

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

Sierra County

Form No. 1

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

County Name: Sierra

Date: January 2010

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

County Mental Health Director	Project Lead
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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

Date

Executed at _____, California

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

County: Sierra

Date: January 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

The county's Mental Health Director, Carol Roberts, Ph.D., was responsible for overall Community Program Planning.

b. Coordination and management of the Community Program Planning Process

The County Mental Health Director, Carol Roberts, Ph.D., initially worked with MHSA consultant, Brooke Allison, to coordinate and manage Community Program Planning. During the second phase of information gathering, Dr. Roberts worked with the MHSA Coordinator, and the members of the Mental Health Advisory Committee.

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

Ensuring that all stakeholders had the opportunity to participate in the community program planning process was the primary responsibility of Carol Roberts, Director of Sierra County Department of Human Services and staff in the mental health department. Under Dr. Roberts' direction, this task was accomplished by mental health department staff. The process, described in detail within this document, was guided by input from the County's Mental Health Advisory Committee and an initial PEI Advisory Committee which includes former clients and family members of the Human Services system.

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
- 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.

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

In preparation for the development of its MHSA Community Services and Supports (CSS) three-year Plan, Sierra County conducted an extensive survey assessment of its population’s mental health needs. Demographics of the county would seem to reflect proportionately to the survey results (see graph below).

Sierra County demographic summary, as of 2005 census data

<i>Ethnicity</i>	<i>%</i>	<i>Age Range in years</i>	<i>%</i>	<i>Disabilities by age range</i>	<i>% of Pop.</i>	<i>Gender</i>	<i>%</i>
<i>Caucasian</i>	89.7	0-4	3.9	5-15	1.9	Female	50.1
<i>Latino</i>	7.0	5-17	16.9	16-64	22.8	Male	49.9
<i>Am. Ind.</i>	1.8	18-64	61.2	65+	36.4		
<i>2+ Blend</i>	1.2	65+	18				
<i>Afr. Amer.</i>	.2						
<i>Asian</i>	.1						

Sierra County’s small population of 3,263 residents (2008 estimate, US Census Survey) has not changed significantly since the county’s initial survey for CSS information, and as described later in this document, those survey findings remain an accurate reflection of current mental health needs.

Sierra County 2008 updates; additional demographics listed show no change

<i>Ethnicity</i>	<i>%</i>
<i>Caucasian</i>	95.4
<i>Latino</i>	9.5
<i>Am. Ind.</i>	2.2
<i>2+ Blend</i>	1.9
<i>Afr. Amer.</i>	.2
<i>Asian</i>	.2

Using the survey data generated by and lessons learned from the revised CSS survey findings as its foundation, a community program planning process specific to PEI was developed and launched in the summer of 2008. The original comprehensive CSS survey results were used as a foundation to inform the PEI planning process. Additional planning sessions were held, detailed within this narrative. Data collection methods were modified to better reflect the philosophy of MHSA and consumer-driven services. This second attempt at gathering input again used a town forum style gathering on both geographical sides of the county with offers of transportation and child care vouchers, held during the day when the highest number of consumers could attend. However, while still polling community residents, businesses, community-based organizations, elected officials, and school representatives, a much greater effort was made to reach

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out to consumers and their family members, and members of marginalized populations through the methods outlined below.

For this second phase of surveying, Human Services personnel made a concerted effort to gather information specifically from identified consumers and family members through many more consumer-based face-to-face interviews, direct phone calls to consumer households, interpersonal outreach on home visits, and intentional visits to offices and events county-wide where face-to-face surveys were possible.

Sierra County's population is generally split geographically by the Yuba Pass: roughly 800-900 residents live in or around the town of Loyalton in the Sierra Valley, and 400 residents live in or around mountainous Downieville, the County Seat. The remaining half of the population is interspersed throughout the county, either in smaller valley communities which is comprised largely of ranches, or in remote isolated mountain mining communities which are sometimes closed off because of seasonal road conditions. Due to the remote and isolated geographic nature of Sierra County, much of the information came from these scattered but frequent face-to-face interviews, phone calls directly to consumers, intercept discussions during their appointment times and by direct mail. Access to the local Latino community was provided by working with the Literacy Program facilitator who doubles as the Spanish-English translator and was involved in the Loyalton Town Hall meeting, PEI Advisory Board, and continues to sit on the Mental Health Advisory Committee.

Also during the later phase of information gathering, the MHSA coordinator spent time simply sitting in the mental health services waiting room with consumers on multiple occasions to informally discuss MHSA philosophy face-to-face with various clients and family to gain a more personal understanding of the consumer-point of view. These informal but personal conversations happened on light and heavy-scheduling days for the therapists and group-days in the main Mental Health Building, before and/or after monthly Mental Health Advisory Committee meetings, at local businesses throughout any given day, at youth sporting events, various community meetings which include but are not limited to Drug/Alcohol Advisory Board, Maternal Child Adolescent Health Advisory Board, Public Health Advisory Committee, Sierra County First 5 Children and Families Commission, high school Friday Night Live groups, after-school study groups, and day care providers. The MHSA Coordinator also had discussions with the county Sheriff/Coroner and several of his deputies and line staff, Probation officers, school teachers and administrators, parents and youth, and participated in an education-observation opportunity with the Drug Court Team. These conversations revolved around topics raised in the revised CSS survey to gauge and evaluate the relevancy of the information gathered.

As described above, a special effort was made to focus on the three groups with distinct needs in Sierra County. First among these are the approximate 12% of Sierra County residents surviving on incomes below the poverty line, secondly the 9.5% Latino community, and third, the estimated 500 county youth below the age of 18.

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Human Services Eligibility Workers and staff at the local family resource centers and senior centers were involved in gathering information from community members specifically identified as low-income or living at/below the poverty level. Seniors living in low-income Section 8 housing complexes were a focus, as were residents in the low-income area of town for face-to-face dialogue. In a community where “everyone knows everyone”, we are lucky to identify where we need to focus information gathering efforts. Knowing the neighborhoods, i.e., who lives where, enables us to make sure we are collecting relevant information from low income residents.

Approximately 300 Latinos reside in Sierra County and the US Census Data from 2000 lists 6.3% of the county speaking a language other than English at home. As the number of Latino residents has increased, this percentage has also most-likely increased in the last decade. The MHSA Coordinator made sure the Literacy Program translator was informed of and invited to survey events, and consulted with her about the best way to post and receive information from her Latino participants. In a community where “everyone knows everyone”, we are lucky that we can fairly easily identify where we need to focus information gathering efforts.

Sierra County schools serve a *grand total of 450 students* (kindergarten through 12th grade), *county-wide*, according to most recent attendance records. With respect to gathering information on youth needs for PEI-type services, Human Services staff attended youth group meetings on both sides of the county, including Friday Night Live (high school students), Club Live (middle school students), and FNL Kids (elementary school students), child care provider meetings, youth athletic events, after-school study groups, and faith-based youth events. In addition, information relating to PEI services was gleaned from school-wide survey results conducted by a local high school senior in late 2009.

These somewhat non-traditional outreach methods were used to ensure participation from a full spectrum of Sierra County’s population. On the whole, information came from community members, consumers and their families, and public and private service providers, including public health, mental health and other human services, community-based agencies, domestic violence, sexual assault and child abuse prevention, students and school administrators, probation and other law enforcement representatives, court personnel, child care and early childhood education, and literacy/libraries.

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

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- 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

Using the planning methods outlined above greatly enhanced understanding of what populations were most underserved/un-served, what services were most needed, and what types of PEI services and programs were likely to be most helpful. As listed in detail above, consumers and their family members participated on a number of levels (direct face-to-face interviewing, participation on the Mental Health Advisory Committee, direct phone calls and mailed survey questionnaires).

Providers of mental health and related social services participated in all the planning sessions as members of the Mental Health Advisory Committee. The Western Sierra Medical Clinic is the primary health service provider to residents on the western side of the county. The clinic director has medical and legal training, and is an advocate for the patients in his care, many of them long-time residents with deep community and familial connections. Dr. Lang participated at length, providing input about what type of services he felt were needed, as well as engaging patients and other community members to participate in the needs survey. All Human Services departments were asked to provide outreach and gather information by way of survey and face-to-face dialogue by nature of their access to community members. These departments include: Social Services and Eligibility; Environmental Health/Emergency Preparedness; Women, Infants and Children; Public Health; Drug/Alcohol services; Mental Health services; and Tobacco/Substance Prevention programs.

Representatives of the educational community were represented at all the public planning sessions and at the Mental Health Advisory Committee meetings. Participants included the Superintendent of Schools, school principals and teachers, First 5's Executive Director and Program Administrator, representatives of child care and pre-school programs on both sides of the county, as well as community-based organizations that work with and in school settings to provide literacy and social service referral services such as the Family Resource Center and our partners at the Plumas County Sexual Assault/Rape Crisis Center.

The key representatives of Sierra County law enforcement, including the Juvenile Court Judge, the Chief Probation Officer and primary probation officer, and the Sheriff and his lead deputy were involved throughout the planning process at several junctures. Sierra County's sheriff attended the initial PEI planning town hall meetings in both Loyalton and Downieville in July 2008, and was present at the initial PEI Advisory Committee meeting in August 2008. The Sheriff has made sure at least one of his staff is available to participate in mental health trainings throughout the summer academy trainings, and attends Mental Health Advisory Committee meetings as his schedule will allow.

The Probation Department has also been involved on multiple levels of PEI planning stages. The Probation Chief and two department officers attended the August 2008 PEI

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Advisory Committee meeting, and through their work with the Multi-agency Effort and Needs-based Diversion (MEND) program. Sierra County's MEND program provides wraparound family-based services to youth with behavioral health needs, and who are under jurisdiction of the juvenile court. MEND is run by team of agency professionals (members participate at the discretion of the family), and may include a case manager, probation officer, mental health therapist, teachers, and other court-related staff. Many of these team members, specifically probation officers, therapists, and the county's single case manager, continue to be involved in the PEI planning by attending monthly Mental Health Advisory Committee meetings.

In addition, the following community-based providers or interested parties work with community members, consumers and their family members, and were also involved in the planning process: Family Resource Center, local recreation groups, Sierra County Drug and Alcohol Advisory Board/Prevention Coalition, Alliance for Workforce Development, Literacy Program which emphasizes the needs of the Spanish-speaking population in Sierra County, Domestic Violence and Plumas County Sexual Assault Programs, members of the Loyalton Community Church and Loyalton Holy Rosary Catholic Church, members from the Area 4 Agency on Aging, and members of the Sierra County Board of Supervisors.

