEI funds. At least 15 consumers participated in the focus groups, and there were two consumers and a parent participating in the Leadership Committee. The nine focus groups conducted were:
 - Mental Health consumers
 - Smith River Rancheria (Native American)
 - Southeast Asian (Hmong, Laotian, Kummu)
 - Human service providers, including mental health, public health, social services, school district and law enforcement
 - Elk Valley Rancheria (Native American)
 - Crescent City public meeting (general population)

- Klamath Yurok Tribe (Native American)
- Teen Center participants in Crescent City
- Smith River Hispanic/Latino community

b. Coordination and management of the Community Program Planning Process

The coordination and management of the process was contracted to CCRP. A team was comprised of three evaluators with extensive experience in conducting needs assessments, strategic planning, and program design in health promotion and education, and two HSU students, one a graduate student and one an undergraduate student. The team planned and facilitated all focus group and Leadership Committee meetings, provided agendas and materials, and with advisement from the Leadership Committee, developed and implemented a research protocol and proposed plan for PEI programming based on focus group findings and Leadership Committee input, and accordingly, prepared portions of the final PEI plan.

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

Participants from the required sectors and recommended partner organizations were invited to participate in the PEI Planning Leadership Committee that guided the decision-making for the PEI plan. Community leaders from ethnic, cultural, and geographic communities were contacted to secure their assistance in informing community members about the planning process and to invite their participation in the focus groups. The table on the following page indicates the breadth of stakeholder participation, both from the PEI Planning Leadership Committee and focus group participants. Because some individuals could be categorized in more than one group (i.e. a member of an underserved population working for Mental Health), no subtotals are provided.

Governmental, community based organizations, and ethnic representation included:

- Department of Health and Human Services, Mental Health Branch
- Department of Health and Human Services, Public Assistance/Employment and Training Branch
- Department of Health and Human Services, Social Services Branch
- Department of Health and Human Services, Public Health Branch
- Department of Health and Human Services, Alcohol and Other Drug Programs
- Del Norte County Administration
- Del Norte County Sheriff's Department
- Del Norte County Probation Department
- Del Norte County Superior Court, Family Court Services
- Community Assistance Network (CAN)
- Del Norte Child Care Council
- Del Norte County Court Approved Special Advocates (CASA)

- Del Norte First – 5
- Del Norte County Unified School District (DNUSD)
- DNUSD Foster Youth Services
- Elk Valley Rancheria
- Head Start (Smith River and Yurok)
- Del Norte County Hispanic Chamber of Commerce
- North Coast Children’s Services
- Remi Vista, Inc
- Six Rivers Planned Parenthood
- Smith River Rancheria
- Teen Center
- United Indian Health Services
- Yurok Tribe

Required Groups	MH Consumers	SR Rancheria	SE Asian	Providers	Elk Valley Rancheria	Public	Yurok	Teen	SR Hispanic	Leadership Committee
Law Enforcement/ Probation				8						
Administration		1		1	1					1
TAY			7		1		1	5		
Underserved Populations	1	5	20		6		8		11	4
Consumers	15					1				1
Education/Schools		2		1		1	2			2
Mental Health Providers		1	1	1		1				2
Social Services			1	2		2	3			2
Health		1		1		2				1
DHHS			2	8		1				5
Employment/ Community							1		1	1

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*

Focus groups were conducted with the PEI Planning Leadership Committee and nine community groups:

- Leadership Planning Committee – 14 participants
- Mental Health consumers – 6 participants
- Smith River Rancheria (Native American) – 7 participants
- Southeast Asian – 20 participants
- Human service providers/schools/law enforcement – 20 participants
- Elk Valley Rancheria (Native American) – 7 participants
- Crescent City public meeting – 7 participants
- Yurok Tribe (Native American) – 8 participants
- Teen Center (Crescent City) – 6 participants
- Hispanic/Latino community (Smith River) – 11 participants

These groups included individuals and family members from the major geographic areas of Del Norte County (Crescent City, Smith River, and Klamath) and major ethnic groups. They also included consumers and family members. The following table provides a breakdown of focus group demographics by age and gender. The ethnic groups are underserved populations.

Age Group						Gender		
Focus Group	<16	16-25	26-59	>60	Did not specify	Male	Female	Did not specify
MH Consumer	0	0	3	0	3	2	4	0
Smith River Rancheria	0	0	7	0	0	2	5	0
SE Asian	0	7	11	0	2	7	12	1
Service Providers	0	0	18	1	1	6	14	0
Elk Valley Rancheria	0	1	6	0	0	1	6	0
Public Meeting	0	0	7	0	0	3	4	0
Yurok Tribe (Klamath)	0	1	7	0	0	4	4	0
Teen Center	3	2	1	0	0	6	0	0
Smith River Hispanic	0	0	11	0	0	4	7	0
Total	3	11	71	1	6	35	56	1

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

As discussed in 2a above, diverse groups were represented ethnically and geographically. Eleven transition aged youth participated, as well as three youth under age 16. The Hispanic/Latino focus group participants in Smith River were primarily Spanish speaking. The primary language for the Southeast Asian group was Hmong.

In order to recruit participants for the focus groups, flyers were developed and distributed, and phone calls were made by the intermediaries who were the contacts for their particular focus group. For example, the intermediary for the Southeast Asian focus group was a Mental Health Specialist with DHHS, MHB who is a member of the Hmong Community. He distributed flyers and contacted members of the Hmong, Laos, and Khmmu communities to invite them to attend and participate. For the Hispanic focus group in Smith River, the Executive Director of the Hispanic Chamber of Commerce, who also served on the PEI Planning Leadership Committee was the contact. For the focus group at the Teen Center, the Coordinator recruited teens to participate. For the public meeting in Crescent City, flyers were distributed and local media was contacted with a press release for our local newspaper and both local radio stations.

Community members attending the focus groups were provided with a gas voucher as an incentive for their participation. Providers and organizational representatives attending as part of their employment did not receive this stipend.

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

The Mental Health consumer focus group was held at our MHSA G Street Service Center, where we have an average of 15 – 20 participants daily. Flyers were posted, and staff encouraged participation. Although more than 20 consumers were invited, only six chose to attend even with the incentive of a gas voucher and transportation being provided. Other focus groups did have some consumer and family member participation, however, because the sign-in sheets did not specifically ask for self identification, it is difficult to know exactly how many consumers and family members participated. There was at least one consumer and one self-identified family member participating on the PEI Planning Leadership Committee.

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

- a. *Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including, but not limited to:*
- *Individuals with serious mental illness and/or serious emotional disturbance and/or their families*
 - *Providers of mental health and/or related services such as physical health care and/or social services*
 - *Educators and/or representatives of education*
 - *Representatives of law enforcement*
 - *Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families*

The PEI Planning Leadership Committee consisted of the following required stakeholders:

- Mental Health consumer and consumer family member
- Mental Health – DHHS, MHB staff and our contracted provider for children’s mental health services
- Public Health – DHHS, PHB management and prevention staff
- Social Services – DHHS, SSB Child Welfare management and program staff
- Education – Del Norte County Unified School District staff, Del Norte Child Care Council Executive Director and staff, Head Start/Early Head Start staff
- Members of underserved communities – Native American, Hispanic/Latino, Southeast Asian

In addition to the sectors represented on the PEI Planning Leadership Committee, the planning process included representatives from law enforcement, CASA, CAN, the Family Resource Center, the Healthcare District, and Planned Parenthood. The table presented in 1.c above summarized the diversity of stakeholders in the planning process.

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

During the planning process, the CCRP Team always provided a PEI overview, definitions of priority populations, and definitions of prevention and early intervention to the PEI Planning Leadership Committee and to focus group attendees at the beginning of each meeting or focus group. At the first Leadership Committee meeting, priority populations were defined. The Team also provided training for the PEI Planning Leadership Committee about a process for reaching consensus and rules for decision-making at the second Leadership Committee meeting. Using those decision-making rules, the PEI Planning Leadership Committee reached consensus on recommendations for PEI program components to recommend for submission.

