

SMILE Program and Project Respect

Prevention and Early Intervention Programs

Additions to MHSA funded services

Mariposa County Behavioral Health and Recovery Services

November 10, 2008

Appendix 2: Budget and Planning Worksheets

1. PEI Component of the Three-Year Program and Expenditure Plan Face Sheet (Form # 1)
2. PEI Community Program Planning Process (Form # 2)
3. PEI Project Summary (Form # 3)
4. Instructions for Preparing the PEI Project Summary
5. PEI Revenue and Expenditure Budget Worksheet (Form # 4)
6. Instructions for Preparing the PEI Revenue and Expenditure Budget Worksheet
7. PEI Administration Budget Worksheet (Form # 5)
8. Instructions for Preparing the PEI Administration Budget Worksheet
9. Prevention and Early Intervention Budget Summary (Form # 6)
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11. Instructions for Preparing the Local Evaluation of a PEI Project

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

Form No. 1

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

County Name: Mariposa	Date:11/10/2008
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COUNTY’S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):

County Mental Health Director	Project Lead
Name: James A. Rydingsword	Name: John Lawless
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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 Mariposa, California

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

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

County: Mariposa

Date:

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

James A. Rydingsword, Director
John Lawless, Deputy Director

- b. Coordination and management of the Community Program Planning Process

James A. Rydingsword, Director
John Lawless, Deputy Director
Randy Ridenhour, Office Technician
Ann Conrad, CSOC Supervisor
Janet Stutzman, Planning Consultant

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

John Lawless, Deputy Director
Randy Ridenhour, Office Technician
Many other MCBHRS staff members, including clinicians, were responsible for inviting clientele to attend stakeholders meetings.

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

Clinical staff was encouraged to invite clients and family members to attend stakeholders meetings. Posters were displayed at MCBHRS, the Hall of Records, and the Public Library. A public announcement and an open invitation ran in the

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Mariposa Gazette on July 17, 2008. A public announcement and an open invitation ran in the mid-August *Foothill Express*, and in the *Yosemite Highway Herald*. Individuals and agencies on the PEI Stakeholders email list were notified of meeting opportunities on 1/23/08, 7/7/2008, and 7/24/2008. Mariposa Safe Families provided a direct mail notification of the meeting in Coulterville to their North County contact list. Pizza and cookies were offered to encourage attendance and to make stakeholders comfortable during the meetings.

- 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.

Stakeholder meetings were held in Mariposa and Coulterville, the county's two largest population centers. Attending stakeholders ranged in age from teens to seniors, and included clients, family members, agency representatives, and interested members of the community. Mariposa County does not have a large number of non-native English speakers, but we do have a significant Native American population. We were glad to have a Native American stakeholder, and MCBHRS staff made personal contact with Keith Kearns, MFT, a member of the Mariposa, Amador, Calaveras, Tuolumne (MACT) Health Board, which serves the local Native American community.

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

Clients and family members were encouraged to participate. The stakeholder meetings were advertised in group meetings and announcements were made in the Wellness Center to encourage clients and family members to attend.

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

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

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MCBRHS clinical staff invited consumer and family participation in individual and group settings. MCUSD Special Education staff was included on the distribution list and the Director of Special Education Services was active in our CPPP.

Announcements were published in several local newspapers: *Mariposa Gazette*, *Foothill Express*, and *Yosemite Highway Herald*, as described in Section 2a of Form 2, and posters were displayed at MCBHRS, the Mariposa County Public Library and the Hall of Records.

All stakeholders who provided email addresses were advised of meetings, the progress of Mariposa County's PEI plan and opportunities to review the final draft and make suggestions during the 30-day public review period.

Individuals that are currently involved in prevention efforts, including the Project Respect Task Force, met on March 11, 2008 in Mariposa County Unified School District offices to discuss how PEI services could extend the reach of current prevention programs. Agencies represented included:

- Project Respect, bullying prevention program
- Mountain Crisis Services, the local domestic violence program
- Mariposa Safe Families (the local Child Abuse Prevention Coordinating Council), which coordinates prevention activities in the local schools and community
- Headstart
- Family Resource Center
- Mariposa Unified School District staff
- MCBHRS staff

A meeting was held with Probation staff on August 27, 2008 to discuss opportunities for collaboration on the Children's System of Care and the PEI SMILE mentoring program.

Both the Director and the Project Lead updated other agencies on the progress of PEI planning as they attended meetings in the community.

Many key individuals were contacted personally by MCBHRS staff to apprise them of PEI developments and to seek their input. In addition to agency members already identified as stakeholders, the following were sought out, in particular:

- Janet Bibby, County Supervisor;
- Randy Pareitz, Superintendent, MCUSD;
- Carol Fincham, Principal of Cathey's Valley School;
- Frank Kearns, of ME-WUK Indian Health Center
- Nancy Damm, Director of Special Education Services
- Brian Muller, County Sheriff

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Jim Rydingsword and John Lawless presented the SMILE program to the Mariposa County Mental Health Board on October 7, 2008, and met with Executive Committee members Lori Ritter and Vicky Mansperg on October 15, 2008 to go over the proposed budget and program specifics. The presentation at the board meeting was well received and both Executive Committee members were impressed with the collaborative planning that led to SMILE, acknowledging that such a program is much needed in the schools (especially in remote rural areas).

The Project Respect Committee, comprised of Mariposa Unified School District members, Mountain Crisis Services and Mariposa Safe Families met on a number of occasions to discuss the comprehensive Project Respect Demonstration Project and how it might be included in the MHSA PEI plan. These meetings occurred on: 9/8, 9/22, 10/6, 10/20, and 11/3/2008.

On October 31, Jim Rydingsword, John Lawless, Chevon Kothari, Kathy Delaney (MSF), David Goger (MCS), and Randy Paneitz (MCUSD Superintendent) met to discuss progress on the narrative portion of the proposal and they were given the opportunity to ask questions and make comments about the program. There seems to be a consensus among these community leaders that this type of program is needed. Providing demonstration sites for full implementation of Project Respect will address prevention universally within the selected schools. Early intervention will be provided through SMILE, which will work with students who are identified by school staff as beginning to have problems in school.

On November 4, the Mental Health Advisory Board was presented with the SMILE/Project Respect PowerPoint and had many good questions which were all addressed during the meeting. The MH Board was supportive of the proposal moving forward for public comment.

On November 5, at a combined meeting of Child Abuse Interagency Coordinating Council and Mariposa County Domestic Violence Coordinating Council, Jim Rydingsword presented the PEI PowerPoint and asked for input on the plan. Discussion ensued, with many clarifying questions asked, and enthusiasm was shown for SMILE and Project Respect as components of the PEI Plan.

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

MCBHRS staff member Randy Ridenhour participated in several DMH conference calls as the PEI component of the MHSA was developed.

Stakeholders attending the first meeting on January 29, 2008 were trained on the history and philosophy of Proposition 63. PEI was presented as a new component of the Mental Health Services Act, and the parameters of DMH issued guidelines were discussed. John Lawless and Randy Ridenhour reported on the November 16, 2007 Region 7 Forum they attended at the Merced County Office of Education. PEI strategies were discussed at this regional meeting of valley teachers, educators, SELPA, counselors and mental health professionals. One strategy presented at the regional meeting was the "Primary Intervention Program," which Chico Unified School District funded through EMHI Proposition 98. This program, as described to the stakeholders, served as a starting point for discussion of a PEI plan to meet Mariposa County's needs.

Current stakeholders in the Mariposa County MHSA planning process have demonstrated through their participation that they understand the values behind MHSA and the purpose of the PEI component.

Local Staff and stakeholders that have been participating in the MHSA Community Services and Supports Program Planning Process and the new Prevention Early Intervention Planning Process receive on-going training as we develop the program. Those that become part of the program either as part of a steering committee or as part of the actual program will be oriented and trained as required.

PEI COMMUNITY PROGRAM PLANNING PROCESS

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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.

It was difficult to get all stakeholders to CSS planning meetings. To ensure maximum participation, we took the PEI message out to stakeholders who were not in attendance. Personal meetings and telephone calls were arranged to keep important stakeholders informed, and to seek their input in the planning process.

We also reviewed CSS stakeholder meeting notes, specifically in regard to mental health needs of children. The CSS stakeholder planning group advised that resiliency could be developed through several protective factors:

- caring/supportive relationships,
- high expectations,
- and meaningful participation.