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

Training was an integral part of the planning process at every juncture. Each public hearing began with a training segment that provided information and encouraged discussion on the MSHA, its purpose and history; an overview of the county's previous data collection and planning process; the resulting three-year community services and supports plan; the intent of the Prevention and Early Intervention component; and the findings of the county's previous mental health needs assessment and planning process. All information was summarized into a series of training materials that were provided to attendees. Training was provided primarily by the Director of Human Services, with facilitative assistance from other staff and the MSHA consultant.

During the instances where information was imparted and gathered face-to-face through more intimate informal settings, training primarily consisted of summarizing, in "real language" about what the MSHA means to the community and its consumers and family members on a practical level, how these services will be different than in the past and can provide benefit, and why participant inclusion was and is so important.

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.

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The county found the following tools and processes useful in its CSS planning, and implemented them for the PEI planning process:

- Outreach via distribution of written materials through public and private service providers, local newspaper notices regarding MSHA in general and the planning meetings in particular.
- Community meetings.
- Focus group meetings.
- Surveys circulated at service sites and via community-based social sites.

One of the primary challenges experienced in the CSS planning process was the difficulty in reaching consumers and the under/unserved populations in the community. Sierra County's unique geographic setting, lack of internet/phone access in many areas of the county and traditional stigmatic beliefs about behavioral health presented a significant barrier in making sure consumer voices were included. Even when town hall meetings were advertised in the two local newspapers, very few consumers if any at all would attend. Offers of free child care, free transportation and day/time accommodations were extended, and still very few consumers showed interest in participating. As a county with little more than 3000 residents, community members are sometimes "poll-weary" after being asked similar questions for the previous CSS, Workforce Education and Training, and Capital Facilities and Technological Needs planning activities. Mental health staff then changed methods of reaching out to consumers, but conducting more casual, face-to-face conversational-style interviews detailed in the sections above.

Consumers are invited to attend monthly Mental Health Advisory Committee (MHAC) meetings and sit as committee members; consumer membership routinely solicited in therapy sessions, group sessions, and informal conversations around town. The county is in the process of hiring a Peer Outreach worker who will be able to provide more consistent outreach and solicit consumer participation in these planning activities. Encouraging participants to join the conversations and routine invitations to sit on the MHAC will provide an optimal vehicle for engaging and maintaining consumer involvement in all MHSA plan programs.

- 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.

Sierra County's planning process included participation by the key unserved/underserved populations, as well as agencies and service providers who would serve to meet these needs in various ways. Specifically, representatives and key informants from the following categories or entities were included in town hall meetings on both geographic sides of the county, and at the initial PEI Advisory Committee:

- Consumers and their families
- Adult and Juvenile Court Judge

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- Sheriff's Department
- Probation Department
- Senior Center (Loyalton); Golden Rays (Downieville)
- Child Abuse Prevention Council
- Family Resource Center
- Child Care Planning Council
- First Five Sierra Children's and Families Commission
- Summer Recreation Program and Wilderness Challenge Program
- Sierra-Plumas Joint Unified School District; teachers and administrative staff
- Domestic Violence Victim/Witness Program
- Plumas County Sexual Assault/Rape Crisis Team (county partners)
- Human Services Department, including CPS, Public Health, Environmental Health, Alcohol and Other Drugs prevention and treatment, Tobacco Prevention Education program, early childhood behavioral assessment and intervention specialist.
- Toddler Towers Pre-school
- Library and Literacy Program (representing/advocating Latino Community)
- Sierra County Board of Supervisors
- Loyalton City Council
- Sierra County Drug and Alcohol Advisory Board/Prevention Coalition
- Friday Night Live (high school), Club Live (middle school), Friday Night Live Kids (elementary)
- Sierra County Youth Council

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

- a. The date of the public hearing:

The initial town hall meetings were held in July 2008, one on each geographic side of the county. Attendance rosters and meeting agenda/notes are attached (Appendix A1).

A secondary meeting took place in Loyalton, in August 2008, as a way to consolidate the information brought forth at both town hall meetings. The agenda for this meeting is attached (the notes and attendance roster have been misplaced with the initial MHSA consultant; attempts at retrieving these materials have gone unanswered, Appendix A2).

Subsequent Mental Health Advisory Committee meetings have provided very brief PEI updates to committee members over the year at various times, as the focus has been on securing WET and Capital Facilities funds.

Lastly, a public hearing took place at the regularly scheduled quarterly Mental Health Advisory Committee meeting on February 23, 2010. The meeting and public hearing was advertised in county media as well as county websites.

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- 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.

The county circulated for a description of the PEI component and the draft plan to all participants at the monthly MHAC meetings, which are always open to the public. The PEI component description and the plan were posted on the Department of Human Services county website for a 30-day public comment period. These documents were also placed in the county's two primary mental health service buildings and with other agencies for further circulation and public comment. Copies were provided to anyone else who requested them.

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

Comments from the Mental Health Advisory Board meeting are included in the Minutes from said meeting and are attached (Appendix A.3). The only other public comment received was a question about the percentages total in the demographics section (page 4 of the plan). Community member pointed out a discrepancy in the sum of the ethnicity percentages, and noted the six categories added up to a total more than 100%. It was explained to the community member that while the figures did add up to greater than 100%, the numbers were pulled from the *State and County QuickFacts* page of the U.S. Census Bureau website (<http://quickfacts.census.gov/qfd/states/06/06091.html>). None of the commentary suggested revisions or changes to the plan concept.

- d. The estimated number of participants:

Number of attendants at the Mental Health Advisory Board public hearing is noted on the Minutes for the February 23, 2010 meeting, as seen on Appendix A.3. Of the nine people in attendance, five were Board members, two were Mental Health department personnel, and two were community members.

PEI PROJECT SUMMARY

Form No. 3

County: Sierra PEI Project Name: Student Assistance Program Date: January 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" 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
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

As mentioned earlier in this application, Sierra County's PEI plan is based on issues/needs and priorities identified in a multi-faceted community needs assessment and planning process implemented during the summer of 2008, in combination with the findings of Sierra's CSS survey process. As described in detail above, the PEI community training and planning process was comprised of two town hall meetings, one PEI Advisory Committee which folded into the Mental Health Advisory Committee to facilitate maximum consumer participation. Further individualized outreach discussions resulted in substantial needs assessment data and strategies for addressing the prevention and early intervention needs of Sierra County's residents.

The following list of needs is a summary of the top priority needs expressed by Sierra County's community through the CSS survey and the PEI community program planning process.

- Youth, teens and their parents, especially youth and teens with co-occurring disorders of mental health and alcohol and other drug (AOD) use, are in particular need of prevention and early intervention assistance.
- Sierra County's children, youth and teens are significantly under-served by prevention and early intervention services for both mental health and AOD issues.
- Youth from poverty environments, and Latino youth and their Spanish-speaking parents are particularly under-served.
- Prevention, counseling, and behavioral assessment services for youth, especially those related to both mental health and AOD issues are virtually non-existent in Sierra County's schools.
- Teachers have little training and few resources with which to assist students to prevent or intervene regarding mental health and AOD issues.
- Sierra County lacks sufficient after-school and summer recreation and other positive extra-curricular activities for youth and their families. Youth have too much un-supervised "free" time out of school.
- The existing Wilderness Recreation Program is highly valued by youth and parents and needs to be supported and expanded.
- Anger management assistance for youth in stressful family situations is needed.
- The community, educators, and youth and their families need to understand more about mental health difficulties that can result from stressful family environments and their relationship to AOD. (e.g., relationships among domestic violence, child abuse, parental AOD use, economic difficulties, and behavioral and mental health issues among youth).

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- Stigmatization and isolation of those with mental health and other social-psychological problems needs to be reduced, as does the hesitancy in this rural county by those in need to ask for help.
- Linkages among public and private providers and among service providers, schools, and at-risk youth and their families need to be strengthened and better integrated.

From the above list, Sierra County's PEI Advisory Committee developed the following PEI priority need, priority populations, and program strategies.

Priority community need:

Provide prevention and early intervention services for at-risk children, youth, and young adult populations, especially those experiencing or at-risk for co-occurring mental health issues and alcohol and other drug use.

Priority populations:

- Children and youth in stressed families
- Children and youth at risk for school failure
- Children and youth at risk of juvenile justice involvement
- Underserved cultural populations, youth and their families

Priority Strategies:

- Enhance behavioral assessment and early intervention counseling services in schools.
- Provide mental health and alcohol and other drug awareness education for youth, their parents, and teachers.
- Incorporate suicide prevention and intervention services.
- Develop an integrated, public-private system of referral and early intervention services.

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3. PEI Project Description:

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

The Student Assistance Program was selected based on research information on evidence-based or promising practices. The Human Services Director, Mental Health Advisory Committee, and MHSA Consultant analyzed demographic and service data described above and reviewed evidence-based programs from the SAMHSA/NREPP websites. They brought the relevant programs to the Mental Health Advisory Committee (MHAC) for review and final selection. The MHAC reviewed the community needs and priority populations identified by our stakeholders and key community partners from the original CSS survey and the subsequent PEI information gathering efforts, noting significant needs in the youth age range. The SAP program was selected based on specific outcomes which were most closely aligned with and addressed most of Sierra County's priority age range and priority needs. As a "very small county", Sierra County is opting out of Statewide Projects and leveraging Suicide Prevention dollars to support a program which is specifically designed to identify and intervene at-risk youth and families in both dual-diagnosis situations and suicide prevention. In summary, the selection was based on stakeholder input, data analysis, and program outcome information.

Sierra County elected to implement SAP as a direct result of community demand for combined mental health and AOD prevention and early intervention services within the school setting for youth, their parents, and educators linked with community-based public-private social services. The opportunity to adopt SAP in Sierra County as an ideal way to meet this need was extensively reviewed and approved by the community at-large through review during Mental Health Advisory Committee meetings, and community dialogue. The MHSA Coordinator visited the schools and spoke face-to-face with teachers, administrators, and youth both during and after school on multiple occasions. MHSA Coordinator also visited the Family Resource Center, and gathered feedback, preferences and other comments at community movie nights, therapy group waiting rooms, and other informal conversations. The proposed plan in its entirety was posted on the county website and via public hearing.