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.*

With the MHA Community Services and Supports (CSS) planning process every effort was made to involve stakeholders, but as experience shows, these efforts were too general. With PEI, more specific and targeted recruitment was conducted. Phone calls were made to invite specific agencies/individuals to participate in the PEI Planning Leadership Committee and to act as intermediaries for their communities. These intermediaries were indispensable in getting people to focus groups, especially those groups involving the Native American, Hispanic/Latino and Southeast Asian participants. As a result of these efforts, the PEI focus groups had better overall attendance than those conducted for CSS. In addition, the Department of Health and Human Services contracted with CCRP for its expertise in conducting focus groups and analyzing qualitative data, as well as facilitating a planning process with stakeholder participation. Using this outside facilitator rather than an in-house facilitator encouraged openness in the responses of focus group participants.

During the CSS process, a survey was also conducted. With PEI, a decision was made to not use surveying, as it would not provide the specificity and in-depth responses needed to address prevention and early intervention, topics that are typically less familiar for providers and consumers to grasp than traditional notions of mental health treatment (i.e. counseling). In order to assess community perceptions of the need for prevention and early intervention, it was necessary to educate focus group participants about what prevention and early intervention actually is in the context of mental health. All focus groups began with a short “primer” on these topics, as well as providing a brief description of factors contributing to mental health problems. Explaining prevention and early intervention on a survey instrument would have been cumbersome and might have lost people even before they began answering the survey.

Conducting focus groups provides a two-way communication process between focus group leaders and participants, in which one can check for understanding and request elaboration from participants. Two of the focus groups, the Southeast Asian and Hispanic/Latino, required the use of an interpreter from the respective communities, who not only provided two-way translation, but could explain participant responses within a cultural context. These types of nuances would have been impossible with a written survey, as written surveys assume respondent levels of literacy. Finally, during each focus group, a method called graphic facilitation was used to capture participant comments, utilizing pictures in combination with words to symbolize highlights of participant comments. Attachment B provides examples of graphically recorded panels from two focus groups.

The PEI Planning Leadership Committee built on the CSS Leadership Committee, utilizing many of the same stakeholder groups, but had significantly more representation from the County's ethnic/outlying communities.

As with the CSS process, participants were given incentives, and food was provided at all meetings.

Building on the successful planning efforts of both the CSS and PEI processes, in addition to those of other county agencies and community based organizations, Del Norte County has been selected to receive funding through the California Endowment (TCE) for a Building Healthy Communities (BHC) initiative. Because Del Norte County has a population of only approximately 28,000 many of the stakeholders are the same, and the themes identified for BCH are consistent with those of our focus groups. Key problems identified in all of these processes include poverty, lack of accessible health and mental health providers and services, lack of appropriate facilities, programs, and opportunities for youth and families, and drug and alcohol abuse. There are several notable programs/activities that will be funded through BCH, that were under consideration through PEI, but due to our level of funding did not make it into our final plan, such as the Positive Indian Parenting Program and Natural Helpers/Navigators.

Also not included in this plan is the community strengthening grants component, which will be added to our MHSa 2010/11 Annual Update.

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

For the nine community focus groups and the Leadership Committee focus group, a total of 106 people signed in on the attendance sheets. These signatures represented 97 individuals (unduplicated). Of these, 11 were transition age youth, 22 were Native American, 11 were Hispanic/Latino, and 20 were Southeast Asian. The ethnic communities are underserved, and some of their members are trauma-exposed (by their own communication). There were 15 identified mental health consumers and one self identified family member.

In addition, a brief evaluation form was completed by participants in five focus groups. Focus groups were selected to complete the evaluation on the basis of facilitators' assessment of whether participants would understand the written form (in English only). The following two tables summarize participant response rates, and evaluation responses, and indicates that of the focus groups surveyed, nearly all focus group members understood the questions being asked, felt that they were listened to, and felt that focus group leaders tried to make them feel comfortable in expressing their opinions.

Response Rates of Focus Group Evaluations

	Response Rate	# Attending	# Evaluations
Smith River Rancheria	100.0%	7	7
Service Providers	85.0%	20	17
CC Public Meeting Elk Valley Rancheria	100.0%	7	7
Klamath Yurok Tribe	71.4%	7	5
Totals	82%	50	41

*Summary of responses to evaluation of focus groups

Evaluation Item	SR Rancheria	Service Providers	CC Public Meeting	Klamath Yurok Tribe	EV Rancheria
Participants understood questions asked in focus group.	Yes 7 (100%)	Yes 17 (100%)	Yes 7 (100%)	Yes 5 (100%)	Yes 5 (100%)
Participants felt meeting leaders listened to what was said.	Yes 7 (100%)	Yes 16 (94.1%) Not Sure 1 (5.9%)	Yes 7 (100%)	Yes 4 (80%) Not Sure 1 (20%)	Yes 5 (100%)
Participants felt that the meeting leaders tried to make them feel comfortable in expressing their opinions.	Yes 7 (100%)	Yes 17 (100%)	Yes 7 (100%)	Yes 5 (100%)	Yes 5 (100%)

*Percentages expressed as percent of completed evaluation forms

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

a. The date of the public hearing:

October 4, 2010 at 5:30 PM at the Del Norte County Department of Health and Human Services Mental Health Branch located at 455 K Street, Crescent City.

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.

This proposed PEI Plan was made available electronically on the County's website at www.co.del-norte.ca.us and posted from September 1, 2010 through September 30, 2010. Hard copies were placed at commonly accessed local public buildings in the community, including DHHS Mental Health Branch, DHHS Social Service Branch, DHHS Alcohol and Other Drug Programs, the G Street Service Center, the Del Norte County Flynn Administrative Center, the Family Resource Center and the Workforce Center, as well as being distributed to members of the Local Mental Health Board. In addition, Service Center staff discussed this plan and its availability during several group activities occurring at the Center throughout the course of the 30-day period.

The PEI Planning Leadership Committee and all focus group participants that provided an e-mail address were also sent notification that the plan had been posted along with a link to the County website.

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

There were no public comments during the 30 day posting period, or during the public hearing.

d. The estimated number of participants: 12 at the public hearing, more than 100 individuals participated in the planning process.

Note: County mental health programs will report actual PEI Community Program Planning expenditures separately on the annual MHSR Revenue and Expenditure Report.

PEI PROJECT SUMMARY

County: Del Norte PEI Project Name: Strengthening Families and Parent Support

Date: 9/1/10

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
<p>Select as many as apply to this PEI project:</p> <ol style="list-style-type: none"> 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 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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
<p>A. Select as many as apply to this PEI project:</p> <ol style="list-style-type: none"> 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 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PEI PROJECT SUMMARY

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

Based on focus group input and the consensus of the PEI Planning Leadership Committee, the California Center for Rural Policy (CCRP) team performed content analysis to identify the common themes. The analysis of stakeholder input from focus groups and a review of local data led to the decision to focus on children/youth in stressed families, trauma exposed individuals, and underserved cultural populations as the priority populations.

- Many families are living in poverty and are under economic stress. The stress caused by poverty can manifest in other family stress areas, such as child abuse or neglect, domestic violence, or substance abuse.
 - According to the 2004 Census update, 19.2% of the Del Norte County population live in poverty;
 - According to data provided from the 2007/08 school year, 58.6% of Del Norte County students are eligible for free/reduced price meals;
 - According to the “Children Now 2007 Data Book,” Del Norte County ranks 55th out of the 58 California counties in the percentage of children living in low income households.
- Immigrant populations experience trauma from living in a foreign country where the language and culture are different from that as their homelands. They face discrimination in their new communities. The Southeast Asian focus group participants described escaping war-torn countries and being interned in refugee camps. Most first generation immigrants suffer from post-traumatic stress disorder. Participants also described intergenerational conflict between immigrant parents and their preadolescent children who are becoming acculturated, as adding to the stress in the family.
- The Native American communities have experienced historical trauma as a result of losing their lands and much of the culture due to the western expansion. Participants of one of the tribal focus groups strongly attested to this root trauma affecting entire communities.
- Del Norte County’s population is 14.8% Hispanic/Latino, 6.3% Native American, and 2.5% Southeast Asian. Focus groups felt it was important to address these populations, which have been traditionally underserved.

In its initial meeting, the Leadership Committee agreed that the best approach to help the priority populations, especially children and youth in stressed families was to provide support to the parents and caregivers.

The Strengthening Families Program, which has proven successful in this community for the 10 – 14 age group, was identified as a way to provide that support. Further analysis of outcomes associated with this program determined that it would address key community mental health needs including addressing disparities in access, support to trauma exposed families, and reduction in stigma associated with accessing services.