Other flip chart notes from CSS planning sessions on children's needs suggested:

- consumer (peer) input—especially young people from homes with challenges
- mentoring (fingerprinting, Big Brothers/Sisters)
- children don't live in a vacuum—include the family
- involve the schools
- community involvement
- summer program

CSSP stakeholder discussion on prevention programming suggested:

- early identification
- comprehensive approach (school, community)
- youth development approach
- look to ATOD for experience: universal, indicated, selected

Lessons learned in the original MHSA needs assessment provided the basis for PEI planning. Stakeholders discussed Mariposa County's current strengths and weaknesses in the area of PEI and found that the 2005 findings were still valid.

PEI COMMUNITY PROGRAM PLANNING PROCESS**Form No. 2**

- 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.

A transitional age youth and his mother attended the first stakeholder meeting on January 29, 2008 and participated by asking pertinent questions and making great suggestions. Another parent provided graphic examples of problems experienced in his home. Participants offered several suggestions and pointed out barriers to success, which were duly noted and addressed in the proposed PEI plan before the next stakeholder meeting. These included:

- Kids will resent spending recess or lunch periods to receive PEI services
- Stigma may result if PEI services are delivered during school hours
- Taking kids out of class reduces exposure to standard curriculum
- Space on school grounds is limited while school is in session
- With small numbers, integrating children into appropriate groups will be difficult (avoid mismatching)
- Teachers are overwhelmed already, shouldn't be given additional responsibilities without additional compensation
- Project Respect is losing funding. Don't duplicate, but extend the reach of Project Respect.
- Shy, under-socialized kids should be included as well as those with behavioral problems

When we held a stakeholders meeting in the Coulterville Community Center at the Old Schoolhouse on August 28, 2008 one parent of transitional age youth was involved in the meeting. She stated that she welcomed any assistance that could be given to north side youth. She stated that Coulterville was not a good place to raise teenagers because there is nothing for them to do and few services are offered for them. She stated that the city is not friendly to biking or skateboarding in town and "hanging out" is discouraged by many of the older people who live in Coulterville. She stated that having something for these youth would be a great help to that community. Several of the other interested parties stated that even though they do not have children, they would support an effort to help young people in the community. Discussion ensued about a teen suicide that occurred in the area, and how community members might have intervened to address the victim's apparent distress. All who attended appeared supportive, stating that they would be willing to volunteer or do whatever was required to provide services to their children.

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

- a. The date of the public hearing: Tuesday, December 16, 2008, 10 A.M., to be held at the Mariposa County Board of Supervisors

- 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.

Distribution of the proposed PEI Program and Expenditure Plan began on November 10, 2008. Copies of the MHSA plan were made available to all stakeholders through a variety of methods:

- Each stakeholder, including consumers and family members, who provided an email address was sent an executive summary and the full draft plan.
- Summaries were mailed through the US Postal Service to those who did not list email addresses. Along with these summary plans we sent invitations to visit the library to view the full draft plan, or to call Behavioral Health Services to arrange to receive one.
- Full draft plans were placed in each branch of the County library, at the County Hall of Records and at each site where Behavioral Health and Recovery Services meets with clients.

The Behavioral Health and Recovery Services Director made the MHSA draft plan available to all Behavioral Health and Recovery employees on November 19, 2008 at an all staff meeting.

The Mariposa Gazette ran a legal notice about the scheduled public hearing. The hearing notice was placed in the Gazette on November 20, 2008.

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

PEI COMMUNITY PROGRAM PLANNING PROCESS

Enclosure 3

Form No. 2

d. The estimated number of participants:

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

PEI PROJECT SUMMARY

Form No. 3

County: Mariposa

PEI Project Name: SMILE

Date:

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

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

PEI PROJECT SUMMARY

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

A survey of Mental Health Issues Affecting Children was administered as part of the CSS needs assessment in 2005. The first two areas of concern were "Drugs and Alcohol" and "Child Abuse/Family Violence".

"School Failure (academic or behavior problems)" and "Peer and Family Problems" were the next most frequently cited problems. "Inability to be in the Mainstream School Environment" was an alternate response. If the responses for school mainstreaming and school failure are combined, they represent the most frequently cited problem for children. The PEI stakeholder group agreed that children at risk of problems in school and with peers should receive early intervention with Mariposa County's PEI funds. As mentioned in Section 4b of Form 2, Mariposa County's stakeholders also suggested that the PEI program target shy, under-socialized kids as well as those with academic or behavioral problems.

The 2005 survey also inquired, "What age group do you feel should have the highest priority for services?" Of those showing a preference for an age group,

21% chose children

54% chose youth (16-25)

12% chose adults

14% chose older adults

The final question of the 2005 survey asked "Which of these Mental Health related services do you feel would be most helpful to the community? Respondents were asked to circle the top five of sixteen options. In order of most frequent response, the top three were:

103 circled "Programs for Children and Youth (mentoring, after school programs, Boys and Girls Clubs)"

84 circled "Counseling for Children/Youth"

65 circled "Counseling for Families"

In addition, although they came further down the priority list, "Recreation Activities" was circled 39 times and "Life Skills for Youth" was circled 37 times.

Project Respect is a community-wide project coordinated by the Mariposa County Domestic Violence Coordinating Council and Mariposa County Unified School District. Project Respect has trained many in the community with the Steps to Respect and Second Step curriculum (teachers, students, parents, bus drivers, etc.) All county schools have had access to this training and curriculum, but implementation has been

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spotty. Sue Overstreet and Susan Robinson (independent contractors) evaluated Project Respect and found that when students see teachers using Project Respect language and coaching skills, the program is much more effective. Their recommendations included a more comprehensive implementation of the Project in order to maximize benefits for students and the school communities.

Since the SMILE project will work in conjunction with Project Respect, which features Steps to Respect and Second Step curriculum, the SMILE program administrator will make sure that all mentors are familiar with the language and protocols of Project Respect. Teen and Adult leadership mentors will reinforce lessons taught in classrooms and show the protégés how to implement the curriculum in day to day activities at school and away from school.

Although funding received through other community agencies and sources is adequate for maintaining the current level Project Respect efforts, we plan to utilize PEI funds to support this Universal effort being implemented more comprehensively in two to three demonstration sites, in conjunction with the SMILE Program. We believe the partnering of Project Respect's Universal approach with the more targeted approach of SMILE will maximize outcomes not only for the SMILE participants, but for each of the participating schools. Since Project Respect has had spotty implementation due to its voluntary nature in the schools thus far, implementing it in a comprehensive way, with a thorough evaluation component, will allow us to assess its impact on the school culture as well as individual students and staff.

Funding these demonstration sites will be short term, allowing the Project to become more fully embedded in the participating schools, as well as throughout the District. In subsequent years, funding will needs will lessen for Project Respect as it becomes more self-sustaining, which will release additional funding for the mentoring component as the program develops.

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

SMILE, a cross-age after school mentoring program will provide elementary and high school aged students with experiences designed to discover strengths, celebrate individuality, develop leadership, increase resilience and enrich life through community linkages. The program will be a targeted prevention/intervention partnership with teachers, school counselors and education professionals, and it will include a component for parent involvement in leadership development.

Capacity Building will include hiring and training of one full time staff person who will be responsible for program implementation. Training of this person will include SMILE program components, learning the second step program and the process used to implement this in the two (2) or three (3) chosen schools, confidentiality and HIPAA

PEI PROJECT SUMMARY

Form No. 3

concerns, CSOC referral process, qualifications of teen and leadership mentors and the process that will be used to select qualified and appropriate mentors, as well as how to train them and how to resolve problems that may arise between teen mentors and protégés and leadership mentors. Capacity building will also involve development of necessary forms and policies and procedures. These will include:

- Protégé referral forms with indicators and parameters
- Teen and leadership referral forms
- Policy about qualifications for teen and leadership mentors
- Development of teen and leadership mentor approval procedures
- Training program for teen mentors concerning use of Second Step during sessions with protégés
- Policy concerning boundaries for teen mentors and leadership mentors
- Confidentiality and HIPAA training program for SMILE participants
- Confidentiality forms that will be signed by all persons involved in the SMILE program after training
- Development of progress forms for the program coordinator to document all contact between protégé and teen and leadership mentors.
- Procedures for orientation of Student Study Teams
- Policy about working relationship between SMILE staff person and Second Step personnel
- Policy outlining disciplinary action for all parties involved in the SMILE and Second Step programs that addresses any inappropriate actions
- Planning and scheduling orientation and ongoing activities for parents
- Plan to successfully involve parents in the program, with the hope of recruiting appropriate parents as future leadership mentors
- Development of program goals and objectives

Timeline: beginning upon approval of Mariposa County's PEI plan and continuing until the program is launched into the pilot schools Fall, 2009.

