

County: Del Norte County

Date Submitted: 6/21/2018

Project Name: Text2GROW (Giving Resource Outreach and Wellness)

PROJECT OVERVIEW

1) Primary Problem

a) What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenges or problem you have identified and why it is important to solve for your community.

Del Norte County is isolated on the far north coast of the state. Large tracts of federal- and state-owned land mean that many residents live in remote pockets far from community resources and services, which are primarily located in Crescent City. Providing services and disseminating information to a small and broadly-scattered population is difficult, creating underserved populations, especially in outlying communities.

Like many small, rural counties in California, Del Norte faces higher unemployment and poverty rates than the state as a whole. A once-thriving economy based on lumber and fishing has mostly disappeared and the county has struggled to build new industries to replace the lost jobs. Educational opportunities beyond high school are limited to a branch of College of the Redwoods, a community college whose main campus lies two hours south of Crescent City, Del Norte's only incorporated city. Although the area has world-class outdoor recreation opportunities, its location more than six hours from major population centers like Portland and San Francisco has limited the growth of the tourist industry.

As a result, residents in Del Norte County are under-educated and more likely to live in poverty compared to California residents as a whole. Our isolated location and high cost of transportation to outside areas make it difficult for people to access resources and services not available within the county itself, which include almost all specialized physical and mental health care services.

With just 28,000 people, Del Norte itself is underserved by state and federal data collection entities. It can be a struggle to tell the story of our behavioral and mental health needs, even when it is clear in the community that the need exists. State-wide data sources do not report Del Norte's adverse childhood experience (ACEs) scores, for example, but combine our data with multiple other small counties. The data we do have tells a bleak tale. By looking at proxy measures for ACEs that are reported, we suggest that ACEs scores for youth and adults in Del Norte County are likely extremely high, possibly the highest in the state of California. According to ACEs research, teens and adults with high ACEs scores are more likely to smoke; more likely to abuse alcohol or drugs; more likely to consider and attempt suicide; more likely to experience or witness domestic violence; and more likely to have been abused or neglected as a child. Table 1 (page 2) shows the statistics for these behaviors and experiences in Del Norte County as compared to California as a whole and to the three counties (Humboldt, Mendocino, and Butte) with the highest measured ACEs scores in the state.

Table 1: Proxy Indicators for ACEs Exposure in Del Norte County	Del Norte	CA	Hum	Mendo	Butte
Percentage of children with 2 or more ACEs (parent reported)	?	18.2	24.6	22.9	23.5
Percentage of adults who smoke	20	11.7	17.9	13.2	18.2
Alcohol/drug use in past month, percentage of 9 th grade students	37.4	23.2	31.9	35.1	23.4
Suicide ideation, percentage of 9 th grade students	33.8	19.3	18.4	17.6	15.7
Domestic violence calls, per 1,000 calls to police	45.9	6.0	8.9	8.4	6.1
Substantiated child abuse/neglect cases per 1,000 residents	22.8	8.2	10.7	19.0	9.8

Sources: KidsData.org, CA Tobacco Facts and Figures, CHIS

These proxy measures, if an accurate reflection of ACEs exposure in Del Norte, indicate a public health crisis with long-term implications for mental and physical health needs. Unless new approaches to family strengthening, resilience-building, and broad-based prevention are instituted, Del Norte will likely struggle with a new generation of residents with high needs for mental health intervention and treatment.

Family strengthening programs have been proven effective in a wide range of problematic behaviors in adolescents including substance use, violence, and school suspensions. Kumpfer and Alvarado note that effective parenting is a powerful way to reduce problematic adolescent behavior, writing:

The effectiveness of parenting and family interventions to prevent many types of adolescent problems (e.g., conduct disorders, violent and aggressive behaviors, delinquency, substance abuse, depression, suicide, teen pregnancy, HIV disease, school failure, and eating disorders) has considerable empirical support in the research literature (Kumpfer and Alvarado 2003: *Family-Strengthening Approaches for the Prevention of Youth Problem Behaviors*).

However, meta-reviews of the data show problems with scaling family strengthening programs to larger, more culturally-diverse populations; motivating high-needs families to participate; providing a sufficient number of exposures or contacts for fidelity; and more (Fox et al., 2004: *Challenges in Disseminating Model Programs: A Qualitative Analysis of the Strengthening Washington DC Families Program*). Family strengthening programs exist in Del Norte, but with few exceptions, are offered only in Crescent City, which is at least 20 minutes from most outlying communities. Many are offered during the evening, when our limited public transportation system does not operate.

The Text2GROW project uses a promising practice in behavioral health to provide family strengthening services in a continuous-contact model. Texting is a low-input delivery method

that requires very little of participants. No travel is required, no internet service is needed, and parents can interact with the tool at their convenience. As described in the section below, these variables address concerns voiced by local parents during a series of interviews about early literacy.

Our primary problem is how to provide parents with sustained, multi-domain support for their child's health and development (including social and emotional health) in a dispersed, rural population. Using three-to-four texts a week, Text2GROW will provide over 850 contacts with parents during the first five years of their child's life. The texts will address all five Strengthening Families protective factors and integrate the science of resilience to break generational cycles of ACEs exposure, increase school readiness, and minimize the long-term mental health issues associated with high ACEs scores.

b) Describe what led to the development of the idea for your INN project and the reasons you have prioritized this project over alternative challenges identified by your county.

This project grew out of a collaborative research project that started in January, 2016. Non-profit and public agency leaders interviewed 27 families and 11 early childhood educators to gain understanding of low literacy rates in local elementary schools. Only half of all third grade students could read at grade level. The insights gained from these interviews extended far beyond barriers to early literacy: they demonstrated tremendous need for more family support delivered through new methods.