PEI PROJECT SUMMARY

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

Explain why the proposed PEI project, including key community need(s), priority population(s), desired outcomes and selected programs address needs identified during the community program planning process:

All focus groups identified a need for parent support and education and for prevention activities for children. It was felt that one of the best ways to prevent problems in children and youth was to provide help for parents in the context of the family. The different ethnic and geographic communities felt that it was important to provide culturally specific/sensitive services/activities conducted in their own community. In Del Norte County, the Strengthening Families Program (SFP) has existed under the auspices of the Department of Alcohol and Drug Programs (ADP), and the focus has been to reduce the likelihood of adolescent early drug use of under-age drinking in high risk families with youth 10 – 14 years of age. For the past three years, Strengthening Families has been offered in Crescent City through a Public Health contract with the Community Assistance Network (CAN), a local nonprofit organization.

As a Mental Health PEI project, Prevention staff would take SFP in a new direction and redirect its capacity to serve more diverse clients in our very small county including Latino, Native American, and Asian ethnic groups. With its focus on working with families, building protective factors, reducing family-related risk factors, and having consistently good outcomes, trained SFP staff can serve beyond the original criteria and intent of the program. Flexibility will be built in to the program to allow customization of the sessions to meet the needs of the families with regard to the ages of the children. The sessions will be more productive if they serve families with children of similar ages, but will also be flexible enough to provide sessions to families with children ranging in age from 6 – 18. Because our staff is already trained in this evidence-based practice, and in fact have been trained as trainers for this program, an asset for a small rural community, as well as being familiar with the needs of the communities and age ranges we have proposed, they are prepared to begin this expanded program immediately upon approval of this plan.

Children and youth who have been identified or are at-risk of low level mental health issues and their families will be eligible for the program. Referrals to this voluntary program will be made primarily through school staff, as they are most likely to recognize the behaviors that might indicate potential mental health issues. Such behaviors would include defiance, lack of attention, social isolation, aggressiveness, poor grades and/or school failure, truancy, and suspensions. DHHS Child Welfare Services will be another main referral source as the social workers see families in varying degrees of stress on a daily basis. Referrals from other partner agencies and organizations with experience in identifying low level mental health issues that affect the health of the family, who may have experienced historical or intergenerational trauma, youth at at-risk of involvement with the juvenile justice system, or stressed families will also be accepted. Additional referral sources might be Head Start, child care providers, community health professionals, law enforcement (including tribal), Probation, or Family Court Services. This SFP project is also designed to target underserved or outlying communities where the cultural way of life or greater distance is a barrier, preventing realization that help is available.

PEI PROJECT SUMMARY

The program serves as a way to increase family support structures and build coping and resiliency skills, with the desirable outcomes of relationship building, peer support, decreased behavioral issues, and improved school attendance and performance.

Implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services site, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations:

The PEI SFP Project will provide parenting and life skills sessions by trained and culturally appropriate individuals in organizations and systems where people already go for services and activities other than traditional mental health treatment services. The sessions will be provided in a natural community setting, such as a school, community center, tribal or faith-based organization.

Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and/or cultural populations to be served:

Supporting this program will allow parents and children in diverse geographic and ethnic communities throughout Del Norte County to have greater access to programs and activities that will help prevent additional mental health problems. These programs will also take place in different geographic locations, including Smith River, Gasquet, Klamath and others. This project will serve the Latino Community, the Native American community, the Southeast Asian community, and the general community. The Latino community reside primarily in the Smith River area, which is located about 20 – 25 minutes from Crescent City, the main service center of Del Norte County. There are three Native American reservations/Rancherias in the county: Elk Valley (just outside Crescent City), Smith River (in Smith River), and the Yurok tribe (located in the small town of Klamath). All are located in different geographic areas of the county. The Southeast Asian community resides primarily in Crescent City.

In the first year we will begin the program in Klamath. Klamath is located in an outlying area of southern Del Norte County, approximately 20 miles from Crescent City. Transportation to and from this location has created a long term barrier for service delivery in many areas, from education to health care. The majority of social and health related services and public education are located in Crescent City. The Klamath area has a significant Native American population, many of whom have experienced multigenerational traumatic events. Because the trauma from these events have gone unaddressed for many years, this population is unlikely to seek out help from traditional mental health services. Outcomes would include minimizing stigma of accessing services, increased utilization of services, improved school attendance and performance, reduced rates of domestic violence, life skills and resiliency building in youth and families as well as relationship building and peer support. Transportation, childcare, and family meals will be provided.

For the second year, the program will be taken to Gasquet, the smallest outlying area of Del Norte County. Gasquet is located 18 miles northeast of Crescent City, but due to road conditions takes approximately 30 minutes to drive. The majority of families who reside there live in poverty and are underserved in supportive services for youth and families. Other than the small elementary school, relatively few services are offered there.

PEI PROJECT SUMMARY

Highlights of new or expanded programs:

The Strengthening Families Program currently offered in the Crescent City area focuses on families with youth aged 10 – 14 who are children of known substance abusing parents and are at-risk of developing substance abuse issues themselves. The SFP 10 – 14 model is a video based program. Adults and youth watch a scripted video session, and then participate in a group discussion about the video. These sessions are time driven and leave little time for personal reflections or questions. This model is provided in seven weekly sessions requiring homework after each session.

The new SFP program will be focused on youth who are at risk of developing low level mental health and behavioral problems that affect the health of the family. This voluntary program is intended for children and youth ages 6 – 18 and their families. The ability to reach a more diverse age group allows for customization of the sessions, and better utilization of staff time. Through the recruitment process, families with children and youth of similar age groups and maturity can be matched and sessions offered on a more regular basis, rather than waiting until enough families with children and youth of one age group are identified. This curriculum will not use a video model, and flexibility is built in to address the needs of the families. The seven weekly sessions will begin with a family meal, and younger siblings can also attend. Child care will be provided onsite for children younger than age 6 who do not participate in the sessions. These parenting classes, which also involve children and youth in separate and joined sessions with the parents, provide a unique and rich opportunity for life skills and relationship building. Shared activities with children and youth and their parents teach mutual respect and facilitate communication. A pre and post test survey will be conducted for each series to identify individual family needs to facilitate appropriate referrals to other service partners.

The sessions focus on parenting and life skills sessions intended to improve family relationships, family communication and respect, and self-esteem using curriculum that is sensitive to ethnic and cultural diversity. The sessions involve identification of a positive role model with an existing leader already identified within the community. The program will also facilitate peer to peer problem solving and relationship building between the families participating to create long lasting support groups within the community. The program promotes family bonding, family supervision and positive family values.

Actions to be performed to carry out the PEI project, including frequency or duration of key activities:

Recruitment for families will begin immediately after granting of the project. Initial steps will be to identify community partners within the project communities and schedule meetings to promote the program. A community leader will be identified to assist with co-promotion of the project and expedite implementation. By building upon the trust and relationships between the community leaders and the target population, recruitment can be successful and shorter in duration.

PEI PROJECT SUMMARY

Key milestones and anticipated timeline for each milestone:

Project approved November 2010, advertising campaign and recruitment begins immediately
 Referrals received and participating families matched appropriately; location confirmed December 2010
 Families invited to participate and attend family orientation, pre survey conducted early January 2011
 First series to begin Mid January 2011

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type		Number of months in operation through June 2012
	Prevention	Early Intervention	
Strengthening Families Program	Individuals: Families: 50	Individuals: Families 50	15
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families: 50	Individuals: Families: 50	15

5. Alternate Programs

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

PEI PROJECT SUMMARY

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

Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers:

SFP will develop a stakeholder team consisting of community leaders, community agencies, school staff, and county and tribal mental health services to develop a referral process to the program. The referral process will include a referral form and release of information documents. The referral process will also develop methods for tracking referrals. A family orientation meeting will be held and a pre and post test survey conducted to determine other needs and referrals for other services and programs.

Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment; community, domestic or sexual violence prevention and intervention; and basic needs:

The program will develop a stakeholder team consisting of community leaders, school staff, and county and tribal mental health services to develop a referral process to the program. Once established, the team can determine if additional stakeholders should be included to ensure representation of community partners who have relationships established with at-risk populations. The team can identify gaps in services, and identify the appropriate service providers within the community to fill those gaps.

Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels:

The project will collaborate with schools, tribal, faith based and community based organizations for shared activities and referrals to the program. The program will strengthen existing mental health programs (County Mental Health and United Indian Health Services) by working collaboratively with mutual populations. Sustainability will be maintained through the long term relationships achieved through the program; youth to adult, youth to youth, adult to adult, family to family and family to community.

7. Collaboration and System Enhancements

Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc., the partnerships that will be established in this PEI project and the roles and activities of other organizations that will be collaborating on this project:

PEI PROJECT SUMMARY

The project is designed to leverage resources by reaching individuals and families through existing infrastructure in the identified ethnic communities and in the larger community. The proposed project needs minimal promotion, since most services/activities will be delivered in organizations and places that are trusted in the identified communities.

Describe how the PEI component will strengthen and build upon the local community-based mental health and primary care system including community clinics and health centers:

This project will strengthen and build upon the existing system by assisting individuals and/or families in accessing services and activities. The needs of the individual family will be assessed and appropriate referrals to other community resources will be made. The program will also strengthen existing mental health programs and primary care systems by working collaboratively with mutual populations. By working collaboratively, identification of gaps in service components and access to these services such as transportation can be enhanced.

Describe how resources will be leveraged.

This project will build on the infrastructure of existing organizations and groups. Resources that will be leveraged include space, utilities, volunteers, professional personnel, trust and access to the client population.

Describe how the programs in this PEI project will be sustained:

The components in this project will be sustained through continued MHSA funding.

8. Intended Outcomes

Describe intended individual outcomes:

- Reduction of problem behaviors and delinquency;
- Improved social competencies, school attendance and performance;
- Improved parenting knowledge and skills, increased social support;
- Increased family strengths and resilience;
- Reduction of domestic violence;
- Reduction of alcohol and drug use;
- Minimization of the stigma of accessing services, thereby increasing utilization;
- Increased knowledge and utilization of additional resources including primary care and other tribal/social/spiritual supports.

PEI PROJECT SUMMARY

Describe intended system and program outcomes:

- Increased number of prevention programs and activities;
- Increased number of organizations providing prevention programs;
- Increased number of individuals/families from underserved populations receiving prevention services;
- Enhanced partnerships with ethnic/cultural organizations.

Describe other proposed methods to measure success:

- Strengthening Families contains a local evaluation component.
- Focus groups of individual and family participants and/or community leaders.
- Pre and post tests and surveys conducted to determine impact and improvement.

What will be different as a result of the PEI project and how will you know?

Children/youth and families who have previously been unable to access parenting support programs will have an opportunity to do so in their own community. Initial communities selected for this project have historically been underserved due to their geographical location. Parents and children in these communities will learn skills to improve family relationships and promote resiliency, as well as develop a support structure intended to last beyond the series, creating a healthier community. Data will be collected and analyzed through the program in partnership between DHHS Public Health Prevention and Mental Health Branches.

9. Coordination with Other MHSA Components

Describe coordination with CSS, if applicable.

This program will link with outreach and engagement and with direct service delivery of CSS programs.

Describe intended use of Workforce Education and Training funds for PEI projects, if applicable.

N/A

Describe intended use of Capitol facilities and Technology funds for PEI project, if applicable

N/A

10. Additional Comments (optional)

PEI PROJECT SUMMARY

County: Del Norte

PEI Project Name: "Reach for Success"

Date: 9/1/10

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
<p>Select as many as apply to this PEI project:</p> <ol style="list-style-type: none"> 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 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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
<p>B. Select as many as apply to this PEI project:</p> <ol style="list-style-type: none"> 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 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PEI PROJECT SUMMARY

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

Based on focus group input and the consensus of the PEI Planning Leadership Committee, the California Center for Rural Policy (CCRP) team performed a content analysis to identify priority populations, highest needs in the area of Prevention, and common themes. An analysis of local data and input from stakeholders led to the decision to focus on children and transition age youth in stressed families, at-risk of school failure, at-risk of experiencing Juvenile Justice involvement, trauma exposed individuals and underserved cultural communities as the priority populations for this PEI project.

- According to the Children Now, 2007 Report Card, 12% of teens in Del Norte County are neither in school nor working.
- Data from Del Norte County Unified School District for the 2006/07 school year (<http://dq.cde.ca.gov/dataquest>) shows:
 - The four year derived dropout rate for grades 9-12 was 11.3%, somewhat lower than the statewide dropout rate of 16.8%, but the derived dropout rate for grades 9-12 adjusted for re-enrolled dropouts and lost transfers was 22.6%, compared to the state derived dropout rate of 21.5%.
 - The district truancy rate was 88.75%.
 - Of total enrolled students, the suspension rate was 20%, and the expulsion rate was 5%. Half of suspensions and expulsions were for violence or drugs.
- The following data was reported in the Del Norte County MHS Community Services and Supports Plan, as provided by the Del Norte County Probation Department:
 - In 2003 there were 34.57 misdemeanor arrests per 1000 youth aged 10-17 in Del Norte County vs. 28.81 statewide.
 - In 2000 there was an average of 13 youth at any time in a juvenile justice facility.
 - In 2003, 43.2% of youth in Juvenile Hall received mental health services vs. 41.02 statewide. While in Juvenile Hall 37.6% of youth received psychotropic medications vs. 16.29% statewide.
- According to the 2004 Census update, many families (19.2%) are living in poverty and are under economic stress.
 - In the 2007/08 school year, 58.6% of Del Norte County students were eligible for free/reduced priced meals.
 - According to the Children Now, 2007 Report Card, Del Norte ranks 55th out of the 58 California counties in the percentage of children living in low income households. The stress caused by poverty can manifest in other family stresses, such as child abuse or neglect, domestic violence, or substance abuse issues.
- The Native American communities have experienced historical trauma as a result of losing their lands and much of their culture with the western expansion; participants of one of the tribal focus groups strongly attested to this root of trauma affecting entire communities.

PEI PROJECT SUMMARY

- Southeast Asian immigrants experience trauma from living in a foreign country where the language and culture are vastly different from that of their homelands. First generation immigrants escaping war torn countries and being interned in refugee camps prior to being relocated here suffer from PTSD among other mental health issues. In addition, intergenerational conflicts arise as preadolescent children become acculturated add stress to the families.
- The majority of migrant and seasonal farm workers in Del Norte County are Hispanic; in 2000 they numbered almost 500, not counting dependents. In 2004/05 the Mental Health clinic served 53 Latinos, but it is unclear how many were underserved as farm worker status of clients is not collected.

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

The “Reach for Success” program is based upon the California Friday Night Live (CFNL) Model, a program developed by California Drug and Alcohol Programs. The CFNL Program is a statewide and locally proven practice for more than five years in Del Norte County. The CFNL program focus is substance abuse prevention, relationship building, life skills, school performance and self esteem building. The Friday Night Live Program has been provided for more than five years in the community, and program fidelity has enabled the Del Norte program to consistently retain “Member in Good Standing” status. Because this program has been so successful, CFNL is a trusted program within a variety of racial/ethnic communities the county. As a result the Department of Health and Human Services was approached to utilize a pass through grant from the Wild Rivers Community Foundation (an affiliate of the Humboldt Area Foundation) to provide a summer youth program following a similar model.

In the summer youth program, twenty high school aged youth engaged in an eight week project to make a change in the community on one specific health issue. The youth were allowed to identify any health related issued that existed in their community. They chose to rehabilitate existing community gardens and provide a community service activity, which was repainting the front of the local library, and also chose to address unsafe motor vehicle speeds within one particular community. The youth received leadership and video story telling training. They are documenting their progress in the chosen projects and creating a video, which will be presented at a Building Healthy Communities meeting in the fall.

Based on the success of these prevention programs, it was determined that expansion into the mental health prevention arena was the next logical step.

The “Reach for Success” program is voluntary and will be held during school hours to facilitate access and participation for youth where transportation is a barrier. Programs held within tribal organizations or community centers would be in a familiar environment that is not routinely used for provision of mental health services. As a result outcomes are enhanced through a sense of trust and safety. The

PEI PROJECT SUMMARY

program is designed to provide prevention and early intervention to youth at risk of developing low level mental health and behavioral problems that affect the health of the family as well as transition age youth in foster care. Youth will learn relationship building, life and coping skills, and resiliency. With the development of significant support systems and role models they will have the ability to make better life choices, including school participation and success, following rules, and understanding consequences. As a result they will have better opportunities for success in life, preventing further generational traumas of domestic violence, child abuse, and substance abuse.