Student Assistance Program (SAP)

The Student Assistance Program (SAP) is a nationally recognized evidence-based program, adopted as a best practice by California's Department of Education. The SAP is designed to reduce the use of alcohol and other drugs, enhance mental health and positive behavior, and improve academic success among all middle and high-school students. Through

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Form No. 3

these efforts, youth at risk are recognized and early intervention services offered and provided. This early identification leads to earlier interventions. The California Department of Education and the National Youth Violence Prevention Resource Center recognize depression and substance abuse as a significant contributor to youth suicide and can be addressed through evidence-based programs that identify students who are having problems in school, and offer referrals to mental health services either at school or in the community.¹ The program is a process of identification and education with the possibility and option of referral that is initiated in schools and connected to follow-up services within and across school and community systems. This creates a network of supports for students and their families. For a school with a SAP, a student who may be identified as high risk, at-risk, or exhibiting difficulty with social, familial, emotional, or other situations within the school atmosphere is invited to meet with the Student Assistance Counselor for on-campus low-intensity intervention and assessment services. Having the counselor housed on campus rather than in the mental health building not only provides rapid-response, but reduces potential for stigmatization. The Student Assistance Program then acts as one part of the continuum of care for the community youth, ideally intervening before students reach the juvenile justice system or require more intensive behavioral health services. Upon assessment and immediate response, if the early-intervention services are inadequate, or if student and/or student's family desire additional in-depth services, an official referral is then made to the appropriate community service or agency.

Protocols developed between school personnel and the Human Services mental health department and other community-based organizations will serve as the official referral process. In keeping with low-intensity early intervention, referrals may move to and from county and community-based after-school and summer recreation programs and activities, health care providers, family counseling and support, law enforcement assistance, and substance abuse treatment. Referrals may also be made for the student's family members as desired or appropriate. Education and outreach with the student population will have a trickle-out effect on families of youth receiving SAP services, thereby expanding the benefit of the SAP to families in the greater community, not just within the school environment.

Sierra County will adopt the "counselor-model" of the SAP by placing a certified, experienced counselor in the schools to coordinate the program and provide the school-based services (logic model attached, Appendix B). As an identified Health Professional Shortage Area, Sierra County will advertise for a licensed mental health professional, intern, licensed or pre-licensed. Depending on the response, significant counseling experience may be substituted for education. School-based services would include blanket classroom prevention education for all students, small support groups, and individual counseling; all activities subsequent to classroom education are voluntary in nature.

¹ National Youth Violence Prevention Resource Center, *Youth Suicide Fact Sheet* (2002); California Department of Education, *SAP Bulletin 3: Student Assistance Programs: Helping to Close the Achievement Gap, Topic: The Mental Health Services Act* (Proposition 63) (2009).

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The SAP addresses Sierra County's identified priority populations in that the school-based curriculum occurs in a classroom (e.g., Health Class, Biology) where every student is reached in terms of prevention, regardless of ethnic background, unless a specific "opt-out" request is submitted by the parent/guardian, which is standard school district policy. The Student Assistance Program will coincide with the Project Venture curriculum for in-class education, an evidence-based early-intervention/prevention program rooted in outdoor experiential learning.

Project Venture

Project Venture is a SAMHSA model program, evaluated by NREPP as evidence-based. Sierra County's Mental Health Advisory Committee reviewed and selected Project Venture as a response to community demand for an outdoor recreation program for youth, combining early intervention services with outdoor recreation and activities for youth and their families. Project Venture was also selected based on its cultural relevancy, applicability to the SAP and PEI desired outcomes, and Sierra County demographics. Previous outdoor programs have stressed leadership and positive choices, but have lacked the evidence-based structure and curriculum. As such, these programs were deemed "alternative activities", and eventually phased out. Project Venture presents an opportunity meet this need in the community through an evidence-based program with outcomes fitting the PEI philosophy.

Project Venture is a voluntary outdoor experiential youth development program designed specifically for youth, aimed at developing social and emotional competencies, facilitating resistance to tobacco, drugs and alcohol use. Based on the values of family, learning from the natural world, spiritual awareness, service to others, and respect, Project Venture is a positive and strength-based experience. Project Venture is designed to foster positive self-concept, effective social skills, a community-service ethic, self-control, and improved decision-making and problem-solving skills. The program consists of classroom, after school, weekend, and summer long activities centering on problem-solving games and initiatives, experiential challenges, adventure camps and wilderness treks, and community-oriented service learning and service leadership.

Project Venture study populations included male and female youth between the ages of six and 17, American Indian/Alaska Native, Hispanic/Latino, Native Hawaiian/Pacific Islander, White, and racially unspecified groups within rural/frontier, school, and tribal settings. As Sierra County is classified as rural/frontier and our students are primarily White and Hispanic/Latino, the program will require no significant adaptations to maintain fidelity. The SAMHSA Model Program description for Project Venture is attached (Appendix C).

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Educators, community-based service-providers, the general community and parents are provided with training through local media, parent-teacher meetings, and first-day-of-school information packets for parents to introduce and describe the program and encourage full understanding and implementation of the SAP, along with ongoing technical assistance and support from the California Student Assistance Program Resource Center.

The chart below describes the implementation partners, lead agencies, and program settings for the Student Assistance Program.

Lead Agency	Program Setting	Implementation Partners
Human Services Dept	<ul style="list-style-type: none"> • SCHS campus 	<ul style="list-style-type: none"> • Mental Health Advisory Committee • SPJUSD • All Middle/High Schools • Dept of Human Services
Sierra-Plumas Joint Unified School District (SPJUSD)	<ul style="list-style-type: none"> • Loyalton Middle School (6-8) • Loyalton High School (9-12) • Downieville School (K-12) 	

School administrators and teachers will be enlisted and trained to support and use the program. Implementation discussions have already begun with school personnel who are consistently expressing concern, and requesting resources to address the difficulty in reaching out to students. Since all youth are required to attend school and nearly all attend public school, using the school-based SAP helps ensure under- and unserved populations are reached with PEI services. The SAP will be available to all students, not just those identified at-risk.

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This PEI Project will be delivered in the following setting(s):

Sierra County has just *one* school district, the Sierra Plumas Joint Unified School District (SPJUSD), with schools in only two population centers, Downieville on the western slope, and Loyalton on the eastern side. The school district and both schools will be integrally involved in all aspects of developing and implementing the Student Assistance Program. The program will be school-based, providing voluntary counseling and small group services, substance abuse education and intervention, and suicide prevention and intervention to all Sierra County students, grades 7-12.

Sierra-Plumas Unified School District Student Enrollment*						
<i>as of January 2010, per District Office and School Administrator Verification</i>						
	Elementary (K-5)	Middle School (6-8)	High School (9-12)	Sierra Pass Continuation	Independent Study	Total Enrollment
Downieville	27	12	25			64
Loyalton	194	58	128	4	6	390
Total	221	70	153	4	6	454

Highlights of new or expanded programs include:

Sierra County’s proposed PEI program is designed to function as a voluntary continuum of prevention and early intervention for not only students but their families as well. This program will integrate ease-of-access, stigma reduction, suicide prevention, service-provision, referral services, and response to mental health issues into a comprehensive public-private network of care. Below are highlights of the program elements and implementation activities.

Program Elements

- One full-time counselor located at school sites to provide school and community outreach, education and training for school staff, community members, families and services providers, and counseling and support groups for all youth and their families, with an emphasis on suicide prevention, mental health, and AOD issues.
- Comprehensive, multi-disciplinary, public/private involvement in the development and implementation of SAP

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- Suicide prevention and intervention through increased opportunity to identify youth exhibiting primary risk factors as well as supporting resiliency, problem solving skills, impulse control in order to increase protective factors
- Coordination with the Mental Health Advisory Committee and partner agencies to ensure maximum support
- Inclusion of economically disadvantaged and Latino youth and their families, and delivery of SAP in a culturally sensitive and competent manner.
- Integrated, public-private referral system to and from SAP with other community service agencies as appropriate and as requested
- Data collection and monitoring process to assess program outcome. While not required by the MHSA PEI parameters for small counties like Sierra, previous experience indicates having the data and not needing it is preferable to needing data and not having it. As such, the data collection is built into the two PEI programs selected, and therefore will require minimal data collection/evaluation resources.

Milestones and Timeline:

- Hire 1 FTE counselor to staff and coordinate SAP, provide services – Summer 2008
- Train partners on overall program components – Spring 2010
- Train school personnel on SAP curriculum, referral procedures and protocols – Summer 2010
- Outreach/training for community members, families and service providers – Summer/Fall 2010; Ongoing
- Establish data collection and analysis tools to determine program outcomes – Summer/Fall 2010
- Implement SAP countywide; tracking program progress/outcomes – Fall 2010/ongoing

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4. Programs

Sierra County schools serve roughly 230 students in grades 6-12. The SAP curriculum will be given to all students in those grades attending school, barring occasional absences. Given the current statistics which show 20% of the average population is dealing with untreated mental health difficulties and co-occurring disorders, we estimate early intervention services being provided to at least 20% of those students. These numbers are reflected in the table below.

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type		Number of months in operation through June 2011
	Prevention	Early Intervention	
Student Assistance Program	Individuals: 230 Families: 150-200	Individuals: 45 Families: 30-40	10
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 230 Families: 150-200	Individuals: 45 Families: 30-40	

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).

While the Student Assistance Program is not listed in the PEI Resource Materials, it is an evidence-based program which addresses the needs identified in our community, described in detail earlier. Rationale for choosing this program was outlined in detail earlier (please refer to Section 3, Project Description).

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

Sierra County's PEI program will link youth and families to mental health assessment and/or treatment in several ways. The SAP counselor combined with our children's Behavioral Health Specialist will in sum, provide a continuum of support, early intervention, and outreach from preschool ages through 12th grade. This continuum is designed to provide assessment, counseling and support-group focus for children and youth in a school-based setting. Since the Department of Human Services is the only provider of intensive or extended mental health services in the county (Sierra County does not have any private mental health providers), the SAP services will provide outreach and access to the Latino community which has been averse to seeking services in the county buildings. In addition, youth in need of mental health services who are identified in Community Outreach activities (tobacco, drug and alcohol prevention programs), will be referred to the county services for counseling, extensive/intensive care if necessary, and group support available at the schools for grades 7-12 via the SAP program. Younger children will be referred to the county's behavioral health specialist for formal assessment and mental health services.

As described earlier, once a student has been identified as one who may benefit from SAP services, he or she may meet with the SAP counselor on a low-intensity basis for as long as the student wishes, as long as the identifying behavior continues, or until the student no longer wishes to participate. Should the behavior escalate to levels deemed dangerous by the SAP counselor and school staff, direct contact with the student's family is made, and an official referral is made to the appropriate agency. Conversely, should a student be involved in a community-based program or service not connected to the SAP, referrals to the school counseling/outdoor program may be made.

The Student Assistance Program is designed to take full advantage of the community agencies that provide support services in Sierra County. It should be noted that given Sierra County's small size, its isolated rural nature, and associated economic challenges, only a handful of agencies provide virtually all of the county's services. The Department of Human Services and the Probation Department are major services providers. An important, albeit small, number of community-based agencies and programs do exist, and these will be integrally involved in the PEI project, both referring and receiving referrals for services likely to enhance mental health for youth and their families.