Parents told interviewers about their day to day routines, their own experiences with education and reading, and how they helped their child prepare for school and reading. Ten major insights were gleaned from these interviews and include:

- **Parents are not connected to support networks or resources:** Many parents told researchers that they had nobody they could count on for help with their children. Parents reported that they either didn't know about resources that could help their family or that they didn't know how to access resources.
- **Parents were concerned about their child's and their own mental health:** One Native parent described her fear for her son's mental health, but felt there were no culturally-appropriate resources available to her family. Other parents expressed concern about their own coping skills and described feeling overwhelmed by the number of tasks they faced every day.
- **Parents do not have time for self-care:** Only two parents described making time for their own self-care through exercise or relaxation techniques. All parents lamented about the busy-ness of their daily schedules and a feeling of "rush, rush, rush."
- **Many parents voiced concerns about affording basic needs for their family:** Parents talked about a lack of financial resources, inadequate housing due to high costs, and a feeling that they were unable to provide everything their children need.
- **Parents do not understand kindergarten readiness or how to support their child's school readiness:** Almost no parent, regardless of education or income level, was able to describe kindergarten readiness or the skills their child needs to be successful in school. As school readiness involves basic social-emotional skills, this also suggests that children are lacking basic life skills more generally.

Solutions for these challenges and more were solicited from the families and the larger community. Many hundreds of solutions were offered and tested with parents. Texting emerged as a possible delivery system for a variety of information. Many parents said they relied on texts as their preferred communication tool and wished the school district would use it. Suggestions for a text-based parent support program were tested with families using a simple paper prototype and were received positively. The initial prototype was based on similar texting programs for smoking cessation, weight loss, pregnancy and early childhood development (Text4Baby), and student support.

While developing the prototype, the research team (Core Design Team or CDT) learned about an existing texting program called Ready4K. Ready4K, at the time, provided parents of children aged 3 to 5 with three texts a week to support their child's early literacy. The program, designed by researchers at Stanford University, was implemented in San Francisco public preschools. Initial research showed the program was effective in raising child literacy scores, but also in parent involvement and engagement in their child's learning, in and out of school.

The CDT chose a text-based parent support system as one of several Phase 2 projects because it appeared to address multiple concerns expressed by parents, including method of information delivery. We initially reached out to the developers of Ready4K to ask if they could provide tech support to create a new program that including more than school readiness. One of the creators of Ready4K had launched a community-benefit corporation called ParentPowered to further develop, improve, and implement the Ready4K program. ParentPowered offered to make Ready4K available to parents in Del Norte immediately, while also working with the CDT and the community to create a broader texting program that addressed all of the protective factors, resilience, and parental self-care. A pilot program with two dozen families showed a positive acceptance of the Ready4K program.

The CDT brought this project to the Local Mental Health Board as a potential Innovation Project because it addresses many factors for family strengthening and child mental health through a unique delivery system designed by and for Del Norte communities. The CDT is committed to designing all solutions with families and this project is no different. Families, service providers, and other community members will help develop and test the content of our new texting program. The project is called Text2GROW, recognizing that the end product will be fundamentally different from the original Ready4K.

2) What has been done elsewhere to address your primary problem?

a) Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?

We researched two bodies of work in establishing the innovative quality of our project. The first is family strengthening model. Family strengthening programs, as noted above, have been shown to be effective in reducing childhood and adolescent problematic behaviors. The limitations of family strengthening programs are:

- They typically require in-person learning sessions;
- They are finite in length with parents attending a limited number of sessions;
- They are generalized and are not tailored to the culture or community of parents; and
- They are relatively expensive to implement, as many of them have both a parent and a child component, requiring multiple facilitators at each session.

We also looked at models for text-based programs for behavioral change. Text-based smoking cessation programs send reminders and tips to help smokers quit and have been shown to be effective. Text-based support for first-generation community college students has increased graduation rates and decreased drop-out rates for this vulnerable population. Text4Baby is a health messaging program of the US Department of Health and Human Services that has been effective in improving prenatal care behavior among participants. Ready4K itself was rigorously tested when first introduced to San Francisco public preschools by Stanford University. They found that Ready4K increased parental involvement in their child's learning, increased parental engagement with teachers, and provided a two-month boost in kindergarten readiness.

Texting is effective, in part, because it is so ubiquitous. Over 95% of American adults under the age of 50 have a cell phone capable of receiving texts. Texts are opened at high rates: over 98% of texts are opened and over 90% are opened within three minutes of being received. Few other outreach methods have such reach into the community.

The texting programs created to date are generalized. The Text4Baby program, for example, provides contact information for a variety of services, such as smoking cessation. The information it provides, however, is a national contact. Parents looking for local resources do not receive it through such a general service. In talking with ParentPowered, we learned that many communities have inquired about adding local content, but that, to their knowledge, we would be the first community to actually do so. We have not found any texting programs providing parents with local content.

b) Describe the methods you have used to identify and review existing, related practices in other counties, states, or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations apply to your circumstances?

As noted above, there are other text-based support programs with proven effectiveness in providing prevention and intervention services across a variety of issues. There are also other ways to provide parenting support outside of texting. Home visiting programs using both nurses and lay counsellors have proven effective in supporting high-risk parents. The Nurse-Family Partnership is a well-known and effective model in use in Del Norte County and around the country. It is also an expensive model, relying on highly trained and educated nurses to provide prevention and intervention services to a small number of clients. The Child Abuse Prevention Center, based in Sacramento, has pioneered a volunteer-based home visiting using AmeriCorps volunteers. This model is significantly cheaper than nurse-based programs and has proven to be very effective in decreasing substantiated cases of child abuse and neglect.

A new or expanded home visiting program could have the same effect we expect from Text2GROW. However, even if staffed by AmeriCorps volunteers or lay-counsellors, such a

program would be expensive and difficult to sustain. Even a large program would provide services to a small portion of the parent population of the county. Text2GROW has the potential of reaching a large percentage of families at a minimal cost. There are significant up-front costs to develop and test the messages, but implementation is very low-cost. In a rural county, a texting program can reach a much-higher percentage of families than a home-visiting program at a much-lower cost. It can also provide more continuous support over a longer period of time than any existing home visiting or family strengthening programs.