The youth will meet weekly in two-hour increments for eight weeks during two sessions per year utilizing the Lifeplan curriculum developed by Dr. Andrew Mecca. The Lifeplan program promotes mentoring, and provides instruction in choices, decisions and consequences. High school aged youth will be paired with junior high school aged youth. The high school aged youth will receive mentor training as a group. The junior high aged youth will learn about the program as a group and receive an orientation session. Parents are invited to the orientation. During the third session, the two groups are introduced, and the older and younger youth are paired. This pairing is designed to remain in place for the duration of the session and beyond.

Explain why the proposed PEI project, including key community need(s), priority population(s), desired outcomes and selected programs address needs identified during the community program planning process:

During the Community Planning process, many stakeholders expressed lack of knowledge about available services. Discomfort in utilizing existing services often kept people from seeking early intervention for mental health issues. In addition, all focus groups identified lack of information/awareness about emotional wellness and mental health issues and available community supports, and lack of physical access to services as being specific barriers to receiving services. Stigma, shame, and discrimination associated with mental illness symptoms, isolation, and lack of financial resources were also cited as reasons for not seeking help for mental health issues.

In addition, barriers specific to ethnic communities were:

Native American:

- Mistrust of the dominant culture and the “system;”
- Historical trauma and grief;
- Facing stigma and discrimination from the dominant culture.

Hispanic/Latino:

- Language barriers for those not proficient in English;
- Fear of consequence due to immigration status;
- Lack of culturally appropriate services/activities;

PEI PROJECT SUMMARY

- Cultural difference between generations, which often results in familial stress;
- Facing stigma and discrimination from the dominant culture.

Southeast Asian:

- Language barriers for those not proficient in English;
- Shame and stigma associated with mental health symptoms;
- Lack of culturally and linguistically appropriate services;
- Mistrust and fear of the “system;”
- Trauma due to effects of war, changes in social status due to immigration and/or domestic violence;
- Acculturation differences between generations, often resulting in familial stress;
- Need for approval to participate in services/activities from community leaders;
- Facing stigma and discrimination from the dominant culture.

The “Reach for Success” program will help youth address these barriers.

Implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services site, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations:

Implementation partners would include stakeholders, and community leaders who have established relationships within the community.

“Reach for Success” will address serving Del Norte County youth in the rural outlying communities where programs do not currently exist. The program will be delivered in a school, faith based or community based setting and transportation will be provided to all activities/sessions. The program will be facilitated by the Department of Health and Human Services, Public Health Branch’s Prevention staff who have demonstrated the ability to successfully run the similar CFNL program. The program will utilize the Lifeplan curriculum, which is an interactive discovery-learning design where discussion through guided exercises allow the participants to assess themselves and their readiness for the “road of life” and the many challenges along that road from middle school to high school.

Youth will develop a “Life Plan Map” to include:

- Positive youth development
- Character development and ethics
- Community service
- Health promotion, including mental health resiliency
- Nutrition
- Academic success
- Financial literacy

PEI PROJECT SUMMARY

- Career planning
- Alcohol and drug prevention

The Department of Health and Human Services, Public Health Branch has also expanded to include an eight week summer youth development program for youth ages 15-19 years. This summer program recruited from outlying areas within Del Norte. The youth were referred, and chosen based upon their ability to follow through on the chosen project to completion, and their potential as future community leaders. The program began July 12, 2010. This pilot program, funded through the Wild Rivers Community Foundation and the California Endowment is part of the Building Healthy Communities Initiative for Del Norte County. The Summer Youth Project involved exploration of what is needed in the communities where youth live and attend school to make it a healthy and safe place to live. Although the Summer Youth Program is only funded through the summer of 2010, it gives staff the opportunity to explore recruiting youth for summer programs that they have not been able to reach previously. Based on the outcomes, consideration will be given to expanding the "Reach for Success" program into future summer sessions.

With the addition of the Summer Youth Program, "Reach for Success" and the continuation of Friday Night Live, the number of prevention activities and opportunities for future prevention projects in Del Norte County are significantly increased.

Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and/or cultural populations to be served:

This project will serve the Latino Community (about 14.8% of the county's population), the Native American community (about 6.3% of the county's population), the Southeast Asian community (about 2.5% of the county's population), and the general community. The Latino community reside primarily in the Smith River area, which is located about 20-25 minutes from Crescent City, the main service center of Del Norte County. There are three Native American reservations/Rancherias in the county: Elk Valley (just outside Crescent City), Smith River (in Smith River), and the Yurok Tribe (located in the small town of Klamath). All are located in different geographic areas of the county. The Southeast Asian community resides primarily in Crescent City.

The CFNL Program has already proven successful in the Latino and Hmong communities, so in the first year we will begin the program in Klamath. Klamath is located in the outlying area of Southern Del Norte County, approximately 20 miles from Crescent City. Transportation to and from this location has created a long term barrier for many aspects of service delivery, from education to health care. The majority of social and health related services and public education are located in Crescent City. The Klamath area has a significant Native American population, many of whom have experienced multigenerational traumatic events. As the trauma from these events have long gone unaddressed, this population is unlikely to seek out help from traditional mental health services.

PEI PROJECT SUMMARY

Highlights of new or expanded programs:

Highlights of the program include youth to youth and youth to caring adult relationship building. These relationships are designed to be long-term and mutually beneficial. Youth will explore stress management skills and development of a self-help plan to facilitate resilience. This program will improve relationships within their families, and improve school attendance and performance. Youth are also encouraged to build a relationship with a caring adult. This can be a parent, tribal leader, school counselor or teacher.

In addition to relationship building, these core values will be taught:

- Peer pressure and good friend selection
- Following rules
- Having goals and dreams
- Protecting against substance abuse
- School participation and success
- Community service

The core values will be taught through the following activities:

- Role playing and sharing of life experiences
- Working through an evidenced based curriculum, such as Lion Quest or Life Plan.
- Choices and consequences
- Exploring family relationships
- Developing significant support systems and role models
- Exploring the concept of wellness

“Reach for Success” will provide 16 individuals with Prevention Services and 4 individuals with Early Intervention Services. It will be in operation in fall and early spring of each year. Participants are expected to return to the second session. Estimated unduplicated count of individuals serviced is 25 per year, factoring in loss and replacement of 5 participants.

Actions to be performed to carry out the PEI project, including frequency or duration of key activities:

The youth will meet weekly in two-hour increments for eight weeks during two sessions per year. High school aged youth will be paired with junior high school aged youth. The high school aged youth will receive training as mentors in a group. The junior high aged youth will learn about the program as a group, and receive an orientation session. Parents are invited to the orientation. During the third

PEI PROJECT SUMMARY

session, the two groups are introduced, and the older and younger youth are paired. This mentor pairing is designed to remain in place for the duration of the session and beyond.

Key milestones and anticipated timeline for each milestone:

Recruitment begins November 2010

Project commences December 2010

Mentors trained and sessions begin December 2010

Mentors and protégés matched in one on one relationship January 2011

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type		Number of months in operation through June 2012
	Prevention	Early Intervention	
"Reach for Success"	Individuals: 50 Families: 50 N/A	Individuals: Families: N/A	19 months. Includes 2 weeks before and after each session for preparation/closure.
TOTAL PEI PROJECT ESTIMATED <i>UNDUPLICATED</i> COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families: 50	Individuals: Families:	

PEI PROJECT SUMMARY

5. Alternate Programs

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

“Reach for Success” is based upon the California Friday Night Live (CFNLP) Model, developed by California Drug and Alcohol Programs. The CFNL Program is a statewide and locally proven practice for more than 5 years in Del Norte County.

The “Reach for Success” program focus is based upon sound relationship building. These relationships are both peer to peer and youth to adult. The benefits of relationship building are designed to be mutually beneficial to both parties within the relationship. This specifically addresses youth in stressed families where there is a lack of care-giving adults. The program encourages youth to build a relationship with a caring adult, which could be a parent, community leader, school counselor or teacher. The benefits of relationship building can also apply to youth in foster care or aging out of foster care. The relationships are designed to continue outside the program and continue as the youth enter adulthood and beyond. This benefits their families and their community.

Core values taught through “Reach for Success” will address peer pressure and friend selection, rule following, goal setting, substance abuse prevention, school participation and success, and community service. These core values will promote self-esteem and resilience. These core values serve as Early Intervention as well as Prevention, particularly in youth experiencing Adverse Childhood Experiences (ACE). Exploration of the wellness concept will be encouraged.