Protégés will be referred by teachers, principals, school counselors, and others through the Mariposa County Unified School District's established Student Study Team (SST) process. SMILE will provide the SST with indicators and parameters for referral to SMILE. Protégés will be between the first (1st) and fifth (5th) grades, and display a behavior that identifies the child as at risk of out of home placement, low academic performance, or curtailed social development. Timeline: Fall, 2009 and ongoing

Teen Mentors, under direct and constant supervision of SMILE staff, will provide protégés with socialization, recreation, emotional support, and companionship. Teen mentors will be referred by a teacher, coach, principal, school counselor, community agency or community leader and will receive initial and on-going training by SMILE program staff as well as training in the Second Step curriculum by Project Respect staff. Timeline: Fall, 2009 and ongoing

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An important goal of the teen mentor will be to seek out the protégé's natural talents and interests. The teen mentor will then work with the protégé and a leadership mentor on improving the protégé's identified at risk behavior while supporting individual talents and interests.

SMILE staff will supervise mentoring between teens and protégés at all times. Teen mentors will work closely with SMILE staff through phone contact, personal conferences and group meetings to better understand individual needs of protégés and to facilitate supportive activities. The teen mentor will serve as an example/role model to demonstrate that teens can give, and should receive, respect. The relationship between teen mentor and protégé will also provide opportunities to demonstrate that decisions have consequences, mistakes are made by everyone, and that corrective action should be taken as soon as possible. Self-realization and improved self-esteem for the protégé are important goals of the relationship.

Teens must have the ability to meet with protégés at least bi-weekly for one to two hours, attend after school activities, interact with SMILE staff and be willing to support their assigned protégé for a full year. Including travel time, teen mentors will be expected to serve approximately eight hours each month in the SMILE program offering interested, compassionate friendship to the protégé. Teen mentors will receive a stipend for their work with the SMILE program.

Each Leadership Mentor will have references checked thoroughly, and must have fingerprints cleared through the DOJ and the FBI before assignment to a pairing of protégé and teen mentor. Leadership mentors will be responsible for meeting with teens and protégés monthly, with a SMILE staff member present at all times. The leadership mentor may be asked to share expertise in an area of the protégé's interest and to assist in linking the teen mentor and protégé to a related community activity or organization. Leadership mentors must have demonstrated ability to work with youth in a teaching capacity, and will serve as role models to both protégés and teen mentors. An important goal of the leadership mentor is to improve self esteem for the protégé and teen mentor through community activities that will showcase the protégé's interests and talents, thereby enhancing self-realization. Leadership mentors can be reimbursed for mileage expenses, upon request.

Timeline: Fall, 2009 and ongoing

Both teen and leadership mentors must have the ability to accept and relate to a protégé who may not share the mentor's lifestyle and/or values. Mentors will receive a minimum of four (4) hours of training, including the importance of confidentiality and avoidance of stigma, prior to being assigned protégés. Mentors should respect the protégé's right to self-determination and independence. This respect is an essential element in the relationship. All mentors should exhibit a great deal of common sense,

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intelligence, friendliness, maturity, sensitivity and responsibility. Mentors must be available to attend occasional weekend activities, interact with SMILE staff, and be willing to make a one-year commitment to the program.

Parent involvement will be encouraged through an orientation to SMILE and a minimum of four (4) open house events held in conjunction with Mariposa County Schools. These events will be held in community locations where the protégé's work will be displayed and parents will meet with both teen and leadership mentors and with SMILE staff. Parents of protégés will be invited to be a part of their child's SMILE experience. Parent graduates of SMILE will be encouraged to become leadership mentors for protégés other than their own children. Timeline: Fall, 2009 and ongoing

In addition, Mariposa Safe Families will be offering Second Step Curriculum for Families. This curriculum was designed to reinforce the message that youth receive through the Second Step curriculum, giving parents and caregivers the skills to assist with problem solving, conflict resolution, bullying prevention and communication with their children, amongst other things. Families from the SMILE program will be referred to these four-session classes.

SMILE Staff will screen all mentor applications, including security screening, and review protégé referrals. SMILE staff will train all mentors prior to assigning protégés. SMILE staff will make every effort to comply with preferences of protégés and will consider location, interests, skills, background, knowledge and temperament of both protégé and mentor in making matches. SMILE staff will provide transportation to mentors and protégés to and from activities, if needed. SMILE staff will support mentors in assessing the needs of protégés and work closely with teen mentors in locating an appropriate leadership mentor to support the protégé's interests. SMILE staff will engage mentors in evaluating the success of their efforts and planning improvements in the program. SMILE staff will attend and supervise all mentoring sessions and provide on-going support and training for mentors. Timeline: Fall 2009 and ongoing

SMILE will pay entry fees for teen mentors and protégés to attend community events that support the protégé's interests/talent when SMILE staff has approved and is available to supervise the outing.

Geographic Dispersion of SMILE: Boys and girls throughout the community need the companionship of teen and leadership mentors. SMILE seeks to place teen and leadership mentors as close to their homes as possible. Two or three schools will be selected as demonstration sites for Project Respect, and the SMILE program will be implemented in the communities served by these schools. Because most services are delivered in the area surrounding the town of Mariposa, we plan to target at least one of the outlying areas, such as Cathey's Valley or Coulterville/Greeley Hill for initial implementation of the SMILE program. Protégés and mentors will meet at locations in these communities.

PEI PROJECT SUMMARY

Form No. 3

4. Programs: SMILE Program

Program Title SMILE Program	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
An Outlying Elementary School	Individuals: 4 Families: 4	Individuals: 3 Families: 3	6
A Mariposa Area Elementary School	Individuals: 4 Families: 4	Individuals: 3 Families: 3	6
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 8 Families: 8	Individuals: 6 Families: 6	6

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Form No. 3

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

Mariposa County is currently working with Child Welfare Services, Probation, the schools, the courts and other community providers to coordinate linked services to individual students who have been identified as having a need for therapy through the Children's System of Care Program (CSOC). Because the SMILE program staff will report to CSOC, and will attend weekly meetings at CSOC, there will be a direct case management/referral connection to county mental health services. Teen mentors and SMILE staff will also consult on the needs of protégés and make suggestions for connections to other agencies, as required.

Mariposa Safe Families has recently contracted with MCBHRS to provide Substance Abuse prevention services, and "Celebrating Families", a selective prevention program for children of alcoholics and addicts, will be a source for referral of SMILE protégés.

6. Collaboration and System Enhancements

Mariposa County Behavioral Health and Recovery Services has begun to develop a collaboration with the Mariposa County Office of Education to coordinate services but we are looking forward to a closer relationship as we coordinate services with teachers and school professionals through the SMILE program.

Coordinating the SMILE program with Project Respect, which was formed through a community collaborative, will enhance both programs. Project Respect curriculum will be reinforced through practicing learned skills in real-life situations and SMILE will expand the influence of the curriculum more deeply into the community.

Mariposa is a very small county, with few resources, so we must seek out opportunities to maximize revenues. MCHS will be contracting with CSU Fresno's Consortium for Social Welfare Evaluation, Research, and Training to review our system and procedures. The result will be documented suggestions for improving our practices and increasing our revenues. We plan to work with the consortium to ensure maximum collection of Medi-Cal, Title IVe (assessment of children for diversion of out-of-home placements) and other funding streams.