3) The Proposed Project

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may want to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

a) Provide a brief narrative overview description of the proposed project.

The Text2GROW project will create a text-based parent support system based on the model and partial content of the existing Ready4K school-readiness texting program. The partners in this work include:

- **Del Norte County Department of Mental Health:** providing fiscal and programmatic guidance for Mental Health Services Act funding and helping generate messaging content around mental health resources;
- **First 5 Del Norte and the Literacy Core Design Team:** providing co-design expertise in crafting messaging content with families and providers, coordinating all partners, and providing messaging content; also coordinating outreach and enrollment through the Wonder Bus and other First 5-funded programs;
- **ParentPowered:** providing expertise in crafting text messages and the technical knowledge of building a text-based system; also providing the base messaging of Ready4K as desired;
- **Yurok Tribe Education and Language Department, Tolowa Dee-Ni' Nation Language Department, and the Hmong Cultural Center:** providing cultural content for text messages; texts will be available in English and Spanish (Ready4K is already available in both languages), and families will have the option of choosing a culturally-specific version of the program;
- **Del Norte families:** co-generating content and providing feedback on messaging content, timing, frequency, and usefulness; families will be recruited to ensure participation across cultural groups, income levels, geographic location, educational attainment, and other appropriate measures of diversity;
- **Service and program providers:** generating content about their services and programs for dissemination via text;
- **The Child Abuse Prevention Center:** the CAP Center operates several grants with the Corporation for National and Community Service (CNCS) for AmeriCorps programs; First

5 will contract with them for two First 5 Service Corps AmeriCorps volunteers for outreach and enrollment of families through the Wonder Bus program and other venues; and

- **Applied Survey Research (ASR):** assisting in the design and implementation of project evaluation

Together, these partners will create and evaluate a texting program, Text2GROW, that combines Ready4K child development texts with local and family strengthening content. Ready4K texts have expanded since our original pilot. Ready4K now offers texts for children 0 to 5 years in age, covering early literacy, early numeracy, and social and emotional learning. First 5 has been enrolling families in Ready4K for almost nine months and we know that families like the format and content of the basic program.

Our project will co-design new content that will either be added to or replace Ready4K content. The additional content will focus on family strengthening; parental mental health and self-care; and connection to local resources and services, especially mental health. Parents and providers will help create the new content in a number of settings, including focus groups, one-on-one interviews, and less formal interactions.

Texts will follow the basic format of Ready4K texts, which send information on Mondays, a tip on Wednesdays, and a follow-through or extension on Fridays. For example, one week of texts may focus on postpartum disorders:

Mon: Time to take care of YOU! Did the Baby Blues hit in the first days after birth? It's completely normal to cry over little things and feel overwhelmed for a couple weeks.

Wed: Are your Baby Blues going away? If you don't feel better after 2 or 3 weeks, you could have postpartum depression. Call your doctor or midwife - this is a serious condition, but it is also treatable and temporary.

Fri: Signs of postpartum depression include inability to eat or sleep and feeling disconnected from your baby. If your "blues" stick around, call your doctor or midwife to get help.

Others will focus on concrete family needs such as child care (and a boost to a tired parent's ego):

Mon: Congratulations! You made it through your first month as a parent. Parenting can be tough, but you can be a great parent!

Wed: Thinking about returning to work soon? The Del Norte Child Care Council can help you find (and pay for, if eligible!) quality child care for your baby. Call them at 464-8311.

Fri: Not sure what quality child care looks like? Check out this list of questions to ask providers and what to look for as you visit child care homes or centers.

Providing the direct contact information for local programs and services is a key part of this project. Families told the CDT that they felt isolated and that they were "on their own" as parents. Connecting families to resources is a critical need in our community. Even if parents never use a program or service they learn about through Text2GROW, they receive a benefit.

Because the protective factor of “concrete support in times of need” is measured as “perceived support,” simply knowing a resource exists builds parental resilience.

When complete, Text2GROW will provide comprehensive parent support across many domains of life. It will be easy (and free) for parents to enroll in the program. It will be scalable across our county and provide a template for other counties to use. For example, in the second set of texts above, changing the childcare resource and referral agency’s name and phone number makes the set work in any county.

b) Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).

This project takes a promising community-driven practice from other fields (text-based programs for behavioral health and support) and applies it to the mental health system.

c) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside mental health, briefly describe how the practice has been applied previously.

As described above, this project grew out of interviews with Del Norte families. The CDT investigated texting programs *because families told us that texting was their preferred method of communication*. We have tested a paper prototype of this program and offered the base program, Ready4K. Parents have reacted positively to both. We believe the proven efficacy of texting programs in behavioral health will transfer to the Text2GROW program.

4) Innovative Component

Describe the key elements of approaches that will be new, changed, or adapted in your project (potentially including project development, implementation, or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented.

a) N/A

b) If you applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental health, and why?

Our project is innovative in a number of ways:

- **The method of delivery (text):** Text delivery allows the program to be affordably offered to ALL families, unlike most publicly-funded mental health services, which are available only to families with an identified mental health need or who are considered “at risk”;
- **The co-design of content with parents and providers:** By including parents and providers in the content design process, we will produce a product that addresses the needs of multiple communities within our county;

- **The broad-based definition of “prevention” that underlies our work:** We believe that all parents need and deserve support in raising children who are physically and mentally healthy, and that this support must cross multiple domains of their lives; and
- **Our two-generation approach:** We are providing parents with support for their own needs and self-care, while also supporting their ability to engage and participate in their child’s growth and development. Wrap-around mental health services for families that address both parents and children do exist (even in Del Norte), but they are money- and resource-intensive and can be offered only to families in or near crisis.