Through the use of surveys and pre and post tests, the need for primary care services, health insurance, and basic living skills can be determined. A referral and tracking process will be developed.

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

Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers:

“Reach for Success” will develop a stakeholder team consisting of community leaders, school staff, and county and tribal mental health services to develop a referral process to the program. The referral process will include a referral form and release of information documents. Systems will be in place for tracking the referral process. A family orientation meeting will be held and a pre and post test survey conducted to determine additional needs and referrals for other services or programs.

PEI PROJECT SUMMARY

Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment; community, domestic or sexual violence prevention and intervention; and basic needs:

As part of the curriculum, information on all available services within the community will be provided to the youth and their families. Prevention staff will make referrals to link individuals to appropriate services and activities.

Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels:

The project is designed to leverage resources by reaching individuals and families through existing infrastructure in the identified ethnic communities and in the larger community. The proposed project needs minimal promotion, since most services/activities will be delivered in organizations and places that are trusted in the identified community.

7. Collaboration and System Enhancements

Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc., the partnerships that will be established in this PEI project and the roles and activities of other organizations that will be collaborating on this project:

The project will collaborate with schools, tribal, faith based and community based organizations for shared activities and referrals to the program. The program will strengthen existing mental health programs (County Mental Health and United Indian Health Services) by working collaboratively with mutual populations. Sustainability will be maintained through the long term relationships built youth to youth and youth to adult.

Staff will also participate in the Family Assistance Network (FAN) and Community Action Prevention Alliance (CAPA) which collaborates by sharing their experiences, expertise and information, and providing support to each other. Collaboration with community groups and agencies is vital to this project. There will be collaboration with the community through informal networks and word-of-mouth, which serves as a source of important information sharing and outreach.

PEI PROJECT SUMMARY

Describe how the PEI component will strengthen and build upon the local community-based mental health and primary care system including community clinics and health centers:

This project will strengthen and build upon the existing system by assisting individuals and/or families in accessing services and activities. Community leaders and youth will provide feedback to service providers regarding client perceptions of service provision. This information will be used to improve the system whenever possible.

Describe how resources will be leveraged:

This project will build on the infrastructure of existing organizations. Resources that will be leveraged include space, utilities, volunteers, professional personnel, trust and access to the client population.

Describe how the programs in this PEI project will be sustained:

The components in this project will be sustained through continued MHSA funding.

8. Intended Outcomes

Describe intended individual outcomes:

- Relationship building
- Life and coping skills
- Resiliency
- Ability to make better life choices
- Improved school participation and success
- Ability to follow rules and understand consequences

As a result the youth involved in the “Reach for Success” program will have better opportunities for success in life, preventing further generational traumas of domestic violence, child abuse, or substance abuse.

Describe intended system and program outcomes:

- Minimizing stigma
- Reduced rates of domestic violence

PEI PROJECT SUMMARY

- Increased utilization of primary care, mental health and other tribal/social/spiritual resources
- Concept of wellness for a healthier community.

Describe other proposed methods to measure success.

Focus groups of individual and family participants and/or community leaders will be conducted, as well as pre and post tests and surveys will determine impact and improvement.

What will be different as a result of the PEI project and how will you know?

More people will access needed resources and services and supports. Resiliency factors will increase and the negative impact of risk factors will be reduced. Isolation will decrease. We will know this through the oral reports and focus groups.

9. Coordination with Other MHSA Components

Describe coordination with CSS, if applicable. N/A

Describe intended use of Workforce Education and Training funds for PEI projects, if applicable. N/A

Describe intended use of Capital Facilities and Technology funds for PEI projects, if applicable N/A

10. Additional Comments (optional)

The choice for “Reach for Success”, modeled upon the CFNL, is an appropriate match for this Priority Population. The CFNL model has been provided in Del Norte County for more than 5 years. An additional benefit of working with the CFNL model is youth finding a “voice” within their community. The youth are not only the future of Del Norte County, but are a vital resource in measuring the current health status in the community. They also make recommendations for positive change. Del Norte County youth working with the CFNL have provided their insight in this regard at local county and state levels. This promotes “ownership” of the community and increases the possibility of youth returning to the area following college or vocational education.

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: Del Norte Date: 8/30/10
 PEI Project Name: Reach For Success
 Provider Name (if known): _____
 Intended Provider Category: _____
 Proposed Total Number of Individuals to be served: FY 10/11 25 FY 11/12 50
 Total Number of Individuals currently being served: FY 10/11 _____ FY 11/12 25
 Total Number of Individuals to be served through PEI Expansion: FY 10/11 25 FY 11/12 25
 Months of Operation: FY 10/11 6 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	\$0	\$0	\$0
Nancy Rivera	\$4,282	\$11,241	\$15,523
Melody Cannon	\$468	\$2,400	\$2,868
	\$0	\$0	\$0
b. Benefits and Taxes @ 43 %	\$2,043	\$5,866	\$7,908
c. Total Personnel Expenditures	\$6,793	\$19,507	\$26,299
2. Operating Expenditures			
a. Facility Cost	\$491	\$520	\$1,011
b. Other Operating Expenses	\$45,404	\$36,048	\$81,452
c. Total Operating Expenses	\$45,895	\$36,568	\$82,463
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$52,688	\$56,075	\$108,762
B. Revenues (list/itemize by fund source)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____		\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$52,688	\$56,075	\$108,762
6. Total In-Kind Contributions	\$0	\$0	\$0

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

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

County Name: Del Norte Date: 8/30/10
 PEI Project Name: Strengthening Families & Parent Support
 Provider Name (if known): _____
 Intended Provider Category: _____
 Proposed Total Number of Individuals to be served: FY 10/11 25 FY 11/12 50
 Total Number of Individuals currently being served: FY 10/11 0 FY 11/12 25
 Total Number of Individuals to be served through PEI Expansion: FY 10/11 25 FY 11/12 25
 Months of Operation: FY 10/11 6 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	\$0	\$0	\$0
Randy Bancroft	\$6,138	\$32,222	\$38,360
Melody Cannon	\$468	\$2,400	\$2,868
	\$0	\$0	\$0
b. Benefits and Taxes @ 43 %	\$2,841	\$14,887	\$17,728
c. Total Personnel Expenditures	\$9,447	\$49,509	\$58,956
2. Operating Expenditures			
a. Facility Cost	\$707	\$1,481	\$2,188
b. Other Operating Expenses	\$71,373	\$115,773	\$187,146
c. Total Operating Expenses	\$72,080	\$117,254	\$189,334
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$81,527	\$166,763	\$248,290
B. Revenues (list/itemize by fund source)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$81,527	\$166,763	\$248,290
6. Total In-Kind Contributions	\$0	\$0	\$0

PEI Administration Budget Worksheet

Form No. 5

County: Del NorteDate: 08/30/2010

	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			\$6,094	\$6,398	\$12,492
b. PEI Support Staff			\$2,697	\$2,831	\$5,528
c. Other Personnel (list all classifications)					\$0
_____					\$0
_____					\$0
_____					\$0
d. Employee Benefits			\$4,591	\$4,820	\$9,411
e. Total Personnel Expenditures			\$13,382	\$14,049	\$27,431
2. Operating Expenditures					
a. Facility Costs			\$4,340	\$4,557	\$0
b. Other Operating Expenditures			\$1,273	\$11,297	\$0
c. Total Operating Expenditures			\$5,613	\$15,854	\$0
3. County Allocated Administration					
a. Total County Administration Cost			\$4,690	\$5,159	\$9,849
4. Total PEI Funding Request for County Administration Budget			\$23,685	\$35,062	\$37,280
B. Revenue					
1 Total Revenue			\$0	\$0	\$0
C. Total Funding Requirements			\$23,685	\$35,062	\$37,280
D. Total In-Kind Contributions			\$0	\$0	\$0