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7. Intended Outcomes

We are planning to identify children in early grades who are exhibiting signs that indicate they may be placed in a higher level of care if their behavior is not addressed early on. We plan to provide services that will include parents of these at risk children so we can work on these behaviors early and get the parents involved in behavior modification suggested by SMILE staff members. We also plan to form a closer relationship with school administration and teachers to be able to identify students who are showing early signs of emotional and behavior problems so these can be prevented or addressed at the early intervention level. Specific outcomes we anticipate and indicators we will be looking for include:

- A. Improved Academic Performance: A baseline measure of current grades will be taken so that staff can track progress if this is an identified problem. Positive outcomes would include an increase of one grade per year (i.e. From a "D" to a "C")
- B. Reduced Discipline Problems: Compare disciplinary reports before and after the program. (i.e. Reduce the number from 5 to 4 per semester).
- C. Improved School Attendance: We will get reports of absenteeism. Expected outcomes would include reducing absences.
- D. Reduced Aggressive Behavior: We will look at altercations with other students. We would look at the number of inappropriate interactions and track the number of second step interventions that were used.
- E. Improve Behavior at Home: When possible we will track inappropriate in-home behavior with behavior charts. Outcomes would include replacing inappropriate behavior with Second Step solutions and tracking them on behavior charts.
- F. Improve Social Skills: We will look at students who are introverted and track the number of times the student may walk away from other students to avoid social interaction. Outcomes will include helping these students to learn not only to interact but to learn to initiate social interaction. We will track the increase in social interactions with behavior charts.
- G. Make Referrals for More Intensive Services: We will track the number of clients who are transitioned from PEI to CSOC and/or other programs.
- H. Provide Effective Mentoring: We will track mentoring relationships and see which ones show positive Results. Outcomes will be gathered by doing a baseline study of what the protégé's interests are and measuring their knowledge of that subject before instruction by a leadership mentor and then what their knowledge and interests are after the instruction and training.

Evaluation of progress will be conducted in conjunction with Project Respect. The above criteria will be used to determine the degree of success the program achieved and to give us direction in making adjustments in the components of the SMILE program and will allow us to make the necessary adjustments for future students. This evaluation will

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also give us the degree of success to determine if the program can be enlarged during future years. The initial evaluation will take place sometime in the spring of 2010. This will allow the program to have been tried for a full school year before evaluating its success. The same evaluation will be attempted with these protégés throughout high school to determine long range progress. The outcomes can be compared to students who did not participate in the program but were identified as needing additional services.

8. Coordination with Other MHSA Components

We plan to use the existing Children System of Care (CSOC) Program (a Community Services and Supports program) and the Social Work Supervisor II as a base for the operation of the SMILE program. We will hire a prevention/early intervention SMILE staff person to be directly accountable to the CSOC supervisor. Office space, supervision, information technology and vehicles for transporting mentors and protégés will be provided for SMILE staff through the CSOC.

Student Study Team referred students requiring treatment, as opposed to prevention and early intervention, will be referred to the CSOC program for more intensive services. Weekly staff meetings of CSOC and SMILE staff will ensure that cases are assigned appropriately. (This will allow the SMILE coordinator to refer students who require services beyond the abilities of SMILE to CSOC. We also have access to Therapeutic Behavioral Services (TBS) through the CSOC program.)

At this time, we do not anticipate using Workforce Education and Training funds or Capital Facilities and Technology funds in our Prevention and Early Intervention program.

9. Additional Comments (optional)

Attached is the original description of the SMILE program, which specifies each component's function and requirements, and benefits. Based on this description, the above narrative was intended to more clearly demonstrate how the components work together.

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SMILE PROGRAM DESCRIPTION

PURPOSE

To provide grade school children who are in need of a strengths based mentoring program providing protégé with socialization /recreational development, emotional support and the companionship of an older teen mentor who is under the direct supervision of SMILE staff. The program will offer a component for parent involvement while supplementing teachers, school counselors, and education professionals through mentoring at risk children.

PROTÉGÉ

The protégé will be referred by local teachers, principals, school counselors, and other educational professionals. The protégé must be;

1. Between the first (1st) and fifth (5th) grade
2. Have an identified behavior that puts the protégé at risk of out of home placement. These behaviors will be identified by school staff or parents.

Parent Involvement

In conjunction with the Mariposa County School System there will be a minimum of four (4) open house events for parents and protégés. Parents will be invited to be a part of their child's protégé experience. The event will be held in a central location and display the protégé's work. There will be time for parents to meet the teen and leadership mentor. Each open house will be advertised inviting parents to come and see their children's work.

Some parents may want to fill out a Leadership Mentor survey and become a mentor with another protégé (not their own child). Following the application and finger printing process the parent will be able to participate

DUTIES/RESPONSIBILITIES

Teen Mentor:

Will be assigned to a protégé (under the direct supervision of SMILE staff members) and will be responsible for meeting the protégé on a weekly basis, for one to two hours a week. A one-year commitment is the minimum accepted. The mentor may be asked to work with the protégé and a leadership mentor on the protégé identified behavior and interests. Teen mentor will work closely with SMILE agency staff through phone contact, personal conferences and group meetings to better understand the protégé and to facilitate activities to help the protégé. The teen mentor will serve as an example/role model to demonstrate that teens can give, and should receive, respect (and will make an occasional mistake). Self-realization and improved self-esteem for the protégé are important goals of the relationship. It should be emphasized that the teen mentor will provide interested, compassionate friendship.

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- **Requirements/Qualifications**

Teens interested in becoming a teen mentor must have the ability to attend after school activities, interact with the SMILE program supervisor, and be willing to support their protégé. The mentor should have the ability to accept and relate to a protégé who may not share the mentor's lifestyle, values or interests in activities. The mentor should respect the protégé's right to self-determination and independence. This respect is an essential element in the relationship. The mentor should exhibit a great deal of common sense, intelligence, friendliness, maturity, sensitivity and responsibility.

- **Training/Responsibilities**

The teen mentor will be an intricate part of the after school mentoring school program. The teen mentor will:

1. Be referred by the SMILE staff person. These referrals will come from a teacher, principle, coach, school counselor or community leader
2. Receive on going training by the SMILE program staff
3. Will receive free transportation by SMILE staff to and from mentoring activities
4. Constant supervision will be supplied during mentoring activities

SMILE Staff Will:

1. Screen all applications for teen mentors and leadership mentors
2. Set up finger printing appointment and pay for finger prints of mentors and leadership mentors
3. Provide several hours of training prior to a mentor being assigned a protégé
4. Provide transportation if needed to and from activities
5. Support in assessing the needs of the protégé and working closely with the teen mentor providing support in locating a leadership mentor to work in conjunction with the protégé's area of interest
6. Meet with and provide on going training to the mentors bi-monthly

- **Time Commitment**

The average teen mentor will put in approximately 8 hours each month. The time commitment may come in larger or smaller doses, but the mentor must be consistent. While many teen mentors will serve longer than one year, the minimum expectation of any teen mentor will be one year.

Adult Leadership Mentor:

Will be assigned to a protégé and teen mentor and will be responsible for meeting with the protégé and teen mentor monthly. A one year commitment is the minimum accepted. The leadership mentor may be asked to provide training in their area of expertise, teaching skills to the protégé and teen mentor that will enhance both of their life experiences. The leadership mentor will serve as an example/role model to demonstrate that they have the ability to work with youth in a teaching capacity. Self

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realization and improved self esteem for the teen mentor and protégé are important goals of this relationship.

- **Requirements/Qualifications**

Leadership mentors interested in working with a teen mentor and protégé should have the ability to attend weekend activities, interact with the SMILE program supervisor. The mentor should have the ability to accept and relate to a teen mentor supporting the teen mentor's work with the protégé who may not share the teen mentor's interests, lifestyle and/or values. The leadership mentor should respect the protégé's right to self-determination and independence while guiding the teen mentor. This respect is an essential element in the relationship. The leadership mentor should exhibit a great deal of common sense, intelligence, friendliness, maturity, sensitivity and responsibility and become an extension of the guidance the protégé is receiving from the teen mentor. Both the teen mentor and the leadership mentor will be supervised by SMILE staff.

- **Training/Responsibilities**

The leadership mentor will be an intricate part of the after school mentoring school program. The leadership mentor will:

1. Be referred by a teacher, principle, coach, school counselor or community leader
2. Be fingerprinted (paid for by SMILE program)
3. Receive on going training by the SMILE program staff
4. Supervision will be supplied during mentoring activities

SMILE Staff will:

1. Provide several hours of training prior to a leadership mentor being assigned a teen mentor and protégé
2. Provide transportation, if needed, to and from activities
3. Support in assessing the needs of the protégé and working closely with the leadership mentor providing support and working in conjunction with the protégé's area of interest
4. Meet with and provide on going training to the leadership mentors as needed.

- **Time Commitment**

The average leadership mentor will put in approximately 4 to 6 hours each month. The time commitment may come in larger or smaller doses, but the leadership mentor must be consistent.