Service providers and referral agents will include: the Department of Human Services, Probation, the schools for educational support services, the domestic violence prevention/intervention services of the District Attorney's victim witness assistance center, sexual assault and rape crisis program, the Plumas Crisis Intervention and Resource Center, the health services of the rural medical clinics, the child abuse prevention and intervention services, and the support

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services of the Family Resource Center, which includes home visitation. As discussed earlier in the application, a key aspect of the PEI project will be the development and implementation of an integrated referral system among all PEI partners and both PEI programs. Through this new referral system, youth and their families who are either part of or should be part of PEI will have access to a comprehensive net of services for prevention, early intervention, and extensive need. The Mental Health Advisory Board and consumer advocates will provide general policy and implementation guidance for the PEI project and desired outcome analysis.

At the individual/family level, we know that the interventions we have selected are sufficient to achieve the individual/family outcomes we have selected based on successful local experience. Sierra County instituted the Multiple-agency Effort and Needs-based Diversion program (MEND), aimed at screening, evaluating, diagnosing and treating youth in the county's juvenile court system. This program has successfully intervened with youth in decreasing recidivism with court citations. Providing a Student Assistance Program provides the necessary link to the School Attendance Review Board (SARB), MEND, Wraparound and Full-Service Partnerships. Instituting the SAP expands our partnerships with the schools and is the next step in creating a continuum of care for our community.

Leaders in the Latino community have noted to program directors at multiple stakeholder meetings that many Spanish-speaking families are reticent to seek services at the county government offices due to trust and stigma discrimination within their communities. By offering the Student Assistance Program outreach and intervention services at the school, a location not typically associated with the county Human Services system, the Latino families will have a more comfortable way of requesting and receiving services. Sierra County's Literacy Program is the primary linkage between Spanish-speaking families and English-oriented community services. The Literacy Program coordinator sits on the Mental Health Advisory Committee to act as a liaison for Sierra County Latino families who tend to shy away from active involvement with service agencies. This coordinator has developed a rapport with the Latino community over the last ten years in this capacity, acting as a powerful trustworthy ally in teaching English language, helping some of the county's Mexican-Americans attain citizen-status, and assistance with navigating other forms of government documentation such as driver's license requirements, financial documents, and school enrollment. The Sierra County Latino/Hispanic community has no formal organizations, groups, or events where intentional formal outreach can be culturally adapted. The best way to engage and maintain the participation of the Sierra County Latino community/consumer is through activity with a leader in their community, such as the Literacy Coordinator. Should the SAP encounter Spanish-speaking students in need of culturally-relevant interventions, the Literacy Coordinator will be available to provide translation, direction, establish connections, and act as liaison if appropriate.

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We have sufficient activities/programs to achieve the program/system outcomes we have listed in question 7. Our collaborative activities (outlined in question 6 below) identify the partner and leveraged resources that will assure we can implement the program we have selected with fidelity and that the program will achieve our objectives. These leveraged and collaborative resources include partnership with the school district in use of facilities across the county, support from school personnel and community partners, and the coordination of services with existing education/prevention groups including but not limited to Friday Night Live, Sierra County Literacy Program, MEND, and the Plumas County Crisis and Intervention/Sexual Assault/Rape Crisis center.

7. Collaboration and System Enhancements

As described in the section above, Sierra County has been very actively involved for the past several years building effective collaborations to enhance its services' systems. The SAP program was selected and is being designed and implemented because of and in concert with Sierra County's new collaborative partnerships. In turn, this program will help Sierra County expand its collaborative efforts and strengthen its evolving system of integrated services.

The Student Assistance Program is designed at its core to be collaborative and to both benefit from and to enhance a comprehensive system of services. The SAP will be located at school sites to reach nearly all Sierra County's youth as well as their families, and to provide access to services beyond the school environment as well. The Department of Human Services will recruit, hire, and train the SAP coordinator who will be in charge of developing and providing the mental health, suicide prevention/intervention, substance abuse curriculum and referral services. Virtually all the other service agencies in the county will be the recipients of referrals from SAP. A universal referral process and protocol will be developed that will ensure effective, comprehensive care for any youth or family member that needs it. This care will include prevention, early intervention, and deep end counseling, education, and support services such as those related to domestic violence, child abuse, economic disadvantage, poor role models and lack of positive mentoring and recreational activities. The SAP will be guided by input from the county's consumers and the Sierra County's Mental Health Advisory Committee.

As indicated earlier, Sierra County's primary mental health provider is the Department of Mental Health. There is no private provider of mental health services, per se. However, the Family Resource Center and the Domestic Violence Program of the Victim/Witness Assistance Center do offer support services that help enhance mental health services. Sierra County is also fortunate to have a very forward thinking, active health clinic which is very involved in the local Health Services Collaborative and will play a key role in providing access to health services for those participating in the PEI project, as well as referring to the SAP program. The Student Assistance Programs Logic Model (attached with this

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proposal) illustrates the multiple agencies involved in operating a SAP with fidelity, including and not limited to public health, social services, tobacco and substance abuse services, suicide prevention and crisis outreach, and suspension alternative programs, such as Sierra County's MEND program.

Sierra County's PEI funds will cover salary and benefits for one FTE Student Assistance Program counselor to develop, train, and implement the curriculum, as well as provide support to school staff. Sierra-Plumas Joint Unified School District has committed to provide office space for the counselor at both campus sites. School staff has expressed the need and desire for intervention services described herein, and supports the implementation whole-heartedly. Community partners are anticipating the SAP services in order to "finally have the medium" to expand outreach to youth who are struggling.

The PEI project is intended to be self-sustaining.

8. Intended Outcomes

According to the Student Assistance Program logic model (attached), we anticipate the SAP will result in the following specific outcomes for project participants, all of which reduce the risk of suicide, increase access to mental health services, and help to reduce the stigma around mental illness and health:

- Students will be connected to prevention education and other groups/activities and resources that are strength-based and enhance resiliency
- Students and their families will be more connected to additional resources in the community, especially those with statistically higher barriers to service (e.g., the Latino and SES families)
- Parents/guardians will have increased knowledge about AOD prevention/intervention strategies
- Students gain increased understanding of the consequences of AOD use
- Students gain increased knowledge and skills to resist peer pressure and develop refusal skills
- Students gain an increased sense of well-being and resiliency
- Students develop stress management and conflict resolution skills
- Students and their families experience increased support from community-based organizations
- Students will demonstrate strengthened impulse control, social skills and attitudes

It is anticipated that the SAP will result in increased collaboration with partner agencies on multiple-problem individuals or families, measured by coordinated service plans. The referral and collaboration system will open doors for increased knowledge of and access to services for the students and their families. This program will allow for increased provision of

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services because service initiation begins in the school rather than “the system”, thereby decreasing stigma of receiving services. The SAP will be a hub of resources for adults and students alike, with special attention to Latino-access, and help youth by providing training workshops, teacher support, and parent resource. With the SAP housed in the school setting, resulting stigma reduction should allow families who have been hesitant in the past to seek mental health assistance at the mental health office, specifically members of the county’s Latino community, to discover and seek services available via outreach from the SAP counselor. Ideally, this kind of outreach will result in better communication avenues between the Spanish-speaking community and behavioral health service provision.

Sierra County also anticipates the SAP will result in increased assessments, referrals, and mental health services delivered. We also anticipate decreased truancies, reports of school violence and decreased recidivism in the juvenile justice system. We will primarily rely on self-report data from teachers and school administrators and data recording tools provided with the SAP curriculum.

This PEI project will result in positive community outcomes, specifically: a reduction in behavioral suspensions in the middle and high schools where the SAP will be in place; improved school attendance; reduction in AOD use and suspensions for drug use; decrease in school-related violence and disciplinary action; and an overall greater sense of accountability, sense of well-being, and resilience for personal success for the students and a network of support for their families.

9. Coordination with Other MHSA Components

Our coordination with CSS includes the following mechanisms:

- Protocols for referral from this PEI project to CSS programs will be developed and implemented.
- Individuals identified by this program who can appropriately be served by this project will be referred.
- Staff from this program will meet regularly with the implementation staff of other MHSA components.

Intended use of Workforce Education and Training funds for PEI projects:

- Our WET plan includes access to continuing education credits through an online learning program. PEI staff will participate in this professional development program.
- Our WET plan includes access online learning courses (Mental Health awareness, life skills topics, and basic skills are included in these courses) free to the community. The SAP counselor will promote these courses as applicable.

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- Our WET Plan includes training funds for staff and volunteers in the skills and techniques necessary to implement this program.
- Our WET Plan includes training funds to continue assisting partner agencies in the skills and techniques necessary to implement this program.

Intended use of Capital Facilities and Technology funds for PEI projects:

- Our Capital Facilities and Technology plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.
- Our Technology development will allow us to update our case management capacity. This capacity will be provided to PEI staff under our Technology plan.

10. Additional Comments (optional)

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: Sierra

Date: 1/2010

PEI Project Name: 3. At-Risk Children, Youth and Young Adult Populations

Provider Name (if known): Sierra County Human Services

Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served: FY 09-10 0 FY 10-11 230

Total Number of Individuals currently being served: FY 09-10 0 FY 10-11

Total Number of Individuals to be served through PEI FY 09-10 0 FY 10-11 230

Expansion: FY 09-10 0 FY 10-11

Months of Operation: FY 09-10 0 FY 10-11 10

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 09-10	FY 10-11	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Behavioral Health Counselor (1FTE)	\$17,740	\$42,576	\$60,316
b. Benefits and Taxes @ 59 %	\$10,392	\$24,941	\$35,333
c. Total Personnel Expenditures	\$28,132	\$67,517	\$95,649
2. Operating Expenditures			
a. Facility Cost	\$0	\$4,800	\$4,800
b. Other Operating Expenses	\$5,200	\$600	\$5,800
c. Project Venture			
i. Operating	\$0	\$45,000	\$45,000
ii. Training & Materials	\$0	\$5,500	\$5,500
c. Total Operating Expenses	\$5,200	\$55,900	\$61,100
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$33,332	\$123,417	\$156,749
B. Revenues (list/itemize by fund source)			
1. Total Revenue			
5. Total Funding Requested for PEI Project	\$33,332	\$123,417	\$156,749
6. Total In-Kind Contributions	\$0	\$0	\$0

PEI Revenue and Expenditure Budget Worksheet

BUDGET NARRATIVE MHTA – PEI Student Assistance program

ESTIMATED PERSONNEL

Employee Salary and Wages

Costs for salaries and wages amount to **\$95,649**.

It includes costs for Behavioral Health Counselor 1 FTE at \$60,316.