5) Learning Goals/Project Aims

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices.

a) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

Our primary learning goals are:

1. Is texting an effective tool for providing preventative mental health services to a county-wide population?
2. Will providing families with specific, purposefully-timed information about available programs and services, especially around mental health, increase participation in those services and increase families’ connection to support networks?
3. Will providing families with broad-based, multi-domain support lead to children being better-prepared for kindergarten both academically and social-emotionally?

We prioritized these learning goals because of the insights from our parent interviews. The parents interviewed represented the full range of families in Del Norte County, although it was not a statistically representative group. We talked with parents of all socio-economic status; parents representing all major cultural groups in the county; parents with graduate degrees and parents with GEDs. Across the board, they all faced similar problems: lack of time, skills, and knowledge to support their child’s healthy development. Some parents had higher needs than others, but no parent expressed a feeling that they were fully prepared and able to support their child.

b) How do your learning goals relate to the key elements/approaches that are new, changed, or adapted in your project?

Learning Goal 1: Parents told us they are time-poor and that their preferred method of communication is text. Texts are quickly read and contain a small amount of information. We are therefore, relying on texts to provide information parents told us they want and need.

Learning Goal 2: Parents told us they either don’t know about or don’t know how to access resources and services their families need. We are providing information about available programs, resources, and services for families in our communities. We are hoping this

continual referral process will increase both families' perception of available support and their use of available programs, resources, and services.

Learning Goal 3: This work started through an investigation of challenges and barriers to early literacy and literacy-attainment in third grade. We learned that many of the challenges are seemingly unrelated to academic preparedness or success, but that they nevertheless affect school readiness and achievement. We hope that providing multi-domain parent supports throughout early childhood will result in children being better-prepared for school across academic and social-emotional domains.

6) Evaluation or Learning Plan

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives?

a) Who are the target participants and/or data sources?

For all three learning objectives, our target participants are parents with children 0 to 5. We have been enrolling parents in the existing Ready4K program through a variety of channels and will increase recruitment efforts once the Text2GROW program launched. In order to compare Text2GROW to Ready4K (our control group), we will assign new participants to either Text2GROW or Ready4K based on the last digit of their telephone number. We are choosing to split participants into experimental and control groups for better evaluation. Ready4K has multiple studies showing its efficacy; we are interested in whether the addition of local and culturally-relevant information yields better results than Ready4K alone. The children themselves are also participants, especially for Learning Goal 3.

Learning Goal 1: Is texting an effective tool for providing preventative mental health services to a county-wide population?

b) What is the data to be collected?

Working with Applied Survey Research (ASR), we will conduct regular assessments with parents for their satisfaction and usage of the program, both in person and through text message links to online surveys. Questions will include how often they read the texts, how often they have used the information or activities included in texts, and how often they followed up by reaching out to an agency or organization highlighted in the texts. We will also track the percentage of parents participating over time, including a geographic analysis to assess the reach into underserved communities in the county.

c) What is the method for collecting data?

We will conduct focus groups with parents and provide links to online surveys. ParentPowered will also be testing other text-based feedback tools over the course of the project.

d) How is the method administered?

As noted above, there will be control and experimental groups for comparison purposes. ASR will conduct pre- and post-testing for baseline information. Focus groups with a fixed make up will be used throughout the process to get continual feedback from a core group of participating parents.

Learning Goal 2: Will providing families with specific, purposefully-timed information about available programs and services, especially around mental health, increase participation in those services and increase families' connection to support networks?

b) What is the data to be collected?

In addition to asking families what services/resources they use based on the texts, we will also do regular surveys with resource providers highlighted in texts to see if they receive more clients based on the texting program. We will ask partners who use intake forms with a question like, "How did you hear about our services?" to add Text2GROW as an option. We will work with our partners to develop other ways to measure increases in client services due to Text2GROW.

c) What is the method for collecting data?

See above.

d) How is the method administered?

For parents' connection to social networks, we will rely on questions asked on existing parent surveys. First 5 Del Norte has parent intake/feedback surveys that are given during pregnancy, when families use some of our funded services, and when children are entering kindergarten. We have been working to add questions that measure parents feeling of connection to community and the strength of their support networks.

Learning Goal 3: Will providing families with broad-based, multi-domain support lead to children being better-prepared for kindergarten both academically and social-emotionally?

b) What is the data to be collected?

Every incoming kindergarten student throughout Del Norte County is assessed for school readiness. ASR has an existing MOU with the Del Norte Unified School District to use this data. The assessment covers both academic and social-emotional readiness.

c) What is the method for collecting data?

First 5 and ASR collaborate on a kindergarten readiness assessment every year. We will monitor improvements in school readiness through this existing assessment that combines kindergarten readiness assessments (conducted by the Del Norte Unified School District) with parent questionnaires, which are included in required documents for kindergarten registration. This will let us see improvements in kindergarten readiness, including social and emotional readiness, although it will not be tightly linked to use of the program. First 5 Del Norte will add Text2GROW as an option for how parents learn about resources on the parent questionnaire.

d) How is the method administered?

This is an existing process. First 5 provides copies of a parent information form to the school district for inclusion in the kindergarten registration packets. The district conducts school readiness assessments on all students. ASR receives data from both tools from the school district.

e) What is the preliminary plan for how the data will be entered and analyzed?

For all three objectives, ASR will be primarily responsible for data entry and analysis. ASR and First 5 Del Norte have worked together for over a decade to track school readiness and family demographics of entering kindergarten students. This long-standing partnership will strengthen the ASR's work on the Text2GROW project.

7) Contracting

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

There are four contractual relationships connected with this project. First 5 Del Norte and the Mental Health Branch are working in close partnership and will likely need a Memorandum of Understanding or other agreement to clarify roles and responsibilities. There will be additional contracts or MOUs with ParentPowered for content implementation and technical assistance; Applied Survey Research for evaluation services, and the Child Abuse Prevention Center for two AmeriCorps volunteers.

The Mental Health Branch will utilize current staff to oversee various compliance and regulatory issues with the project and report back to the state as required. The Mental Health Branch will have regular meetings with ParentPowered, ASR, and First 5 to ensure adequate evaluation of the project.