LOCATION

Boys and girls throughout the community need the companionship of a teen and leadership mentor. SMILE seeks to place teen and leadership mentors as close to their own homes areas as possible. The target areas may include Cathy's Valley and/or Coulterville/Greely Hill. The protégé and mentors (teen and leadership) will have the opportunity to meet at locations close to their home communities.

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During the course of interviewing, mentors will have the opportunity to state any preferences, and the SMILE staff will do their best to comply with these preferences as nearly as possible. Before making any match, SMILE staff will consider location, interests, skills, background, knowledge and temperament of both the protégé and mentor.

BENEFITS

1. Leadership mentors can be reimbursed for mileage expenses, if requested.
2. Stipend for teen mentors up to but not to exceed \$10.00 per hour.
3. Training sessions are offered on a regular basis for the mentors' personal growth and development.
4. Leadership mentors may assume that their skills in working with protégé and teen mentors will increase the teen mentor and protégés ability to give back to the community.
5. Mentors will receive ongoing support and recognition. SMILE staff will work with them and they will receive updates to the program.
6. Upon completion of the mentoring experience and a record of good standing an leadership or teen mentor, will receive a certificate of training, will receive a performance appraisal letter.

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COUNTY: Mariposa PEI Project Name: PROJECT RESPECT Date:

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

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Leadership	Older Leadership
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Leadership Populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

In 2004, the Mariposa County Domestic Violence Coordinating Council (MCDVCC), of which MCBHRS is a member, received funding through the state domestic violence coalition (originating from the Centers for Disease Control and Prevention) under the CA DELTA project to plan for primary prevention efforts of intimate partner violence. A community-wide needs assessment and planning process that occurred in late 2004 and 2005 indicated the need to work with elementary school aged youth as a priority population and the need to address the issue of bullying. Bullying is a significant problem in our community, as well as a precursor to intimate partner violence. The MCDVCC partnered with the School District during this planning process to implement Mariposa County Project Respect. Results of this needs assessment are documented and can be found at www.mariposarespect.net.

First, it was determined that although bullying was the primary issue that would be addressed, the underlying risk factors for bullying were grounded in social norms which govern the way our community members interacted with one another, especially when there were real or perceived differences. It was decided that whatever approach was to be utilized would need to be universal (as this behavior affects every facet of our community). It would also give individuals the skills needed for solving problems, addressing interpersonal conflicts, getting help when necessary for their problems, and most importantly promoting respectful behaviors in all relationships.

Utilizing a public health model, Project Respect was designed to address all four levels of the social ecology- individual, relationship, community and society. Therefore, several strategies were implemented.

Professional Development: Administrators, teachers, bus drivers, and yard duties at all elementary school sites participated in 4-hour in-service on bullying, followed by a 3-hour introduction to the Steps to Respect and Second Step Curriculum (both developed by the Committee for Children).

Curriculum (Steps to Respect and Second Step) was purchased for all school sites and teachers were encouraged to deliver the curricula in their classrooms. A Coordinator provided follow-up training and support for these teachers.

A public awareness campaign was developed with the goal of changing social norms surrounding the acceptance of bullying and bystander behaviors. This campaign took the form of newspaper/newsletter articles and ads, posters, bumper stickers, a website, stickers, banners, pencils, etc. Incidentally, the campaign won a "Golden Addie" award for the Central Valley and has been featured in Statewide Prevention newsletters.

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Finally, in order to gain administrative support, presentations were made and Mariposa County Unified School District Board and the Mariposa County Board of Supervisors both passed resolutions in support of Project Respect efforts, as a show of administrative support. Additionally, since its implementation, the MCUSD has added Project Respect as one of its strategic planning goals for the 2009-10 school year.

Between Fall of 2005 and Spring of 2008, Project Respect efforts were launched and many lessons were learned along the way. Results of the 2008 project evaluation, conducted by independent contractors, Sue Overstreet and Susan Robinson, demonstrated that although there had been general improvements in students' ability to recognize and even respond to bullying, implementation of Project Respect efforts had been spotty, sometimes with teachers implementing the curriculum, sometimes with outside coordinators delivering the curriculum and sometimes the curriculum was not launched at all in classrooms. Interestingly, but not surprisingly, evaluators found that when students see teachers using Project Respect language and coaching skills, the program is much more effective. In effect, the teachers/administrators buy-in to the program sends a clear message to the youth that "this is important".

In sum, the recommendation arising from the assessments was that: Project Respect, in order to reach its true potential as a vehicle for social norm change, would require increased comprehensiveness in its implementation. In other words, all teachers and staff at school sites need intensive training, all students must participate in the full Steps to Respect or Second Step Curriculum at least every other school year, with literature units reinforcing messages during non-curriculum years, and more outreach must happen with parents and families of these students.

Stakeholders encouraged expansion of and coordination with Project Respect, recognizing that this community-wide effort laid a basis for PEI efforts in Mariposa County. Stakeholders advised us not to duplicate what Project Respect had done, nor to initiate a new curriculum that would require new language to be used. Building upon the Project Respect foundation avoids these pitfalls and takes advantage of existing collaborative efforts to provide prevention and early intervention services in Mariposa County.

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

As previously mentioned, we believe that partnering the SMILE Program with Project Respect's Universal and Primary Prevention approach is important to addressing not only the cultural or social norms which affect behaviors, but also the individuals most at risk for being impacted by these behaviors.

In utilizing the lessons learned and evaluation results of Project Respect, the current Project aims to implement a comprehensive bullying prevention and intervention demonstration project in two or three community schools, which will also receive the SMILE program.

During the spring of 2009, an assessment process will occur to determine which schools will be chosen to participate in this demonstration project. Schools will be chosen based upon their readiness to implement all efforts required in this program (as outlined below), their need (based on Project Respect needs assessment and evaluation data, as well as California Health Kids Survey results), and other factors which may impact their ability to be successful (for instance a school which is in Performance Improvement due to test scores may not prioritize the time to focus on Project Respect efforts). Once the schools are chosen, the Project Respect demonstration project would include the following components (milestones):

1. Comprehensive Training for All Teachers/Staff (including yard duties) at each of these schools will be implemented. This training would be facilitated by trainers from the Committee for Children, and at a minimum include lessons on:
 - a. Bullying Identification, Effects, Indicators, etc.
 - b. Bullying Vs. Conflict Differentiation
 - c. Curriculum Implementation (Steps to Respect and Second Step Curricula)
 - d. Strategies for Utilizing Literature to Reinforce Curriculum
 - e. Coaching (Affirming, Asking, Assessing and Acting) Model for Bullying Intervention with students who bully and students who are victims
 - f. Bullying Intervention by Teachers and Administration (through policies, procedures, consequences, etc.)

Staff will be paid for their time to attend these workshops and be given substitute teachers for ongoing training throughout the school year. Participating schools will be required to have all of their staff attend. Timeline: June, 2009 and continuing

- 2) Lead Teacher Model – A lead teacher will serve to assist other teachers with cooperative learning strategies, curriculum implementation, support for classroom management surrounding bullying, etc. This lead teacher will also serve to track the implementation of curriculum and other strategies within each

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school. The lead teachers' efforts will be supported by and overseen by the Project Coordinator. All schools in the County who would like to participate will receive stipends and support for lead teachers to ensure that they are able to implement Project Respect efforts to the best of their abilities. Timeline: August, 2009

- 3) Lead Coach Model – For each of the demonstration project sites, a lead coach will be hired to assist the principals and the counselors by spending several hours per day at the school site (most importantly around recess and lunch times) in order to identify incidents or receive referrals surrounding bullying and conflict and assist children in handling it themselves when appropriate or seeking assistance as needed. These coaches will help children who are experiencing bullying or exhibiting bullying behaviors by modeling effective strategies and helping to reinforce messages of the Steps to Respect and Second Step Curricula. Timeline: August 2009
- 4) Implementation of Curriculum at all Grade Levels (Utilizing Steps to Respect and Second Step Curricula) during first half of school year. All teachers during the first year of the Project will be required to implement the curricula in all grades. Timeline: September 2009
- 5) Implementation of Literature Component of Steps to Respect and Second Step Curricula during second half of school year to all grades. The literature units help teachers to teach the “standards”. Timeline: January 2010
- 6) Parent/Community Component: The Second Step Curricula for families will be delivered through the local emerging Family Enrichment Centers in the communities where the demonstration schools are located. This curricula was designed to give parents/family members information about what the curricula is teaching as well as strategies they could use to reinforce the messages at home. A facilitator will be hired through the Mariposa Safe Families- Family Enrichment Centers to conduct at least two cohorts of this curriculum in each demonstration community. Timeline: September 2009
- 7) Public Awareness Campaign: The Project Respect public awareness campaign will be launched again in the Fall of 2009, to coincide with students at the demonstration sites receiving curricula in their classrooms. As described above, this campaign serves to reinforce messages delivered in the curricula and to give parents information and strategies for addressing bullying in the community and in their homes. Timeline: September 2009
- 8) Evaluator: an independent evaluator will be retained in order to provide process and outcome evaluation during the implementation of the program, as well as in