The function of this position will be to provide Student Assistant Program services including outreach and education, training and technical assistance, the identification/referral process between schools and Department of Human Services, and implementation/coordination of Project Venture activities.

Employee Benefits

Benefits and Taxes: Benefits are estimated at \$35,333 and include FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes.

OPERATING EXPENSES

NIYLP finds that a budget of approximately \$100,000 per year is needed to serve 100 youth in the in-school component, 30 youth in the community-based component, and summer camp and wilderness experiences. We have adjusted our figures adjusted to account for Sierra County's small size, but maintaining fidelity to program.

OPERATING:

Personnel - \$50,000 (included in Section A of Budget)

Travel	\$7,000
Supplies/incentives	\$4,000
Equipment	\$7,000
Evaluation	\$5,000
Camp	\$5,000
Facilitator stipends	\$1,000
Training	\$3,000
Audit	\$1,000
Operational	\$7,000
<u>Other Indirect costs</u>	<u>\$5,000</u>
Total Operating Costs:	\$45,000

TRAINING COSTS:

Estimated Training Costs for Year 1 of a Project Venture Replication/Adaptation:

Replication Guide	\$250
Mandatory pre-startup meeting	(free if by phone)
<u>Mandatory 2-day basic program training</u>	<u>\$2,500 (+ travel/lodging)</u>
Total Training Costs:	\$2750

PEI Revenue and Expenditure Budget Worksheet

MATERIALS COSTS: (LIST ALL AVAILABLE PRODUCTS)

Required materials:

Project Venture Replication Guide	\$250
AEE Accreditation Standards Manual	\$25
Camp and Service Learning Videos	\$50
Games and initiatives books	\$200
<u>Activity kits</u>	<u>\$2225</u>
Total Materials Costs:	\$2750

TOTAL PROPOSED PEI BUDGET FISCAL YEAR 2009/10 – 2010/11

- A. The overall expenditure level for this program is **\$156,749**.
 B. Other revenues for this program are estimated at **\$0,000**.

TOTAL FUNDING REQUESTED FOR PEI PROJECT: \$156,749.

PEI Administration Budget Worksheet

Form No.5

County: Sierra

Date: Jan 2010

	Client and Family Member FTEs	Total FTEs	Budgeted Expenditure FY 2009-10	Budgeted Expenditure FY 2010-11	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator		5-10%	\$1,249	\$2,997	\$4,246
b. PEI Support Staff		5-10%	\$1,596	\$3,831	\$5,427
c. Other Personnel (list all classifications)					\$0
_____					\$0
d. Employee Benefits @ 53.72%			\$2,122	\$2,997	\$5,119
e. Total Personnel Expenditures			\$4,967	\$9,825	\$14,792
2. Operating Expenditures					
a. Facility Costs			\$0	\$0	\$0
b. Other Operating Expenditures			\$33	\$393	\$426
c. Total Operating Expenditures			\$33	\$393	\$426
3. County Allocated Administration					
a. Total County Administration Cost			\$0	\$0	\$0
4. Total PEI Funding Request for County Administration Budget			\$5,000	\$10,218	\$15,218
B. Revenue					
1. Total Revenue					\$0
C. Total Funding Requirements			\$5,000	\$10,218	\$15,218
D. Total In-Kind Contributions			\$2,433	\$5,525	\$7,958

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:	Sierra
Date:	Jan - 2010

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 09-10	FY 10-11	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	Student Assistance Program	\$33,332	\$123,417	\$156,749	\$94,049	\$62,700	\$0	\$0
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
	Administration	\$5,000	\$10,218	\$15,218				
	Total PEI Funds Requested:	\$38,332	\$133,635	\$171,967	\$94,049	\$62,700	\$0	\$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).

County: Sierra

Date: December 2009

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

PEI Project Name:

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

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

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

Brooke Allison
August 15, 2008

SIERRA COUNTY DEPARTMENT OF HUMAN SERVICES

**MENTAL HEALTH SERVICES ACT (MSHA)
PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT**

**Town Hall Meetings and Focus Group
Summaries**

Town Hall Meetings

Downieville, July 22, 2008, 11am – 12:30p.m.

Attendees: Mary Wright, Sheriff Evans, Carol Roberts

- ✕ Child-care needs in western Sierra, including those of infants. Must be accessible and affordable. Consider overnight, evening and weekend child-care services.
- ✕ Follow-through on State Pre-school grant and First5 grant to help support needed child care services through Toddler Towers. Recent assessment results indicate 25-30 families would use the services.
- ✕ Response to domestic violence situations should include assessment and response to needs of children involved, perhaps by adding a component to the response protocol that would link family and children through Victim/Witness to FRC (Family Resource Center) and DHS follow-up and services.
- Assist youth with anger management issues so they don't result in violent behavior.
- ✕ Mental health counseling and behavioral assessments in schools to evaluate children and youth with special needs and get them the help they need.
- What are the needs of home-schooled kids with mental health services? How can we reach them and pull them into the help they need?
- ✕ Build program services within multi-disciplinary partnerships/collaborations that include DHS, FRC and other CBOs, probation, law enforcement, courts, and schools. (Full service partnership concept)

Loyalton, July 23, 2008, 11am – 1:00pm

Attendees: Carol Roberts, Mike Filippini, Sheriff Evans, Kimball Pier, Sara Wright, Carolyn Widman, Kara Yegge, Kim McKinney (in writing), Linda Guffin (in writing), Tammy Muldoon, Katie Hyre, Katie Cochran, Sarah Jackson, Gary Shelton, Beverly Wilson, Cathy Eisner, Pam Curney, Cindy Osborn, Allison Lamb.

- Mental health-related services for children and youth are needed.
- Ensure services are available to general youth population, as well as to those considered especially at-risk.
- Recognize and address the relationship between alcohol and other drug abuse and mental health issues.

Brooke Allison
August 15, 2008

- Emphasize services related to alcohol and other drug abuse prevention and risk identification, especially in middle- and high-school.
- Don't limit education and support to those identified at-risk. Make resources available to all children and youth.
- Implement school counseling program, including individual and support groups in school setting for children and youth.
- Link DHS clients and those identified in school-based programs to services, including life skills training, and support at Family Resource Center (FRC).
- School-based alcohol and other drug education for youth, parents, and educators.
- ✕ Continue to integrate the work of school, probation, and social services' systems, including SARB, to get youth the help they need before they are kicked out or drop out of school.
 - Create safe places for kids to hang out. DHS-supported recreational program and drop-in center at FRC can serve this purpose.
 - Attend to special counseling and educational needs of Spanish-speaking youth and families, including assigning a peer mentor to the Literacy Program and reaching youth in school setting.
 - Link any programs and assessments to pre-school and day care programs to reach infants, children, youth and their families when problems are just beginning.
 - Support after-school and summer recreation and mentoring programs, such as the Wilderness programs.
 - Involve families and other community members, including seniors, in recreational and mentoring activities for children and youth (e.g., community walks, special events, picnics, suppers, job-related activities).
 - Incorporate career mentoring and modeling into recreational programs.
 - Ensure recreational programs are sensitive to and welcoming of youth and parents from the Spanish-speaking community.
 - Consider a middle-school Junior Olympic program for Teen Start.
 - Identify and replicate the positive elements of "Skate Park culture."
 - Develop protocol to link children and youth from domestic violence situations effectively to advocacy and intervention services, both DHS and CBOs (e.g., FRC).
 - Incorporate prevention and intervention efforts into day care and pre-school settings.
 - Educate providers and teachers to identify substance abuse and mental health needs among youth and children.
 - Develop and support training for parents in pre-school and day-care settings through FRC or other resources.
 - Expand peer-facilitated, parent support groups at FRC.
 - Consider adopting Parent-child Interactive Therapy (PCIT) program (an evidence-based practice) to change parenting dynamics for parents of young children.
 - Design protocol for assessment and service provision that ensures counseling for youth quickly without undue assessment procedures and paperwork at the beginning. Parents hesitate to take advantage of counseling and other services when there is too much red tape involved.

Brooke Allison
August 15, 2008

- Change “old” perceptions among community providers and consumers about DHS.
- Get the word out to those who need or may need services about what’s available and how to access it. Compile, update, and maintain Sierra County services directory and ensure it gets to those who need it on an on-going basis.
- Publicize the new “Sierra County Crisis Line.”
- Develop protocol to ensure existing and new hires at various public and private agencies understand what services are available and how they can best be accessed.
- Look for ways to involve seniors in PEI services for children and youth to reduce isolation and indirectly link seniors to the support they need.
- Grief counseling is needed.
- Ensure immediate or very speedy responses by DHS to mental health crises.
- Consumers need practical, often simple, assistance initially. More in-depth assistance can come later, after immediate life challenges are solved and relationships built.

Client Focus Group, July 23, 2008, 5pm-7pm, Loyalton

Attendees: Carrie, Kimball Pier, Katie Hyre, Carol Roberts, Katie Cochran

- Summer activities, including sports and other activities, needed. More of the Wilderness Program is needed. It’s been very effective and very much appreciated by the community!
- Substance abuse, including alcohol abuse, is directly related to mental health issues and other behavioral problems, as well as to domestic violence.
- Consider having DHS staff assign clients to FRC life skills training, instead of “pulling weeds” types of assignments. Have them share their expertise and achievements with others in peer support groups and training. Use clients to do training where ever possible.
- Community garden idea.
- Jr. High Olympics’ program for Teen Start.
- “Skate Park culture” may hold a key for how to set up programs that kids will respond positively to; recreate that culture outside that venue.
- School counselors and behavioral assessment needed.
- Children in domestic violence situations need an advocate and on-going help through DHS and FRC. Consider a post-crisis debrief. Make sure family (victim) follows through with help that is initially offered. Hand-hold initially if necessary until family is ready to take own initiative.
- Group fellowship and one-on-one mentoring are both very important and can make a huge difference in a client’s ability and willingness to change.
- Wilderness program can be used to provide youth with positive life experience and learning, as well as to mentor and build positive role model and relationships.
- Link Wilderness Program for youth to parents and rest of community. Consider “Community walk” idea.

Brooke Allison
August 15, 2008

- Make sure “Student Assistance Program” is for everyone, not just for the identified at-risk youth.
- School-based interventions can be very effective. Find ways to keep kids engaged in school where they can be reached. If they’re out of school they get virtually no help. Probation has been very effective recently getting kids to school and reducing truancy.
- Work on reducing the stigma associated with mental illness and asking for help.
- Career counseling and life skills training (e.g., nutrition, food shopping, home accounting) very important for both youth and their parents.
- Teachers are not trained in how to work with problem kids or how to identify and get help for those at-risk for mental health and substance abuse problems.