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 6

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

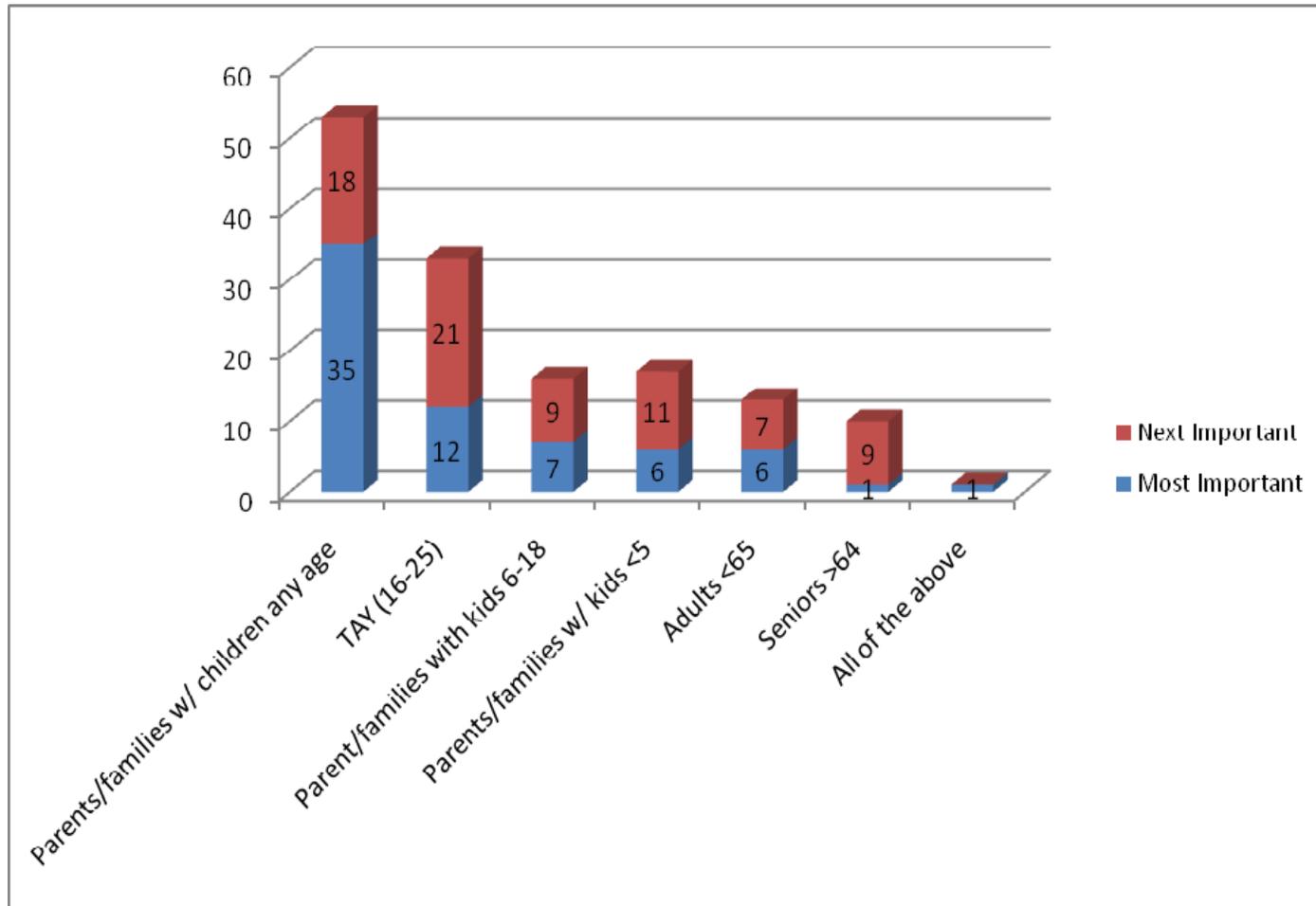
County:	Del Norte
Date:	08/30/2010

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 10/11	FY 11/12	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	Strengthening Families & Parent Support	\$81,527	\$166,763	\$248,290	\$148,974	\$0	\$99,316	\$0
2	Reach For Success	\$52,688	\$56,075	\$108,763	\$54,381.5	\$54,381.50	\$0.0	0
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
	Administration	\$23,685	\$35,062	\$58,747				
	Total PEI Funds Requested:	\$157,900	\$257,900	\$415,800	\$203,356	\$54,382	\$99,316	\$0

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

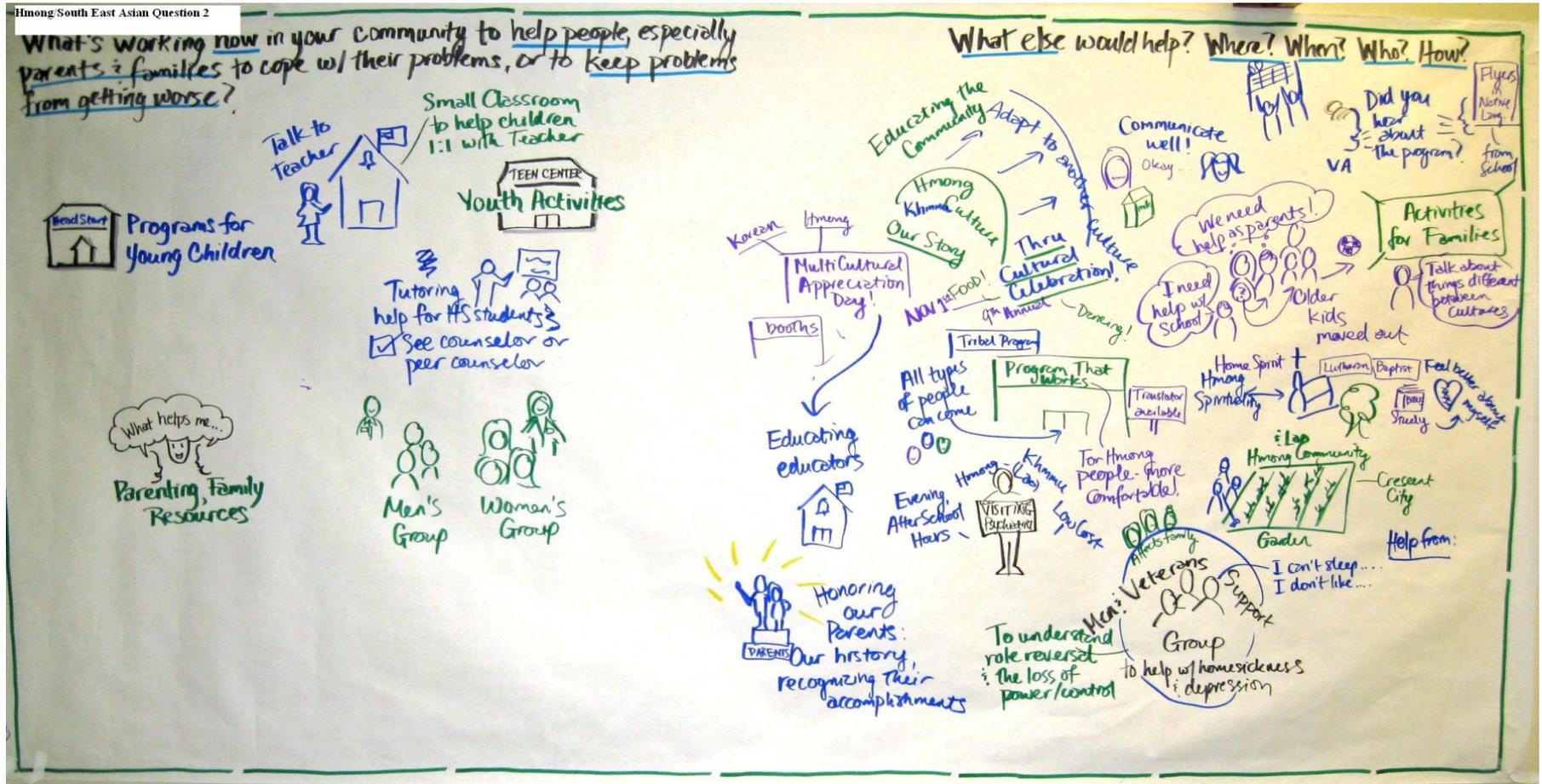
Attachment A

Prioritization by Focus Group Tallies: Most Important Populations to Focus PEI Programming On