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subsequent years to measure program effectiveness. Timeline: May 2009 and continuing

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4. Programs

Program Title PROJECT RESPECT	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Two School Sites (one in North County and one near Mariposa)	Individuals: 0 Families: 0	Individuals: 0 Families: 0	This year would be more about getting teachers and schools ready – capacity building??
Comprehensive Teacher/Staff Training	Individuals:70 Families:	Individuals: Families:	One (1)
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families:	Individuals: Families:	

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

Mariposa County is currently working with Child Welfare Services, Probation, the schools and the courts to provide linked services to individual students who have been identified as having a need for therapy through the traditional mental health system and the Children's System of Care Program (CSOC). Students identified through Project Respect training will be referred to the SMILE program, where a determination will be made as to whether the student needs more intensive services. If they do they will be referred to CSOC.

Multi-Disciplinary Staffing through Student Attendance Review Boards and Student Study Teams may identify students and families that need referrals to other agencies or community networking and collaborative problem solving. When these agencies are not directly involved with the SARB or SST, Mariposa County Behavioral Health and Recovery Services will ensure referrals to the appropriate agencies.

Additionally, as students incorporate Project Respect curriculum into their lives, they will improve their help seeking behaviors, which will allow them to access services through direct request.

6. Collaboration and System Enhancements

As described previously, Project Respect grew out of a collaborative effort of community based agencies (under the lead of Mountain Crisis Services) including Mariposa Safe Families, Court Appointed Special Advocates (CASA) of Mariposa County, Infant Child Enrichment Services, the Local Child Care Coordinating Council, Mariposa Mothers Against School Hazing, the Mariposa County Unified School District, Mariposa County Behavioral Health and Recovery Services, the Sheriff's Department, the Probation Department, and the District Attorney's Office. These agencies received training on primary prevention and helped to design efforts during the planning and implementation phase of Project Respect in 2004-05.

The CA Delta funding, which has funded Project Respect to date, has required that the lead agency continue to build the capacity of these agencies to continue to support and plan for primary prevention efforts.

Project Respect needs a few more years of high level support to become imbedded throughout the county. This universal approach will benefit all children and SMILE cross-age mentoring will serve those targeted for more focused intervention. Funding the Project Respect demonstration sites will be short term, which will release additional funding for the mentoring component, or other PEI services, as the program develops.

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7. Intended Outcomes

The **long-term** intended outcomes of Project Respect include:

- 1) Decreased incidence of bullying and improved outcomes for victims of bullying.
- 2) Decreased acceptance for bullying behaviors in the community.
- 3) For Project Respect to become institutionalized in the School District and Community for sustainability.

The **short-term** intended outcomes of Project Respect include:

- 1) Students will increase their knowledge (as evidenced through pre-and post-tests) in skill sets associated with Steps to Respect or Second Step curriculum, including:
 - Recognizing Bullying
 - Learning Bullying Refusal Skills
 - Learning Friendship-Making Skills
 - Learning how to reach out to someone who is bullied.
 - Learning Bullying reporting skills
- 2) Students will demonstrate utilization of skill sets learned in Steps to Respect or Second Step curriculum as demonstrated through a teacher survey on the effects of implementing the program into their classroom and a student survey issued three (3) months following completion of the curriculum.
- 3) Students will show an increased motivation to utilize the Steps to Respect or Second Step Skills as demonstrated through the three-month follow up survey
- 4) As a result of participation in staff development, school staff and teachers will (as evidenced through surveys and focus groups):
 - Increase knowledge on protocols
 - Increase intervention skills
 - Increase confidence that they will receive administrative support for intervening in bullying
 - Increase familiarity with Steps to Respect and Second Step curriculum
 - Increase motivation to prevent and intervene in bullying
 - Demonstrate skills in intervening in bullying
 - Demonstrate an understanding of protocols regarding bullying
- 5) As a result of participation in the Family Second Step Curriculum, family members will (as evidenced through surveys):
 - Increase their recognition of bullying behaviors
 - Decrease their acceptance for bullying behaviors

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- Increase their skills for intervention and prevention of bullying within their families

8. Coordination with Other MHSA Components

Project Respect will work closely with the SMILE program (PEI) and the Children's System of Care (CSOC), a Community Services and Supports program, to ensure that teachers and school staff receive the training necessary to help identify students who may be in need of early intervention or treatment services. These will be referred to SMILE and/or CSOC for assessment to determine the appropriate level of service needed and to refer to the appropriate provider.

At this time, we do not anticipate using Workforce Education and Training funds or Capital Facilities and Technology funds in our Prevention and Early Intervention program.

9. Additional Comments (optional)

In developing the combined Project Respect and SMILE approach to prevention/early intervention, we determined that it is necessary to change the culture surrounding issues of bullying, disrespect, interpersonal violence, etc. in our community as a starting place. If we are doing this on a universal level, or in other words are creating systemic changes, then we hope that there will eventually be less youth in need of early intervention or intervention services, such as SMILE and CSOC.

Our goal is to help launch Project Respect in a way that makes it sustainable in the future with less reliance on MHSA funds. As the project progresses, after the initial three year cycle, we hope that Project Respect efforts can be sustained to a large extent by the schools and the community, so that we can focus MHSA resources elsewhere. In choosing to implement a comprehensive 'demonstration' project, it is our hope that momentum and evidence will be built that will help to create further buy-in for these efforts amongst schools and families.

PEI Revenue and Expenditure Budget Worksheet

Form 4

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

County Name: Mariposa Date: 11/10/2008
 PEI Project Name: SMILE Program
 Provider Name (if known): Mariposa Co.
 Intended Provider Category:
 Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 66
 Total Number of Individuals currently being served: FY 07-08 0 FY 08-09 0
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 0
 Months of Operation: FY 07-08 0 FY 08-09 6

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
MH Assistant 1 FTE		\$40000	\$40000
SW Supervisor II 0.25 FTE		\$25500	\$25500
Stipends		\$9000	\$9000
b. Benefits and Taxes @ %		\$25545	\$25545
c. Total Personnel Expenditures	\$0	\$100045	\$100045
2. Operating Expenditures			
a. Facility Cost and Vehicle Usage	\$0	\$0	\$2925
b. Other Operating Expenses	\$0	\$0	\$7030
c. Total Operating Expenses	\$0	\$0	\$9955
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$0	\$0	\$110000
B. Revenues (list/itemize by fund source)			
MHSA PEI Funds	\$0	\$0	\$110000
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$110000
5. Total Funding Requested for PEI Project	\$0	\$0	\$110000
6. Total In-Kind Contributions	\$0	\$0	\$0

PEI Revenue and Expenditure Budget Worksheet

**Form
No. 4**

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

County Name: Mariposa Date: 11/10/2008

PEI Project Name: Project Respect

Provider Name (if known):

Intended Provider Category:

Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 70

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

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

Months of Operation: FY 07-08 0 FY 08-09 6

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
_____			\$0
_____			\$0
_____			\$0
b. Benefits and Taxes @ %			\$0
c. Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
c. Total Operating Expenses	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Project Respect Subcontract	\$0	\$40000	\$40000
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$0	\$40000	\$40000
B. Revenues (list/itemize by fund source)			
MHSA PEI Funds	\$0	\$40000	\$40000
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
1. Total Revenue	\$0	\$40000	\$40000
5. Total Funding Requested for PEI Project	\$0	\$40000	\$40000
6. Total In-Kind Contributions	\$0	\$0	\$0

Instructions for Preparing the PEI Revenue and Expenditure Budget Worksheet and Budget Narrative (Form No. 4)

Counties are required to complete the Prevention and Early Intervention Revenue and Expenditure Budget Worksheet and accompanying narrative to obtain funding. A separate budget worksheet should be prepared for each PEI project and each PEI provider within the project for fiscal years 2007-08 through 2008-09. Below are the specific instructions for preparing the Prevention and Early Intervention Revenue and Expenditure Budget Worksheet.