SIERRA COUNTY DEPARTMENT OF HUMAN SERVICES
Mental Health Services Act
Prevention and Early Intervention Services
Sub-Committee Meeting

August 21, 2008, 11am- 1pm (Light lunch will be served)
Loyalton Social Hall

Intended Outcomes

- Understanding of the Prevention and Early Intervention (PEI) component of the MHSA, its priorities, opportunities, and funding for local services; and
- Understanding of results of needs assessment, town hall meetings, and client focus group; and,
- Agreement on service priorities for development of Sierra County's Plan and application to State.

AGENDA

11:00a.m.

- Check-in
- Light Lunch

11:15a.m.

- Welcome
- Introductions
- Intended Outcomes
- Purpose of Sub-Committee

11: 30a.m.

Mental Health Services Act (MHSA) and PEI Overview

- MHSA and Sierra County's 3-year Plan
- MHSA - Prevention and Early Intervention (PEI) Component: state funding, guidelines, priorities, and target ages
- Community needs assessment results and community priorities, 2005

12:00p.m.

- Results of Town Hall Meetings and Client Focus Group – Summary Results
- Suggested service priorities for PEI plan.
- Discussion and input regarding service priorities for PEI plan and application.
- Consensus agreement on PEI plan.

12:50p.m.

Next Steps and Wrap-up

- Draft Plan; Public Hearing on Plan
- Sub-Committee's role; meeting and review schedule
- Drafting and submission of application to State

**Human Services
COUNTY OF SIERRA**



**Carol Roberts, PhD
Director**

Mental Health / Drug / Alcohol Department

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Sierra County
Mental Health Advisory Committee Meeting

Tuesday, February 23, 2010
2:00-3:00 pm
DeMartini House
Across from Social Services

Agenda

1. Welcome and Introductions
2. Approval of Agenda & July 8, 2009 Minutes
3. Review of MHSA Capital Facilities Plan
4. Review of MHSA Prevention and Early Intervention Plan
5. Public Hearing and Comment
6. Action for CF and PEI plan submission
7. Time and Date of Next Meeting
8. Adjourn

Mental Health Advisory Board

Meeting Minutes

February 23, 2010

The Mental Health Advisory Board met on February 23, 2010, at the Mental Health DeMartini House across from Social Services.

Mike Filippini, Board Chairperson, called the meeting to order at 2:13 p.m.

ATTENDANCE

MHAC Members Present: Mike Filippini, Judy Blakney, Linda Diltz, Robin Jaquez, Sara Wright

Mental Health Staff Present: Carol Roberts, Kara Yegge

Public Present: Tricia Valene, Laurie Marsh

I. WELCOME AND INTRODUCTIONS

Each person present introduced themselves and shared where they were employed.

II. APPROVAL OF AGENDA; APPROVAL OF 8/25/09 MINUTES

Motion to approve the agenda was made by Sara Wright, seconded by Linda Diltz, and passed unanimously. Motion to approve the Minutes was made by Linda Diltz, seconded by Sara Wright, and passed unanimously.

III. REVIEW OF MHSA & PLAN APPROVAL PROCESS

Carol Roberts summarized the stakeholder involvement activities, 30-day public review period, public hearing and subsequent approval by the Mental Health Advisory Board, then approval by the county Board of Supervisors. The last step involves approval from a State review board particular to each funding stream.

IV. REVIEW: CAPITAL FACILITIES PLAN – DeMARTINI HOUSE

Board members reviewed programs and services that would be housed within the DeMartini House upon purchase and renovation (informal services and group meetings, workspace for newly hired peer mentors and parent partners, etc.) all dependent on consumer-driven needs. Member of the community commented at the benefits of being able to convene in a place not associated with ‘mental health’, without buzzing doors, secretaries behind sliding windows, and less intimidation. There was a question and discussion about logistics of who would be responsible for oversight of the building maintenance and day-to-day supervision.

V. REVIEW: PREVENTION & EARLY INTERVENTION PLAN

Board members reviewed the Student Assistance Program and Project Venture curriculum. Carol Roberts gave overview of the four-quadrant model of prevention and intervention on which the SAP is based. In light of a recent tragedy involving a high

school youth, there was discussion on how grief services might be offered through a link with the SAP. Board members discussed the relevance and adaptability of the Project Venture curriculum's original spirituality component being based in Native American spirituality; members wanted to make sure the spirituality component would not just follow a prescribed set-up, but would reflect the values of the community. Board members discussed solutions to the transportation issues that exist for students from satellite towns who participate in afterschool activities but rely on school buses for transportation. Lastly, Board members discussed the concerns about duplication of Family Resource Center services and the plan between the FRC and Human Services to design complimentary activities.

VI. PUBLIC HEARING AND COMMENT

Public hearing was opened at 3:12 p.m.

Members of the public reiterated their emphasis that activities between the Family Resource Center and the consumer resource center not conflict with each other but operate visibly integrated.

Public hearing was closed at 3:14 p.m.

Motion to approve the Capital Facilities DeMartini Plan was made by Judy Blakney, seconded by Sara Wright, and passed unanimously.

Motion to approve the Prevention and Early Intervention Plan was made by Judy Blakney, seconded by Robin Jaquez, and passed unanimously.

VII. TIME AND DATE OF NEXT MEETING

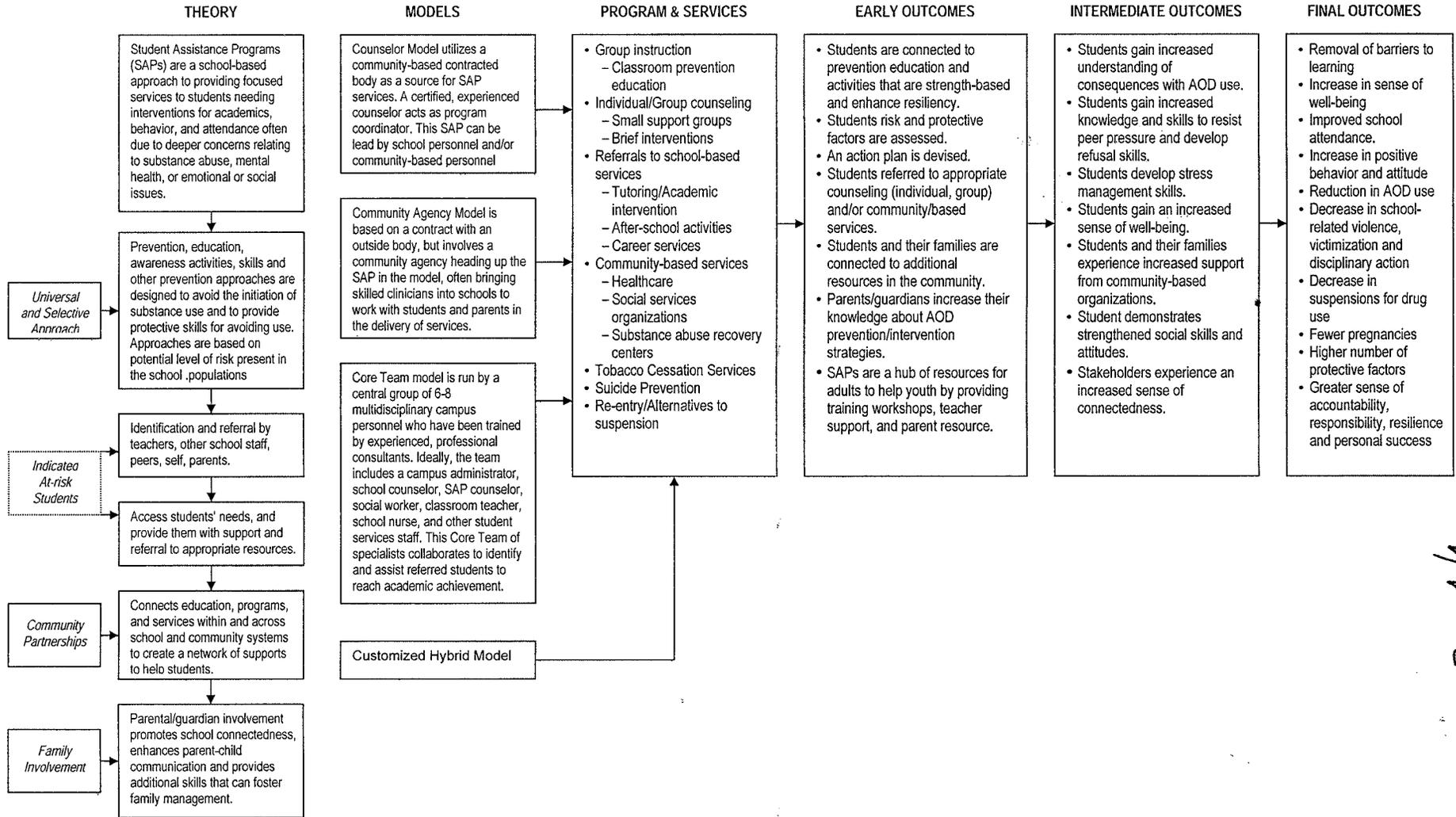
The next meeting is proposed for June 12, 2010, from 12:00 p.m. to 1:30 p.m. at the DeMartini House.

VIII. ADJOURN

Meeting was adjourned at 3:27 p.m.

Student Assistance Programs Logic Model

Goal: To remove barriers to education so that a student may achieve academically.



SAMHSA Model Programs

Project Venture

Brief Description | Recognition | Program IOM | Intervention Type | Content Focus
 Interventions by Domain | Key Program Approaches | Outcomes | Evaluation Design
 Delivery Specifications | Intended Setting | Fidelity | Barriers and Problems | Personnel
 Education | Personnel Training | Cost | Intended Age Group | Intended Population
 Gender Focus | Replications | Adaptations | Contact Information

Program developers or their agents provided the Model Program information below.

BRIEF DESCRIPTION

Project Venture (PV) is an outdoor experiential youth development program designed for high-risk American Indian youth and youth from other ethnic groups. NREPP has reviewed evaluations of surveys conducted with middle school youth.

Project Venture aims to prevent substance use and related problems through:

- Classroom-based problem-solving activities
- Outdoor experiential activities
- Adventure camps and treks
- Community-oriented service learning

The program relies on American Indian traditional values to help youth develop positive self-concept, effective social interaction skills, a community service ethic, internal locus of control, and increased decisionmaking and problem-solving skills.

PROGRAM BACKGROUND

The National Indian Youth Leadership Project developed Project Venture in 1990, with funding from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP), and other private and public funders. The program has operated without interruption since that time, serving more than 3,000 American Indian youth and youth with other ethnic backgrounds. PV has been replicated in 30 communities in Alaska, Arizona, California, Hawaii, Idaho, Louisiana, Montana, New Mexico, North Carolina, Wisconsin, and Wyoming.