In addition to these measures, First 5 is itself a county-level government agency. All First 5 funds are held and monitored by the Del Norte County Auditor's Office, all checks are issued by the Auditor's Office, and First 5 undergoes an annual third-party audit. First 5's contracts with outside entities are reviewed and approved by First 5's pro bono counsel, who previously worked as Del Norte County Counsel. First 5 has contracted with the Child Abuse Prevention Center for three years for AmeriCorps programs. In addition, the Director of the Del Norte Department of Health and Human Services is a member of the First 5 Del Norte Children and Families Commission and therefore has direct oversight on all fiscal and contractual business conducted by First 5.

Additional Information for Regulatory Requirements

1) Certifications (all Certifications and requesting documents to follow)

2) Community Program Planning

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic, and racial diversity of the County's community.

This project grew directly out of interviews with 27 Del Norte families. The families represented a cross-section of Del Norte residents in terms of geographic location, ethnicity, economic status, and educational attainment, although it was not a statistically representative sample. As this project has developed, families were included in the planning and prototyping. The project was also included in a community-wide literacy symposium for more community feedback and input.

The project has had developmental support from the Literacy CDT. This team represents a number of non-profits and public agencies that support children and families. The project was introduced at a stakeholders' meeting for MHS Innovation Projects on 1/12/2017 and has been discussed at meetings of the Local Mental Health Board.

Department of Mental Health staff have met with First 5 staff to review the requirements for MHS Innovation funds and to provide guidance in the writing of the plan.

Notice for the thirty day public comment period was given on January 4th 2018 by advertising in the local paper. The public comment period was held from January 4th to February 3rd. The Public meeting and Local Mental health approval took place on February 5th. There was one comment on this plan during the 30 day comment period and during the public meeting. The individual who provided the comment was provided additional education on Innovation funding and its purpose and also its limits. The individual was understanding of this and agreed to work with Del Norte First Five and County Mental Health on this project to ensure his insight into culturally appropriate messaging and to see if his needs and the needs of the Klamath community could be met through other sources of funding. There was support for the plan by Del Norte Child Care Council Director Melody Fugate. We had one peer advocate to express support on the plan. The Innovation plan was voted on by the LMHB and passed unanimously. The meeting was open to all members of the community, and was advertised in the local paper and at County buildings.

3. Primary Purpose

a) Increase access to mental health services to underserved groups

4. MHS Innovation Project Category

c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

5. Population (if applicable)

Innovative Project Plan Description – Del Norte County Text2GROW

a) If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate the number of individuals expected to be served annually.

We hope to enroll a minimum of 250 families in the first year and an additional 100 families in each subsequent year. This would be approximately 1/3 of babies born in Del Norte County each year.

b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate.

Participants will be the parents or caregivers of children ages 0 to 5. We will recruit families through a variety of programs and providers who serve this population. Special initiatives will be undertaken to reach families in underserved areas such as Klamath, CA, and Smith River, CA, that have higher populations of Native American and Latino families.

c) Does the project plan to serve a focal population?

Participants must have or interact with children ages 0 to 5.

6. MHSA General Standards

Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title 9 California Code of Regulations. If one or more general standards do not apply to your INN Project, please explain why.

a) Community Collaboration

This project was developed as a collaboration between Del Norte County DHHS Mental Health Branch and First 5 Del Norte. It is the first joint effort between these two agencies related to mental health service delivery. The original concept grew out of the multi-stakeholder Literacy CDT's interviews and work with families throughout Del Norte. In addition, this project was vetted through the Innovation Planning meeting, multiple Local Mental Health Board meetings, and various sub-meetings with community partners including Open Door Community Health Center.

b) Cultural Competency

This project is intended to serve all parents and caregivers of children ages 0 to 5. Culturally-specific content will be developed with Native, Latino, and Hmong families and service providers, including the language, education, and culture departments of the Yurok Tribe and Tolowa Dee-Ni' Nation. The outlying communities of Klamath and Smith River have high populations of Native and Latino families and we will have targeted enrollment drives in those communities for Text2GROW. Enrollment activities for Ready4K have been present at the Bi-National Health Fair and Cinco de Mayo celebrations, and at the Yurok Tribe's Spring Fling, among other culturally-specific events.

c) Client-driven

This project was conceived in direct response to client (parent) information. The additional content will be co-designed and evaluated with parents.

d) Family-driven

Our two-generation approach is designed to support all members of a family by supporting parent needs and providing parents with information and skills to support their child's healthy growth and development. Families are at the center of this project from planning to implementation to evaluation.

e) Wellness, Recovery, and Resilience-Focused

Text2GROW is explicitly intended to build resilience in parents, children, and families, and to support overall health and wellness. It additionally creates meaningful connections to support for individuals and families.

f) Integrated Service Experience for Clients and Families

The messaging content will focus on multiple domains of health, wellness, and development for all individuals in a family. Messaging will support mental health, physical health, and social-emotional health. Messaging will also connect families to the full range of programs and services they need from nutrition assistance to child care services to child enrichment activities to school readiness tools to developmental screening services.

7. Continuity of Care for Individuals with Serious Mental Illness

Will individuals with serious mental illness receive services from the proposed project?

No. Although it is possible that individuals with serious mental illness will connect with services through this project, it does not offer any direct treatment services to individuals with serious mental illness.

8) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement

a) Explain how you plan to ensure that the project evaluation is culturally competent.

This project is intended to serve all families in Del Norte. In order to adequately serve Latino, Hmong, and Native American populations, we will work closely with families to develop culturally-appropriate content. The texting program will be available in our threshold language of Spanish. In addition, participants may choose a Text2GROW version with specific cultural content, including Hmong, Tolowa, and Yurok options. We intend to work closely with local Tribal governments and the Hmong Cultural Center to ensure cultural competence of both the content and evaluation. ASR will work closely to screen all evaluations tools with relevant cultural groups and entities. In addition, Dr. Glore, the Executive Director of First 5 Del Norte, holds a Masters and Ph.D. in anthropology and is well-versed in creating culturally-appropriate data collection and evaluation tools.

b) Explain how you plan to ensure meaningful stakeholder participation in the evaluation.