General Instructions:

Round all expenditures to the nearest whole dollar.

For expansion of existing programs or services, enter current funding and revenues currently incurred as well as the proposed expansion of expenditures and revenues under the MHSa so that total program or service expenditures and revenues are included in the budget.

Counties will not be held to individual budget line items but to the overall budget for each PEI project. The individual line items will be used by OAC and DMH to evaluate each county's proposed budget and staffing pattern to implement new or expanded PEI projects.

Heading Instructions:

Enter date budget worksheet was prepared.

Enter the county name or county names if multiple counties are proposing to operate or provide the services jointly.

Indicate the name of the PEI project.

Enter the provider name if known.

Enter the proposed category of organization from the drop down menu (county agency, Ethnic or cultural organization, Family resource center, Mental health treatment/service provider, Older adult service center, Primary health care, PreK-12 school, University/College/Community College, Youth center, Other).

Enter the number of proposed individuals to be served in FY 07-08 and FY 08-09.

Enter the number of individuals currently served by the existing program for FY 07-08 to 08-09.

The number of individuals to be served through the PEI expansion is automatically calculated as the difference between total individuals to be served and currently served individuals.

Enter number of months of operation for each fiscal year.

Line Item Instructions:

A. EXPENDITURES

1. Personnel Expenditures:

a. Salary and wages - Enter the personnel expenditures for the provider.

b. Employee Benefits - Enter budgeted employee benefits. This includes: FICA, medical and dental insurance, disability insurance, workers compensation insurance, retirement plan contributions, and other employee benefits. An average of current employee benefits may be used to estimate these amounts.

c. Total Personnel Expenditures - it is automatically calculated and is the sum of lines 1a and 1b.

2. Operating Expenditures:

a. Facility Cost – Enter total budgeted amount to be incurred for facility cost.

b. Other Operating – Enter budget amount to be incurred in all other (non-facility) operating expenditures including postage, photocopy expenses, office supplies, other supplies, communication services, utilities and equipment, staff development and other operating expenses.

c. Total Operating Expenses - it is automatically calculated and is the sum of lines 2a and 2b.

Instructions for Preparing the PEI Revenue and Expenditure Budget Worksheet and Budget Narrative (Form No. 4)

3. Subcontracts/Professional Services:

List each subcontract and its total budget amount as a separate budget line item. List subcontracts by organization name (if known) and by purpose.

a. Total Subcontracts - it is automatically calculated and is the sum of line 3 (all subcontracts).

4. Proposed PEI Project Budget:

Total Proposed PEI Project Budget - it is automatically calculated and is the sum of lines 1c, 2c and 3a.

B. REVENUES

Enter the amount and sources of revenues expected from providing new or expanded services under this PEI project. Services and costs may be eligible for Medi-Cal, Medicare and other reimbursement. The county may be able to leverage other funds through funding partners. Counties should attempt to estimate revenues that would off-set MHSA program/service expenditures from the proposed budget amounts from Section A.

1. Total Revenue - it is automatically calculated and is the sum of line B (all revenues).

5. Total Funding Requested for PEI Project:

This amount is automatically calculated and equals the total proposed budget (line 4) less total estimated revenues (line B.1). This reflects the amount of funding requested for this program/service under the MHSA. Counties submitting a joint program budget should describe in the budget narrative the amount of funding required for each individual county. It is suggested that counties use the estimated percent of individuals to be served from each county to estimate the funding required for each individual county.

6. Total In-Kind Contributions:

This amount is calculated by payments made in the form of goods and services, rather than cash.

Budget Narrative Instructions:

Counties must also prepare a budget narrative that provides a brief description of Proposed Expenses and Revenues and the source documents and approach used by the county to estimate budget amounts. In the budget narrative, indicate which personnel positions will be filled by mental health clients and family members. Address any proposed out-of-state travel and justify the purpose and cost.

NOTE: Counties will be required to report PEI expenditures actually incurred by PEI project and by each PEI provider on the Annual Revenue and Expenditure Report which is due December 31 following the end of the fiscal year.

PEI Administration Budget Worksheet

Form No.5

County: Mariposa

Date: 11/10/08

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

Instructions for Preparing PEI Administration Budget Worksheet (Form No. 5)

Counties are required to complete the PEI Administration Budget worksheet. Below are the specific instructions for preparing the attached PEI Administration Budget worksheet.

General Instructions:

Round all expenditures to the nearest whole dollar. Round FTE counts to two decimals. Only county administrative costs should be shown on the PEI Administration Budget Worksheet. Contract providers and other county governmental organizations with management and support costs should show those budgeted expenditures in the relevant PEI project budget worksheet.

Counties will not be held to individual budget line items but to the overall Administration budget. The individual line items will be used by OAC and DMH to evaluate each county's proposed budget and staffing pattern to implement new or expanded PEI projects. It is strongly encouraged that counties limit the MHSA PEI administration budget to 15 percent or less of the total PEI component funds requested.

Heading Instructions:

Enter the county name or county names if multiple counties are proposing to administer PEI services jointly.

Enter the date the budget worksheet is prepared.

Line Item Instructions:

A. EXPENDITURES

1. Personnel expenditures:

- a. PEI Coordinator - Enter salary expenditures for the PEI Coordinator.
- b. PEI Support Staff - Enter the number of client, family member and caregiver FTEs, the total number of FTEs and the salary expenditures for the county's MHSA support staff.
- c. Other Personnel - Enter the number of client, family member and caregiver FTEs, the total number of FTEs (including client, family, caregiver FTEs) and the salary expenditures for the county's PEI coordinator. If this position is not full-time on PEI administrative activities, enter the partial FTE and corresponding salary related to PEI administration.
- d. Employee Benefits - Enter budgeted employee benefits. This includes FICA, medical and dental insurance, disability insurance, workers compensation insurance, retirement plan contributions and other employee benefits. An average of current employee benefits may be used to estimate these amounts.
- e. Total Personnel Expenditures - it is automatically calculated and is the sum of lines 1a and 1d.

2. Operating Expenditures:

- a. Facility Cost – Enter the total amount to be incurred for facility costs.
- b. Other Operating Expenditures – Enter the total amount to be incurred for professional services (e.g., amounts to be incurred for consulting, facilitation and other professional services), general expenditures including postage, photocopy expenses, office supplies and other supplies; travel and transportation e.g., hotels, mileage, meals, car rental, motor pool charges and other travel and transportation expenses; equipment and utilities including room rental for meetings, equipment rentals, telecommunication costs and utilities; and other operating expenses.
- c. Total Operating Expenditures - it is automatically calculated and is the sum of lines 2a and 2b.

3. County Allocated Overhead:

- a. Countywide Administration (A-87) – This includes A-87 costs attributable to PEI programs and county allocated administrative costs. These costs could include centralized accounting or purchasing costs not included in the A-87 allocation or the other personnel expenditures. Enter total County Allocated Administration in line 3a.

Instructions for Preparing PEI Administration Budget Worksheet (Form No. 5)**4. Total PEI Funding Request for County Administration Budget**

Total PEI Funding Request Budget - it is automatically calculated and is the sum of lines 1e, 2c, and 3a.

B. REVENUE

1. Enter the amount of revenues expected to be generated in providing new or expanded PEI projects. Some services and costs under the MHSA are eligible for Medi-Cal, Medicare and other reimbursement. Counties should attempt to estimate revenues that would off-set MHSA program/service expenditures using the proposed budget amounts from Section A.

C. TOTAL FUNDING REQUIREMENTS

This amount is automatically calculated and equals the total PEI Funding Request for county administration budget (line 4) less total estimated revenues (line B 1). This reflects the amount of funding requested for county administration under PEI.

D. TOTAL IN-KIND CONTRIBUTIONS

This amount is calculated by payments made in the form of goods and services, rather than cash.

BUDGET NARRATIVE INSTRUCTIONS: Counties must also prepare a budget narrative that describes line items in the budget and the approach used by the county to estimate budget amounts and source of documents for the development of the budget. Please indicate current, existing positions, if any, number, classifications, C/FM positions and a brief description of each FTE's functions. Address any proposed out-of-state travel and justify the purpose and cost.

NOTE: Counties will be required to report PEI administration expenditures actually incurred on the Annual Revenue and Expenditure Report which is due December 31 following the end of the fiscal year.