From 1995 to 1998, Project Venture participated in the CSAP-sponsored National Cross-Site Evaluation of High Risk Youth Programs. Since 1998, local private and public funders have supported Project Venture.



RECOGNITION

MODEL PROGRAM

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

MODEL PROGRAM

Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice

IOM CLASSIFICATION

UNIVERSAL

Project Venture has been widely implemented among the general middle school population. Referrals are solicited for youth at higher risk for substance use and other developmental problems as long as a balance is maintained between moderate- to high-risk youth. Project Venture has been implemented with higher-risk youth in juvenile justice and mental health settings; however, the impact on this group has not been studied systematically.

INTERVENTION TYPE

COMMUNITY-BASED

Typically, the community-based organization takes the lead, working out arrangements to implement activities in weekly sessions at participating schools. Theoretically, a school can operate PV, although this configuration has never been tested. Students are recruited from classroom groups for the after-school, weekend, and summer activities.

CONTENT FOCUS

SOCIAL/EMOTIONAL COMPETENCE, DOES NOT SPECIFICALLY ADDRESS SUBSTANCES

SOCIAL/EMOTIONAL COMPETENCE

Social and emotional competence are developed through experiential activities that encourage critical thinking, problem solving and increasing levels of risk that challenge youth to develop inter- and intrapersonal skills, thereby enhancing resiliency.

DOES NOT SPECIFICALLY ADDRESS ANY SUBSTANCES

Project Venture utilizes an indirect, youth development approach to prevent substance use and related problems. In keeping with traditional American Indian values, staff engage youth in positive, alternative-to-use activities, including hiking, camping, rock climbing and rappelling, water sports, and community service learning projects, avoiding any stigma associated with substance abuse programs. Project Venture is marketed to youth as a fun, positive, challenging program with no mention of substance abuse.

Parent involvement as an adjunct strategy:

Project Venture encourages parents to attend all community-based sessions.

INTERVENTIONS BY DOMAIN

INDIVIDUAL, SCHOOL, PEER, FAMILY, COMMUNITY

INDIVIDUAL

Classroom curricula designed to motivate pro-health decisions and skill use; community service; culturally appropriate activities, curricula incorporating cultural heritage lessons along with culturally appropriate activities; life/social skills training

SCHOOL

Classroom-based skills development; life skills training with role-play

PEER

Alternative/recreational activities; involving youth in alternative/recreational activities

FAMILY

Parent education

COMMUNITY

Mentoring combined with community service and drug education; multiagency activities and collaboration

KEY PROGRAM APPROACHES/COMPONENTS

ALTERNATIVE/RECREATIONAL ACTIVITIES; COMMUNITY SERVICE; CULTURAL DYNAMICS; IN/AFTER-SCHOOL CURRICULA; PEER LEADERSHIP, COUNSELING OR SUPPORT; SCHOOL/COMMUNITY COLLABORATION; SKILL DEVELOPMENT

ALTERNATIVE/RECREATIONAL ACTIVITIES

Project Venture includes alternative-to-substance-use activities in its community-based activities. While these activities may appear to be merely recreational (for example, hiking, bicycling, camping, etc.), they are designed to challenge participants to develop positive problem-solving skills, self-concept as a capable young person, and effective social interaction skills, skills that will combat substance use.

The out-of-school/community-based component includes more active adventure-based experiential activities designed to challenge youth to develop skills and competencies that support a positive sense of self and of one's place in and responsibility toward others.

COMMUNITY SERVICE

Part of the community-based component includes the planning and implementation of a number of community service learning projects in order to develop service leadership qualities and an ethic of service. Projects progress through a continuum, from simple adult-planned projects such as trash pick-ups and visits to a senior center, to complex youth-planned activities such as weekly visits to a free meals kitchen to plan menus, deliver services, and interact with the regular clients. Other projects include conducting a school-wide needs assessment followed by planning and conducting playground beautification using Navajo rug designs.

CULTURAL DYNAMICS

The program relies on American Indian traditional values to help youth develop positive self-concept, effective social interaction skills, a community service ethic, internal locus of control, and increased decisionmaking and problem-solving skills.

IN/AFTER-SCHOOL CURRICULA

Project Venture includes an in-school component of about 20 weekly sessions spread throughout the school year. These include carefully constructed games and initiatives that start with socialization activities, progress to trust and team-building, and on to more complex problem solving. This component also includes community service projects, a weeklong camp, and other extended wilderness treks.

PEER LEADERSHIP, COUNSELING OR SUPPORT

Project Venture identifies older teens to serve as service staff to assist with younger middle school participants. Service staff often are previous Project Venture participants. These older youth play an important leadership role in after-school and summer activities, especially the camp and other wilderness experiences.

SCHOOL/COMMUNITY COLLABORATION

Project Venture was developed and is run by the National Indian Youth Leadership Project, a community-based organization. The in-school component represents an important collaboration between NIYLP and the local schools and provides youth with opportunities otherwise unavailable through the schools.

SKILL DEVELOPMENT

Project Venture is aimed at developing personal skills such as internal locus of control, decisionmaking/problem solving, and judgment. It is also aimed at the development of interpersonal skills such as teamwork, cooperation, respect, and trust.

HOW IT WORKS

Typically, PV consists of about 20 hourly sessions delivered during the school day over the course of a school year, during which youth engage in experiential games and initiatives facilitated by a PV staff member. Classroom teachers are encouraged to participate.

Through these classroom-based sessions a smaller number of youth are recruited and enrolled to participate in the community-based activities that include increasingly challenging outdoor experiential activities such as team- and trust-building, hiking, bicycling, climbing, and rappelling. These activities are designed to be more than merely recreational, as staff work with youth to plan, implement, and debrief in specific ways that use the experiences as life metaphors.

The community-based component also includes four service-learning projects per year designed to facilitate servant leadership. School vacations and summer breaks include a weeklong camp and/or wilderness trek for participants. Older high school-aged peers are selected and trained as service staff to provide year-round older peer role models within the community-based components. Approximately 150 hours of community-based activities are provided throughout the year.

In addition, four potluck dinners or other family/community events such as “family fun days” are conducted throughout the year. PV youth facilitate a portion of the activities, providing opportunities for parents to see their children as capable and skilled.

IMPLEMENTATION ESSENTIALS

Project Venture is a relatively complex model, so an initial orientation session between the developer and the potential replication site (on- or offsite, or by phone) is recommended to determine the site’s readiness and capacity. NIYLP can provide guidance regarding staffing, connecting with schools, and related issues.

Other requirements for successful implementation include:

- A minimum of 2 days of onsite training, or training at the Annual Project Venture Gathering Workshop, for direct service staff and key support and administrative staff. This training is not for administrators only; it is important that staff who will actually deliver services to youth attend the training.
- Purchase of Replication Guide and other recommended materials (see optional materials in Cost Section below).
- Quarterly contact (minimum) with the developer during the first year and semiannual contact in subsequent years regarding implementation and evaluation.
- An implementation plan that can be supported by local budget.
- A formal agreement with participating schools to ensure support, including active participation by teachers in project classrooms.
- Use of community/cultural resources to guide program implementation.
- Access to recreational space and equipment.
- Staff-to-youth ratio of about 1:25 in classroom component and 1:7–15 in community-based component, in addition to teachers (in school) and service staff (community-based).

OUTCOMES

DECREASES IN SUBSTANCE USE, REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIORS, IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS, OTHER TYPES OF OUTCOMES

DECREASES IN SUBSTANCE USE

The National Study of High Risk Youth (Sambrano & Springer, SAMHSA/CSAP, 2002) found PV participants had significantly reduced:

C, 5/14

- Lifetime tobacco use
- Frequency of tobacco use
- Frequency of inhalant use
- Lifetime alcohol use

Subsequent studies demonstrate, compared to control group, consistent program impact on delaying onset of and/or reducing current use of alcohol, marijuana, tobacco, and other drugs, including:

- Reductions in past 30-day alcohol and illegal drug use

REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIORS

- Decreased depression
- Decreased aggressive behavior

IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS

- Improved internal locus of control
- Increased resiliency
- Improved school attendance

OTHER TYPES OF OUTCOMES

- Reductions in peer drug use

EVALUATION DESIGN

CSAP's study of High-Risk Youth Programs included a repeated measures design with groups randomly assigned to treatment and control. Baseline, post, 12-, and 18-month followup assessments were administered using the National Youth Survey (Springer et al.) and selected items from the Nowicki–Strickland Locus of Control Scale. Subsequent studies have included baseline and posttest measures of program and matched comparison youth.

DELIVERY SPECIFICATIONS

25–52 WEEKS

Typically, youth are enrolled in Project Venture for 1 year, although some replications have enrolled youth for 2 and 3 years throughout the middle school grades. Some may continue in subsequent years as service staff if they show leadership abilities. The classroom-based component includes about 20 hourly sessions spread across the school year.

Youth enrolled in the out-of-school/community component typically attend one after-school session per week for 2 to 3 hours and one daylong weekend/vacation-time activity per month for a total of approximately 150 hours per year. Four community service-learning projects per year are recommended as well as four potluck dinners or other suitable family events. The leadership camp experience (usually in the summer) should be at least 7 days in length.

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INTENDED SETTING

RURAL, TRIBAL RESERVATIONS

Project Venture was developed for youth in rural areas but has been adapted to urban and suburban settings by replication sites. Several tribal reservations have implemented Project Venture.

FIDELITY

Components that must be included to achieve the same outcomes cited by the developer:

- In-school classroom sessions devoted to team-building and problem-solving activities
- Community-based/out-of-school experiential/adventure-based activities
- Community-service learning projects
- Summer camp and other wilderness experiences such as backpacking trips.
- Older peer service staff who serve as mentors to program youth and assistants to professional staff.
- Parent/family involvement in community-based activities and potluck dinners

Optional components or strategies, and how they were determined to be optional:

- Note: While the in-school component is not optional, it is difficult for some sites to implement especially in the first year if school relationships are not yet established. We strongly recommend this component as a tool for recruitment and orientation to the program and as a way to reach more youth. In many school settings, the experiential approaches used with students provide an alternative model for teachers to interact with students.

A comprehensive fidelity instrument for Project Venture is available through the National Indian Youth Leadership Project and is included in the Project Venture Replication Guide. A process evaluation instrument, designed as a quick checklist of key elements for staff planning and debriefing activities, also is available from the same sources.

BARRIERS AND PROBLEMS

Barriers associated with in-school component include:

Problem: Obtaining support and “buy-in” from school administration, including identifying a suitable classroom and cooperating teacher for implementation.