Multiple stakeholder groups are involved in this project. The Literacy CDT and the School System Implementation Team have been involved for almost two years from concept to prototype to this MHSA application, and represent a wide range of business owners, teachers, school administrators, and non-profit leaders, many of whom are also parents of school-age children. They will also be involved in the evaluation of the project.

Parents of children ages 0 to 5 are the most important stakeholders in this work and they will be a regular part of the evaluation work. Focus groups of parents will be held regularly throughout the project development, implementation, and evaluation. We will be sure to include parents representing the full diversity of our county.

9. Deciding whether and how to continue the project without INN funds

If the evaluation demonstrates the efficacy of this project, First 5 Del Norte intends to continue offering the resulting texting program, Text2GROW. The bulk of the costs associated with this project are the upfront costs of developing and testing the right combination and timing of messages. Once that is complete, there is minor work to keep information current each year, but the primary recurring cost is the cost of sending the texts. Neither the cost of upkeep or sending texts is prohibitive; First 5 can sustain this program without INN funds.

If the evaluation shows there is little to no difference between Ready4K and Text2GROW, First 5 will most likely continue offering only Ready4K. It is an effective, evidence-based program that has fewer costs and maintenance than Text2GROW over the long-term.

10. Communication and dissemination plan

a) Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

We will provide regular reports of progress and evaluation to the Local Mental Health Board and County Board of Supervisors throughout project development. First 5 and ParentPowered intend to co-author a white paper at the end of the project and also to present findings at appropriate early childhood/childhood development conferences. Travel funds have been included for this purpose. We will also communicate our results to the other 57 First 5 Commissions through the First 5 Association and First 5 California, which will reach all California counties. Several other First 5 Commissions are currently offering Ready4K and are watching our localization process carefully. First 5 is an excellent partner in this work because of the close, networked relationship between county First 5 Commissions, the First 5 Association, and First 5 California.

b) How will program participants or other stakeholders be involved in communication efforts?

Parent voices have been important from the beginning of this work. We will continue to find ways for program participants to be involved in all aspects of the project, including providing

testimonials or other feedback in public presentations. On an informal level, we hope participants will help recruit new participants through word of mouth.

c) KEYWORDS for search:

“parent support” “resilience” “family mental health” “text-based support”

11. Timeline

a) Specify the total timeframe (duration) of the INN project

Three years

b) Specify the expected start date and end date of your INN project

July, 2018 to June, 2021

c) Include a timeline that specifies key activities and milestones, and a brief explanation of how the project timeframe will allow sufficient time for:

- Development and refinement of the new or changed approach;
- Evaluation of the INN Project;
- Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the project; and
- Communication of results and lessons learned

Year One

- Formalize roles, including executing contracts and/or MOUs as needed with First 5 Del Norte, ParentPowered, the Child Abuse Prevention Center, and Applied Survey Research (first three months)
- Begin content creation and implementation through focus groups and stakeholder meetings, starting with content for first 12 months of life, to roll out no later than nine months into the project
- ASR develops and implements pre-surveys and works with ParentPowered to deliver text-based survey tools
- First 5 coordinates AmeriCorps volunteer-led enrollment campaign throughout county
- By end of Year One, five years of content is rolled out in preliminary form
- Mental Health Branch staff and First 5 Del Norte meet monthly to evaluate progress

Year Two

- First full round of evaluation of content is completed; content is reworked in accordance to evaluation data
- Cultural components are completed in collaboration with the Yurok Tribe, Tolowa Dee-Ni' Nation, and Hmong Cultural Center, among other stakeholders; cultural options for Text2GROW are opened to enrollment
- ASR continues on-going evaluation with parents (for satisfaction with and feedback on content and delivery), with providers (for increases in use of programs and services), and with First 5 and Literacy CDT (for improvements in school readiness)

- Mental Health Branch staff and First 5 Del Norte meet monthly to evaluate progress
- Initial findings are presented and/or published in appropriate venues

Year Three

- Results of second full round of evaluation of content are reported
- Final editing of messaging content for all Text2GROW options
- ASR continues on-going evaluation in preparation for final evaluation
- By April, 2021, final evaluation results are presented to all local stakeholders
- Mental Health Branch, First 5 Del Norte, and other local stakeholders make determination as to success and efficacy of the Text2GROW project (May, 2021)
- Communication of results and lessons learned are provided to all local and state stakeholders including the Local Mental Health Board, Del Norte County Board of Supervisors, First 5 Del Norte Commission, First 5 California Commission, Mental Health Services Act Oversight and Accountability Commission, as required and necessary, in approved formats
- Communication of results and lessons learned are presented to First 5 Network and at state and national conferences as appropriate

12. INN Project Budget and Source of Expenditures

a) Budget Narrative

This project requires the collaborative effort of multiple partners: Del Norte County Department of Health and Human Services Mental Health (DHSMH), First 5 Del Norte (First 5), Parent Powered (PP), Applied Survey Research (ASR), the Wonder Bus, and the Del Norte community. The budget reflects the needs and responsibilities of each partner.