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:	Mariposa
Date:	11/10/2008

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 07/08	FY 08/09	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
		\$0	\$0	\$0	\$0	\$0	\$0	\$0
1	SMILE Program	\$0	\$110,000	\$0	\$110,000	\$0	\$0	\$0
2	Project Respect	\$0	\$40,000	\$0	\$40,000	\$0	\$0	\$0
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
	Administration			\$0				
	Total PEI Funds Requested:	\$0	\$150,000	\$0	\$150,000	\$0	\$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).

LOCAL EVALUATION OF A PEI PROJECT

Form No. 7

County: Mariposa**Date:**

- 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?

LOCAL EVALUATION OF A PEI PROJECT

Form No. 7

3. Describe the numbers and demographics of individuals participating in this intervention. Indicate the proposed number of individuals under each priority population to be served by race, ethnicity and age groups. Since some individuals may be counted in multiple categories, the numbers of persons on the chart may be a duplicated count. For "other", provide numbers of individuals served for whom a category is not provided (i.e., underserved cultural populations; e.g., gay, lesbian, bisexual, transgender, questioning; hearing impaired, etc.). Please indicate at the bottom of the form an estimate of the total *unduplicated* count of individuals to be served. If the focus of the intervention is families, count each person in the family.

PERSONS TO RECEIVE INTERVENTION

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/DISCRIMINATION
ETHNICITY/ CULTURE							
African American	0		1	1			
Asian Pacific Islander	0		1	1			
Latino	1		1	1			
Native American	0		1	1			
Caucasian	10	5	20	72	20		
Other (Indicate if possible)							
AGE GROUPS							
Children & Youth (0-17)	11	5	24	76	20		
Transition Age Youth (16-25)							
Adult (18-59)							
Older Adult (>60)							
TOTAL	11	5	24	76	20		
Total PEI project estimated <i>unduplicated</i> count of individuals to be served <u>136</u>							

LOCAL EVALUATION OF A PEI PROJECT

Form No. 7

4. How will achievement of the outcomes and objectives be measured? What outcome measurements will be used and when will they be measured?

5. How will data be collected and analyzed?

6. How will cultural competency be incorporated into the programs and the evaluation?

7. What procedure will be used to ensure fidelity in implementing the model and any adaptation(s)?

8. How will the report on the evaluation be disseminated to interested local constituencies?

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

The purpose of the local evaluation of the programs within a PEI project is to encourage counties to specify the expectations for what the programs are intended to accomplish, to assess how well they do that, to share that information with the state and with relevant local stakeholders, and to expand and/or revise the programs (and PEI project of which they are a part) in accord with the evaluation results.

For the local evaluation the county will select one of its PEI projects and the programs within that PEI project for the evaluation.

The state recognizes that counties vary substantially in their capacity to undertake rigorous evaluation activities. The state will review the local evaluation designs with this in mind. Counties do not need to propose complicated rigorous methodologies that are beyond their capacity to implement.

The state also recognizes that evaluation designs cannot be finalized until PEI projects are implemented. Again, the state will review the evaluation methodology with this in mind. The county should be as detailed as possible given the state of development of the PEI projects.

The state expects the county to conduct an evaluation which addresses both individual/family and program/system level outcomes. Inclusion of an assessment of long-term community outcomes is optional.

The county may conduct the evaluation itself or contract with an independent evaluator. If the latter approach is used the evaluator can select additional measurement and evaluation approaches but should at a minimum cover the items cited below.

The county should address all the following items in its description of its evaluation design for one program.

- 1) Specify the PEI project to be evaluated and briefly describe how the selection was made.

The selection of the PEI project and programs to be evaluated should be an issue addressed by stakeholders in the planning process. It is recommended that the following be considered in this selection.

- The extent of resources devoted to the PEI project and programs. The greater the resources the more likely there will be a sizable impact which can be measured.
- The clarity of the outcomes. The clearer the goals and objectives of the programs the easier it will be to do the evaluation.
- The relevance and importance of the programs. The more importance the stakeholders place on the programs the greater the pressure on all involved to participate actively in the evaluation.

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

- The capacity of partner organizations to participate in the evaluation. The greater the capacity of the partner entities to collect data on a consistent fashion the greater the reliability of the results.

2) Specify the outcomes for the programs.

Specify the outcomes for the programs. Outcomes should be specified at the individual/family and at the program/system-level. Person-level outcomes refer to expected changes for the specific persons who are the recipients of the program/activity. Counties should look first to find person-level outcomes which have been used in studies done about each program.

System level outcomes refer to kinds of things which will be done to implement the program. They can be as simple as the partner agency contributing some resources and implementing the program or as advanced as a change in attitudes of the staff in the partner agency or the improvement in the quality of the relationship between mental health and the partner agency.

The outcomes should be specific to each program. They may be the same or similar to those for the larger PEI project, but they should be things which will be affected by the particular program.

3) Specify the expected numbers and demographics of individuals to receive the intervention.

The number of persons who will be recipients of each program should be specified according to the following descriptors. The descriptors are intended to provide (1) a basic demographic picture and (2) an indication of the type of priority populations.

- Age
- Gender
- Race/Ethnicity
- Culture
 - If selecting "other" for Race/Ethnicity and Culture, identify to the extent possible.
- Priority population conditions/situations
 - Trauma Exposed
 - Onset of serious psychiatric illness
 - Children and youth in a stressed families
 - Children and youth at risk of school failure
 - Children and youth at risk of or experiencing juvenile justice involvement
 - At risk for suicide

It is understood that these will be only estimates.

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

The county should also make an estimate of the total unduplicated count of individuals that will be reached by the program. If the focus of the intervention is families, count each person in the family. The county should specify the methodology it intends to use to make this estimate.

4) Specify how the achievement of outcomes will be measured.

For each person-level and system-level outcome cited above the county should specify how it will measure its success at achieving the outcome. This entails the following steps.

- How will the outcome be measured? There are a variety of ways of measuring outcomes – some possibilities are suggested below:
 - Counting (e.g. percent of persons referred who receive a MH service, number of individuals/families from underserved communities served, number of prevention programs started in partner organizations)
 - Instruments to measure conditions (e.g., isolation; knowledge of social, emotional issues; mental health status)
 - Judgments made by evaluators (e.g., capacity of partner organizations to provide PEI services, quality of cooperative relationships, enhanced mental health promotion environment in partner organizations)
 - Data from other data sources (e.g., school records of drop-outs, expulsions, suspensions; school records of violent incidents; juvenile justice records of contacts)
- Who and/or what will be measured? The county should specify which persons will be assessed for the person-level outcomes. This can be all or a sample of individuals who receive the program/activity.
- When will outcomes be measured? The county needs to specify when and how often it will apply the measurement of the various outcomes.
 - Many person-level outcome measurements will lend themselves to a pre and post measurement design as the best way to document change (e.g., for changes in attitudes and knowledge or changes in mental status or changes in incidents of violence).
 - For some outcomes that involve the counting of occurrences of things the data is collected on an ongoing basis and summarized at the end of a particular time period, e.g., a year.
 - For some outcomes there will be a one-time measurement at the end of some time period, e.g., assessment of quality of partner organization relationships. This kind of measurement can be repeated at the end of a second time period after the program has been in operation longer.

5) Describe how data will be collected and analyzed.

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

The county should specify who will be responsible for collecting the data and where and when it will be collected. Because these activities/approaches/programs will often occur at non mental health sites it will be critical to have arrangements with the partner entities about the details of the data collection activity.

The county should specify who will be responsible for the analysis of the data. The county should also specify the basic analytic methods that will be used.

6) Describe how the programs and the evaluation will be culturally competent.

The county should specify how it will design or adapt the programs to be culturally appropriate and how it will approach and conduct the evaluation in a way which is sensitive to and respectful of racial/ethnic and cultural factors. This includes not only issues of bilingual bicultural persons involved in the evaluation and the use of language appropriate and culturally appropriate measurements, but also awareness that the most important outcomes for a particular culture are part of the evaluation.

7) What procedure will be used to ensure fidelity in implementing the programs and any adaptation(s)?

The county should specify what procedures, staff development, monitoring and other steps it will implement to ensure program fidelity.

8) Describe how the report on the evaluation will be disseminated to interested local constituencies.

The county should specify how it will disseminate the evaluation results, beyond providing reports annual to the State.