Attachment B

Examples of Focus Group Graphically Recorded Panels

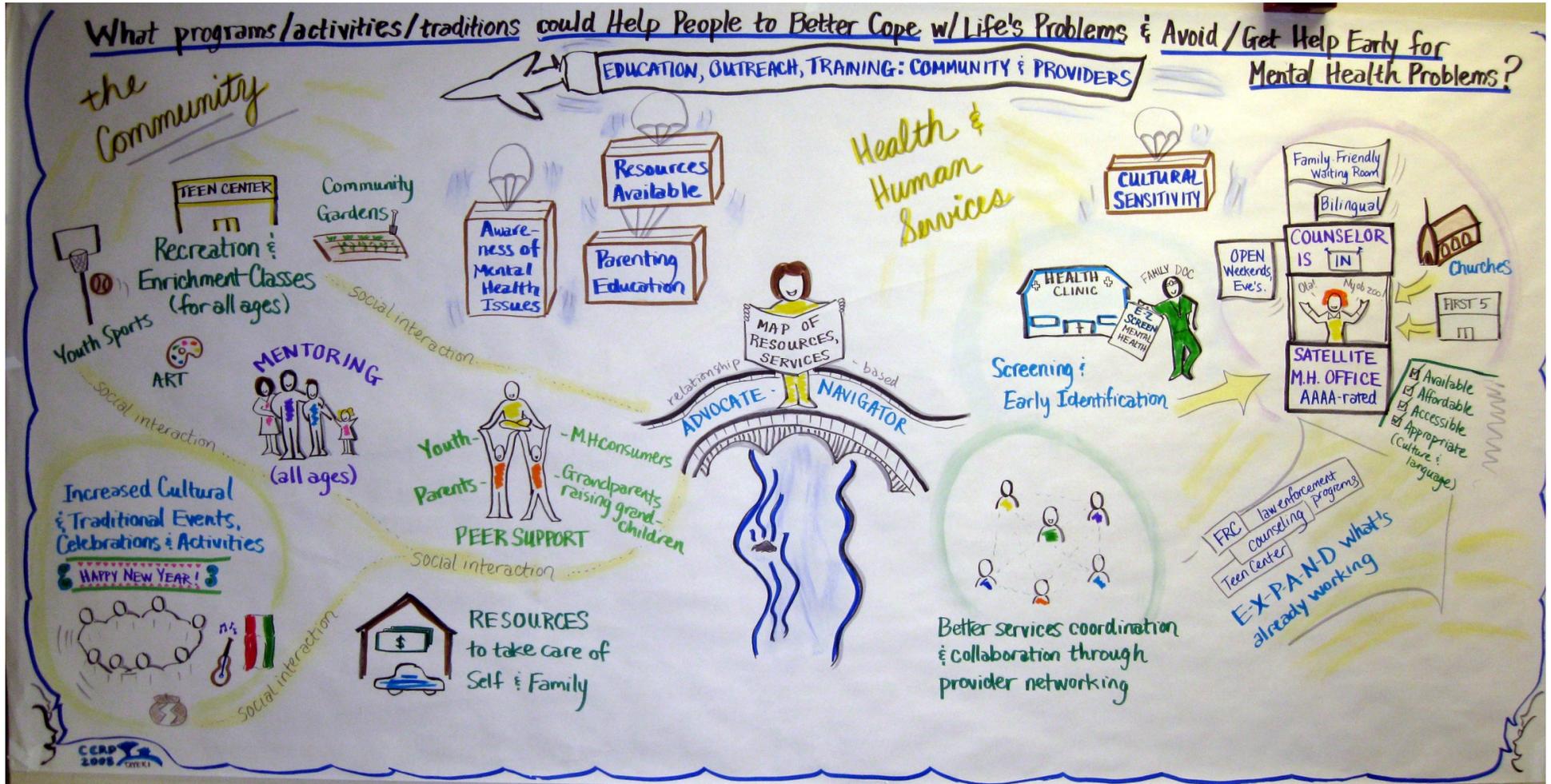


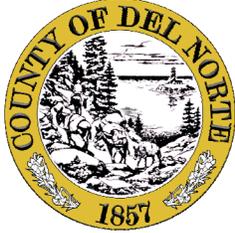
Which working now in your community to help people, especially parents & families, to cope w/ their problems or to keep problems from getting worse?



Attachment C

Composite Picture: Major Themes from Focus Groups: What Could Help Prevent/Provide Help Early for Mental Health Problems





COUNTY OF DEL NORTE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
MENTAL HEALTH BRANCH

206 Williams Drive
Crescent City, California 95531

Gary R. Blatnick, LMFT, Director

Phone
(707) 464-7224

Fax
(707) 465-4272

September 1, 2010

To: Interested Parties

The Del Norte County Department of Health and Human Services Mental Health Branch is committed to stakeholder participation in the development of our Mental Health Services Act programs.

The Mental Health Services Act (MHSA), legislation passed by the voters in 2004 creating a 1% tax on incomes in excess of \$1,000,000, provides funding for counties to expand and develop innovative mental health services.

We are seeking feedback on the next component of MHSA, the Prevention and Early Intervention Plan. The community planning process for this component actually began in 2008, and this plan is a culmination of the ideas expressed in our focus groups.

A copy of the Prevention and Early Intervention Plan is available to pick up at the following locations:

Kaj Nrig Casa Service Center
345 G Street, Crescent City, CA 95531

Del Norte County DHHS Social Service Branch
880 Northcrest Drive, Crescent City, CA 95531

Del Norte County DHHS Alcohol and Other Drug Programs
540 H Street, Crescent City, CA 95531

Del Norte County Flynn Administrative Center
981 H Street, Crescent City, CA 95531

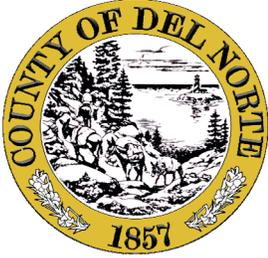
Family Resource Center
494 Pacific Avenue, Crescent City, CA 95531

Del Norte Workforce Center
286 M Street, Crescent City, CA 95531

Or on our website at www.co.del-norte.ca.us

Please address written comments to:

Dawn Ansell, Administrative Analyst II
345 G Street, Crescent City, CA 95531
dansell@co.del-norte.ca.us



Attachment D
COUNTY OF DEL NORTE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
MENTAL HEALTH BRANCH

455 K Street
Crescent City, California 95531

Gary R. Blatnick, L.M.F.T., Director

Phone
(707) 464-7224

Fax
(707) 465-4272

Local Mental Health Board

Notice of Public Hearing

Revised Date: October 4, 2010
Time: 5:30 PM
at
DHHS Mental Health Branch
455 K Street
Crescent City, CA 95531

The Local Mental Health Board will conduct a public hearing for consideration of the MHS A Prevention and Early Intervention Plan. The Plan is available for review on the County's website at www.dnco.org. Written comments may be directed to Dawn Ansell, Administrative Analyst II at 212 K Street, Crescent City, CA 95531 or via e-mail at dansell@co.del-norte.ca.us.

Del Norte County
Health and Human Services
Mental Health Branch
Local Mental Health Board

**Minutes
October 4, 2010**

	<u>Present</u>	<u>Absent</u>
Marilyn Mullem , Chair, LMHB,	X	
Clarke Moore , Vice Chair, LMHB	X	
Gerry Hemmingsen , Board of Supervisors	X	
Richard Day		X
Beth Brown		X
 <u>Agency Staff:</u>		
Gary Blatnick , Director	X	
Dorothy Provencio , Assistant Director	X	
Gideon Kohler , Clinical Services Manager	X	
Dawn Ansell , Administrative Analyst	X	
Nancy McClaflin , Administrative Analyst	X	
 <u>Public:</u>		
Crystal Markytan	X	
Wilma Wright	X	
Susie Minx	X	
Melody Cannon	X	

Topic	Action/Discussion
Call to Order	Meeting called to order at 5:33 PM by Marilyn Mullem.
MHSA Prevention and Early Intervention Plan Presentation	Power Point presentation outlining the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plan Update for Fiscal Years 2010/11 and 2011/12 by Gary Blatnick and Dawn Ansell (see attached). Dorothy Provencio outlined the PEI Plan budget.
Public Comment	There was some discussion regarding the California Endowment Building Healthy Communities Initiative and the connection between the planning processes.

MHSA Prevention and Early Intervention Plan for FYs 2010/11 and 2011/12 Approval	On a motion by Clarke Moore, Seconded by Gerry Hemmingsen, and so carried, the Board approved the MHSA PEI Plan for FY 2010/11 and 2011/12 as presented.
Adjournment	Meeting adjourned at 6:23 PM.



Gary R. Blatnick, Director