- DHSMH will have fiscal oversight of MHA funds and will coordinate with partners on all fiscal matters. DHSMH will work with First 5 on mental health content and reporting;
- First 5 will have primary responsibility for working with PP and ASR to develop content, conduct evaluation, and disseminate results. First 5 will also recruit and coordinate parent focus groups and new participants for the texting program. First 5 will work with DHSMH on evaluation and reporting, as well as sustainability of the project after INN funds are done.
- PP will work with First 5 and the community to develop local and culturally-responsive content for the texting program. PP will be solely responsible for the technical side of this project - sending out texts and maintaining accurate participant information. PP will also work with First 5 and ASR to conduct evaluation.
- ASR will design and implement the project evaluation, coordinating with First 5 and PP.
- The Wonder Bus program, funded primarily by First 5 Del Norte with supplementary funding provided by the County of Del Norte, the County Office of Education, the Del Norte Child Care Council, the City of Crescent City, and the Del Norte County Library,

operates a mobile children’s library/Family Resources Center in a modified school bus. First 5 will contract with the Child Abuse Prevention Center for two AmeriCorps volunteers to assist with recruitment and enrollment.

- The community will help drive and create the content of new texts through focus groups, one-on-one parent meetings, and other pathways. Parents face barriers to participation in meetings including lack of transportation, child care, and interference with family meal times and other events. To facilitate meaningful parent engagement in the creation and evaluation processes, we will provide transportation, child care, and meals to families as needed for their participation.

Personnel Costs: \$47,077

Salary: \$37,807

The First 5 Executive Director will be the primary point of contact for PP and ASR and will coordinate local content generation, participate in evaluation, and travel to conferences to disseminate results. The ED expects to spend .15 FTE on this project. \$23,504 is 10% of the ED’s salary (only) for the three years of the project. First 5’s Accounting Technician will process payments on contracts, travel and operating costs, estimated at .05 FTE or \$5,738 of salary over three years. MHP staff time for review and implementation of project as well as fiscal process and payments has a projected salary cost of \$8,565 over 3 years.

Direct costs: \$9,270

The agency costs for ED retirement (FICA and PERS) at 10% of total are \$9,270 over three years of the project.

Operating Costs: \$15,200

Copies: \$600/year for three years = \$1,800 (Enrollment forms, recruitment materials, etc.)

Parent Focus Group Support: \$3,900/year for one year plus \$1,300/year for year two plus \$2,600 year three = \$7,800

Meals, child care, and transportation, as needed, for parent focus group: 30 meeting over the three years @ \$260/meeting: \$100/food for ten people, \$60/child care providers, and \$100 for gas cards.

Travel costs for dissemination: \$2,800/year for two years = \$5,600

Two conferences each for two years @ 1,400/conference = \$2,800/year.

\$800/air fare or mileage, \$360/hotel (three nights at \$120/night), \$52/day meals and incidentals, conference fee and parking (varies).

Travel for PP staff is included in their contract.

Non-recurring costs: \$2,500

Equipment: \$2,500

Purchase of two iPads for online enrollment at sites with wi-fi available, including screen protectors and cases @ \$450 each.

Purchase of a shared laptop for data entry, program material design, etc., for AmeriCorps members @ \$1,600.

Consultant Costs: \$189,504

Parent Powered: \$125,433

ParentPowered's contract covers travel to Del Norte for community meetings; crafting text messages from community content/input; all technical matters involved with sending text messages; refining messages based on evaluations and parent feedback; participating in evaluation; and traveling to conferences to disseminate results.

Applied Survey Research: \$39,900

ASR will help develop, implement, and analyze evaluation tools and data for the project. They will supply annual reports, including materials to be used in public presentations of results.

Child Abuse Prevention Center: \$24,171

AmeriCorps First 5 Service Corps members for staffing the Wonder Bus will serve through a contract with the CAP Center in Sacramento. One 900-hour AmeriCorps member will fully dedicated to promoting Ready4K and enrolling new families (\$4,661/year in 2018-2019), with .25 FTE of a 1700 AmeriCorps member assisting with the project (\$2,345/year in 2018/19). (The total for this item allows for an increase in costs of up to 15% over the three year project.)

Other Expenditures: \$8,565

Evaluation: \$8,565

This is the direct costs associated with Del Norte County Mental Health in ensuring that the program has oversight related to content and all of the reporting requirements of Mental Health Services Act Innovation Funding. In addition these costs will be for any other evaluation of the project, such as for state learning.

The total for the project will be \$262,846. This will be drawn completely from the Innovations funding of the Mental Health Services Act. Del Norte County DHHS-Mental Health Branch will be utilizing current Innovation funds, as we do not have Innovation funds set for reversion.

A. BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		FY 18/19	FY 19/20	FY 20/21	FY xx/xx	FY xx/xx	TOTAL
1.	Salaries	12,119	12,725	12,963			37,807
2.	Direct Costs	2,990	3,140	3,140			9,270
3.	Indirect Costs						
4.	Total Personnel Costs	15,109	15,865	16,103			47,077
OPERATING COSTS		FY 18/19	FY 19/20	FY 20/21	FY xx/xx	FY xx/xx	TOTAL
5.	Direct Costs	7,300	4,700	3,200			15,200
6.	Indirect Costs						
7.	Total Operating Costs	7,300	4,700	3,200			15,200
NON RECURRING COSTS (equipment, technology)		FY 18/19	FY 19/20	FY 20/21	FY xx/xx	FY xx/xx	TOTAL
8.	Purchase of iPads and laptop	2,500					2,500
9.							
10.	Total Non-recurring costs	2,500					2,500
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY 18/19	FY 19/20	FY 20/21	FY xx/xx	FY xx/xx	TOTAL
11.	Direct Costs	57,168	55,593	76,743			189,504
12.	Indirect Costs						
13.	Total Consultant Costs	57,168	55,593	76,743			189,504
OTHER EXPENDITURES (please explain in budget narrative)		FY 18/19	FY 19/20	FY 20/21	FY xx/xx	FY xx/xx	TOTAL
14.							
15.							
16.	Total Other Expenditures	2,717	2,853	2,995			8,565
BUDGET TOTALS							
Personnel (line 1)		12,119	12,725	12,963			37,807
Direct Costs (add lines 2, 5 and 11 from above)		67,458	63,433	83,083			213,974
Indirect Costs (add lines 3, 6 and 12 from above)							
Non-recurring costs (line 10)		2,500					2,500
Other Expenditures (line 16)		2,717	2,853	2,995			8,565
TOTAL INNOVATION BUDGET		84,794	79,011	99,041			262,846