Possible Solutions:

- Develop a relationship with school during proposal writing, if appropriate.
- Develop relationships with administration (top-down) as well as with interested classroom teachers (bottom-up), especially health and physical education teachers.
- Provide orientations, project activity demonstrations, and evidence-based program research information to school boards, school administrators, teachers, and students.

Problem: Identifying qualified staff with “soft” (ability to interact effectively with adolescents) and “hard” (recreational, physical, low and high ropes technical skills) skills.

Possible Solutions:

- Consult with developer for examples of staff qualifications. Be clear about qualifications in job postings.
- Staff must possess “soft” skills—the ability to interact effectively with adolescents: these are the most critical. “Hard” or technical skills can be taught or provided by contractors, especially in the early stages of implementation.

Problem: Funders as well as school and community members may not understand the “indirect” youth development approach to substance abuse prevention and related problems.

Possible Solution:

- Provide evaluation research data regarding the efficacy of this model. Cite other positive youth development approaches such as Boys and Girls Clubs of America, mentoring, and Search Institute information. Developer can provide additional information on request.

PERSONNEL

FULL-TIME, PART-TIME, PAID, VOLUNTEER

The developer recommends at least one full-time coordinator who also delivers direct services to youth. Since the community-based activities take place during after-school hours, part-time staff work well, though need to be available enough to establish regular contact with youth. Community cultural “experts” and elders may be contracted, paid stipends, or volunteer. Individuals or organizations with technical/hard skills may be contracted as needed. High school-aged service staff are generally paid a stipend for school year and summer activities.

Typical staffing issues encountered by users when implementing this Model Program, and potential solutions:

It is sometimes difficult to find staff with both “soft” and “hard” skills. Staff with specialized technical skills and experience may require relatively high salaries. It can also be difficult to find staff from the local culture/tribe who possess the minimal qualifications. While the developer seeks candidates with bachelor’s degrees, this requirement may be waived in exchange for experience and cultural knowledge.

EDUCATION

HIGH SCHOOL, UNDERGRADUATE, GRADUATE, SPECIAL CERTIFICATION, SPECIAL SKILLS

Service staff are high school students.

Developer recommends an undergraduate degree for staff or equivalent experience working with youth in experiential, assets-based, indirect approaches.

Special skills may include technical outdoor adventure skills, first aid, and CPR skills. These skills can be acquired over the course of the first year, using contractors for highly skilled activities until staff are adequately trained. Remember, the “soft” or interpersonal skills with adolescents are the most critical and the hardest to train.

PERSONNEL TRAINING

Type: SEMINARS/WORKSHOPS

Location: ONSITE (OF USER), OFFSITE (AT DEVELOPER'S OR TRAINER'S LOCATION)

Length: BASIC, REFRESHER REQUIRED

The NIYLP requires a pre-startup orientation meeting with replication site staff, which may be held by telephone conference or in person. The NIYLP also requires a basic 2-day training workshop onsite or at the annual national Project Venture Gathering, which is usually offered during the summer NIYLP National Camp in New Mexico. Replication staff are also welcome to attend the PV Gathering each year as a refresher. Technical assistance can be arranged onsite with developer and through phone and e-mail support. New sites may not purchase the Replication Guide without also contracting for training. It is our desire that each program site be very successful and that all programming be safe and effective for participants. To this end, we insist that all sites receive training from experienced Project Venture staff during their first year of operation. In subsequent years, NIYLP will host at least one yearly gathering of replication sites to enhance skills, share new resources and materials, and nurture a sense of community among replication sites.

Additional skills needed for successful implementation vary but may include the following which can be acquired through local vendors/trainers:

- Basic First Aid and Wilderness First Aid
- CPR
- Challenge Course facilitation
- Facilitating games and initiatives for team building, trust building, problem solving

COST (ESTIMATED IN U.S. DOLLARS)

\$100,000+

Cost considerations for implementing this program as recommended by the developer:

Costs depend on number of youth to be served. NIYLP finds that a budget of approximately \$100,000 per year is needed to serve 100 youth in the in-school component, 30 youth in the community-based component, and summer camp and wilderness experiences.

BUDGET COSTS:

Budgets will vary widely based on local organizational contexts and funding source. A typical \$100,000 budget at NIYLP for Project Venture includes the following line items:

Personnel	\$50,000
Travel.	\$7,000
Supplies/incentives	\$4,000
Equipment	\$7,000
Evaluation.	\$10,000
Camp	\$5,000

Facilitator stipends	\$1,000
Training	\$3,000
Audit	\$1,000
Operational	\$7,000
Other Indirect costs	\$5,000

TRAINING COSTS:

Estimated Training Costs for Year 1 of a Project Venture Replication/Adaptation:

Replication Guide	\$ 250
Mandatory pre-startup meeting	(free if by phone, otherwise \$500 plus expenses)
Mandatory 2-day basic program training	\$2,500 (+ travel/lodging)
Summer camp training (recommended, not required)	\$2,500 (+ travel/lodging)
Followup onsite visit upon request	\$1,500 (+ travel/lodging)
Training from local providers (First Aid/CPR, Challenge Course, etc.)	to be determined locally.

MATERIALS COSTS: (LIST ALL AVAILABLE PRODUCTS)

Required materials:

Project Venture Replication Guide	\$250 (Can be duplicated with permission.)
AEE Accreditation Standards Manual	\$25 (Purchase from the Association for Experiential Education; may not be duplicated.)

OPTIONAL MATERIALS:

Camp and Service Learning Videos	\$50 (Purchase from NIYLP; may not be duplicated)
Games and initiatives books	\$200 (Purchase from publisher's list provided by NIYLP. May not be duplicated)
Activity kits	\$1,200-\$3,000 (Purchase from producer's list provided by NIYLP. May not be duplicated. Includes equipment to implement a variety of problem solving games and activities.)

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INTENDED AGE GROUP

CHILDHOOD (5–11), EARLY ADOLESCENT (12–14)

Project Venture was designed for early adolescents in grades five through nine. It has been implemented with youth as young as fourth grade and in grades 10 through 12, but has not been systematically studied with these populations.

INTENDED POPULATION

AMERICAN INDIAN/ALASKA NATIVE, HISPANIC/LATINO, NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER

Project Venture was designed for and tested in American Indian school and community settings (approximately 75 percent American Indian) in rural and low socioeconomic areas. It has been replicated in rural Hispanic/Latino, Native Hawaiian, and Alaska Native settings, and in urban American Indian settings. It can be adapted for all cultural/ethnic and socioeconomic groups.

GENDER FOCUS

BOTH GENDERS

REPLICATIONS

IKE ALA PONO

BRIEF DESCRIPTION

Ike Ala Pono is a Project Venture replication on the island of Hawaii funded through a State Incentive Grant (SIG). Currently in its third year, Ike Ala Pono does not have a formal in-school component, but engages youth in a wide variety of outdoor adventure-based activities, many of which incorporate traditions and values from the diverse local populations. This project has full-time and part-time staff. Summer “rite of passage” camp includes a challenge course, kayaking, Hawaiian hula chants, and other activities derived from the local landscape and cultures.

REPLICATION SETTING

The program is delivered in the rural North Kohala region of the big island of Hawaii.

REPLICATION SITE

Ike Ala Pono is administered by Family Support Services of West Hawaii, a social service agency, through a subgrant to an informal community group.

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CONTACT INFORMATION

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REPLICATIONS

CHEROKEE CHALLENGE

BRIEF DESCRIPTION

Cherokee Challenge replicates Project Venture and has been an outdoor after-school program for 20 years. The Program has received the North Carolina SIG Grant, Office of Juvenile Justice Tribal Youth Program Grant, and North Carolina Governor's Pass-Through Grant. The program offers year-round activities for individuals through adventure-based programming, cultural and educational programs, and environmental programming (water samples, insects, and soil erosion testing) in collaboration with the State's stream restoration project.

The Cherokee Challenge has peer leaders that work with the younger youth, serve as co-leaders during the school year, and, starting in 2004, work as service staff for the Youth Leadership Camp. Cherokee Challenge began working with sixth-grade students and, in 2004-2005, will work in the Tribal School's after-school program using PV adventure-based programming and curriculum. The goal of the Cherokee Challenge is to help youth continue a healthy substance-free lifestyle, gain employable skills, and respect self, others, and the community in which they live.

REPLICATION SETTING

Cherokee, NC, an urban area.

REPLICATION SITE

Cherokee Center for Family Services, a social service agency, in Cherokee, NC.

CONTACT INFORMATION

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ADAPTATIONS

CONNECTING TO COURAGE

NATURE OF THE ADAPTATION

Connecting to Courage (C2C) is a Project Venture adaptation that provides services to primarily Hispanic/Latino youth through in-school programming and out-of-school challenge and service activities. C2C is in its fifth year, and places high emphasis on parental participation and family involvement; provides comprehensive academic support for participants; and has developed a unique recruiting strategy. Changes were made to the program because interviews with school officials and local community surveys suggested the inclusion of activities to promote parental involvement at the school. Academic support is readily offered to youth because the organization that delivers the C2C program is an institution of higher education.

SUMMARY DESCRIPTION

At the beginning of the program, the recruitment strategy includes recruiting parents and other supportive adults as admissions criteria for youth participation. Parent/youth workshops are offered and focus on increasing effective communication skills while creating opportunities for youth and parents to communicate about important and sometimes difficult topics. Experiential activities and service projects are used to encourage youth/adults to experience sharing common goals while practicing team problem solving and decisionmaking. Programmatically, an emphasis is placed on family fun and quality time for the youth and the parent one-on-one. Eight workshop 2.5 hours to 8 hours each are scheduled during the school year and C2C has consistently seen 75–90 percent parental participation in workshops.

Academic support includes tutoring and college preparation for youth and families; other support mechanisms include financial aid and strategic planning.

Outcomes that appear to be directly related to these experiences include:

- Significant increase in perception of parent disapproval of drug experimentation, particularly among male youth participants. ($p < .05$)
- Increase in the perception among youth participants, that it is “wrong” for peers to try alcohol, tobacco, and other drugs.
- Significant improvement in academic achievement among youth participants.
- Significant increase in nonparent adult support of youth. ($p < .05$)
- Increase in perception of support from adults.
- Parents involved in program reported increase in family bonding.

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ABOUT THE DEVELOPER

Project Venture was developed by the National Indian Youth Leadership Project (NIYLP), an American Indian-owned and -operated, community-based, nonprofit organization with nearly 20 years of experience in youth development. NIYLP has conducted summer youth leadership camps since 1986, from which grew the year-round Project Venture model. In 1990, NIYLP received its first SAMHSA/CSAP grant to implement Project Venture. The program has operated continuously since that time in Native and other communities, regionally, and nationally, with nearly 30 implementations in 11 States.

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