

## Training, Technical Assistance and Capacity Building Funds Request Form (Prevention & Early Intervention Statewide Project)

Date: 10/30/09	County Name: <b>Mendocino</b>
Amount Requested for FY 2008/09: <b>\$12,300</b>	Amount Requested for FY 2009/10: <b>\$12,300</b>
<p>Mendocino County is requesting <b>\$24,600</b> for PEI Training, Technical Assistance, and Capacity Building Funding for the following purposes: <b>1)</b> To provide training to local physicians and other medical providers, first responders, and key staff and volunteers of community organizations that come in contact with older adults about the impact of medications, as well as their misuse and non-use, on the mental health of older adults. We intend to issue a RFQ to identify a trainer or trainers with statewide capacity, and certified to provide DMEs and DNEs, to impart their expertise to local medical professionals who will impact a large number of clients and patients. <b>2)</b> To provide training to selected staff and volunteers of local organizations that come in contact with youth and young adults, including law enforcement, first responders, community clinics, schools and community based organizations, about the importance of early intervention at the onset of serious psychiatric illness, and the potential for restoration and recovery that early intervention offers. We intend to issue a RFQ for a trainer with statewide capacity in order to raise the level of knowledge and optimism in our community about these illnesses and build its capacity to respond effectively and to encourage individuals and families to seek treatment early. <b>3)</b> To provide training and technical assistance to key staff of these organizations as well as selected Mental Health staff about how to use a screening instrument to identify transition age youth who may be at the early onset of a serious psychiatric illness, and how to link these youth to the County's Early Onset/ Early Intervention project.</p> <p>For each of the above, trainers would be selected who have the capacity and commitment to ensure, with key County staff and partners who work on the development and evaluation of prevention and early intervention projects, the appropriate provision of these community-based activities. In addition, we would select trainers with the demonstrated ability to deliver training and technical assistance activities that are culturally and linguistically appropriate for the trainees and the clientele the projects would serve.</p>	
<p>The County and its contractor(s) for these services agree to comply with the following criteria:</p> <ol style="list-style-type: none"> <li>1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the County's Three-Year Program and Expenditure Plan.</li> <li>2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services.</li> <li>3) These funds shall only be used to pay for the programs authorized in WIC Section 5892.</li> <li>4) These funds may not be used to pay for any other program.</li> <li>5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC Section 5892.</li> <li>6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.</li> <li>7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.</li> </ol>	
<p><b>Certification</b></p> <p>I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.</p>  <p>_____ Director, County Mental Health Program (original signature)</p>	