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

A. BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY 18/19	FY 19/20	FY 20/21	FY xx/xx	FY xx/xx	TOTAL
1.	Innovative MHSA Funds	2,717	2,853	2,995			8,565
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Administration	2,717	2,853	2,995			8,565
EVALUATION:							
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 18/19	FY 19/20	FY 20/21	FY xx/xx	FY xx/xx	TOTAL
1.	Innovative MHSA Funds	2,717	2,853	2,995			8,565
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Evaluation	2,717	2,853	2,995			8,565
TOTAL:							
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 18/19	FY 19/20	FY 20/21	FY xx/xx	FY xx/xx	TOTAL
1.	Innovative MHSA Funds	84,794	79,011	99,041			262,846
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Expenditures	84,794	79,011	99,041			262,846
*If "Other funding" is included, please explain.							

Public Comments during Thirty day comment period and public hearing
Public Comment submitted 2/1/18



Children & Families Commission

It's All About the Kids

Commissioners

Jeff Harris, Chair

Alicia McKellar

Heather Snow

Warren Rehwaldt, M.D.

Executive Director

Angela Glore

Lonnie Reyman, Vice Chair

Chris Howard

2 February 2018

To Whom It May Concern:

I am writing in support of the Text 2 GROW proposal for the Mental Health Services Act Innovation Funding. First 5 Del Norte strongly advocates for funding for this proposal to address two primary community needs.

First, families feel isolated and don't know how to access existing community resources, including mental health resources. We know this from a series of family interviews conducted in January, 2016, and from numerous sources since those interviews were completed. A need for more or better mental health services were explicitly called out in several family interviews, whether those were services for children, parents, or both.

Research demonstrates that families without support networks and access to concrete help in times of need are less resilient and successful than families without those protective factors. In looking for solutions to the isolation and lack of access to resources, we tested a text-based solution with parents and providers. The response was very positive. MHSa Innovation funding for Text 2 GROW will allow our community to customize an existing texting program to connect parents with mental health and other community resources they need, at the time in their child's life they are most in need of those resources. The additional content will be guided by community input and the five protective factors for strong families: concrete support in times of need; social connections; parental knowledge of child development; children's social and emotional learning; and parental resilience.

The second need is to support early childhood learning in the family and home. While this may not seem to have a direct link to mental health, it is prevention at its finest. Living in poverty has been shown to cause toxic levels of stress in people's day to day lives. For children, toxic stress affects brain development and ability to learn. Children living in poverty tend to enter school at a deficit compared to their middle and upper class peers, including a significant deficit in language development, and therefore, they tend to have lower educational achievement throughout their lifespan. Lower educational achievement is consistently linked to lower wages over the course of a person's life.

This is a vicious cycle and one of the best ways to move families out of a cycle of poverty is through education.

continued

Learning starts at birth and parents and caregivers are a child's first teachers. Ready4K is an existing texting program that coaches parents and caregivers in providing positive experiences to their 0 to 5 year old child that support healthy brain development, social and emotional learning, early literacy, and early numeracy. This evidence-based program is free for parents and all the early-adopters in our community like receiving the texts and report using the information with their children.

By insuring that children are socially, emotionally, and academically ready to succeed in school; that parents are supported and can access resources they need; that parents and children with mental health needs are connected to services; and that parents are connected to each other and the community, the Text 2 GROW expansion of Ready4K will improve the mental health, family health, and future of our community.

I urge the Local Mental Health Board, the County Board of Supervisors, and the California Mental Health Services Oversight and Accountability Commission to approve funding for this project. It is an innovative, prevention-focused program with a long-term ability to change lives for the better.

Thank you,



Angela Glore
Executive Director

Public comment submitted 2/5/18

Felice Pace

28 Maple Road Klamath, Ca. 95548 707-954-6588 Unofelice@gmail.com

Comment for the February 5th, 2018 Public Hearing Record on the Draft INNOVATIVE PROJECT PLAN for Del Norte County prepared by Del Norte County Health & Human Services

My name is Felice Pace. I reside at Klamath Glen California.

My credentials include:

- past director of social services for the Yurok Tribe
- past coordinator of Drug Education and Prevention for Siskiyou County
- lifetime credentialed teacher with an MA in Education
- outdoor adventure-based education instructor and program developer
- current member of the Klamath Local Organizing Committee (KLOC)

First, this hearing should have been scheduled in the evening or on a Saturday so that working people from working families could participate. This scheduling serves the preferences of those working at HHS and not those of the people of Del Norte County. That's not good. I hope I never again see that a Del Norte Health and Human Services hearing is being held at a time working people can't participate.

The Draft Plan is a disappointment primarily because it once again ignores the feedback that has been given to the Department during this process and as comments on other DN Mental Health planning processes, as well as the data on where those actually being served by Del Norte Mental Health Services live. The draft plan ignores the fact that existing programs overwhelmingly serve folks in the Crescent City Area and underserve folks in outlying areas, including Klamath and Gasquet. Klamath, which I need to inform you is located within Del Norte County, has more poverty and greater need for mental health services as compared to anywhere else in Del Norte County. And yet there is no effort by the county to addressing the need. That is profoundly disappointing.

The attached graph obtained from DNMHS confirms that most mental health services in this county are delivered to folks who live in the Crescent City Area and that Klamath, as well as Gasquet, are underserved.

One indicator of community mental health need is school performance which we know from research is closely linked to parental effectiveness; parents with mental health need are often not effective parents. Data on school performance indicates that Del Norte Elementary Schools rank below the state average for math and language arts. However, among Del Norte Elementary Schools, Klamath's school, Margaret J. Keating, has the lowest performance and ranks considerably below the next poorest performing DNC elementary school.

KLOC, the Yurok Tribe and others, are working to change that. In order to get that job done, however, we need ALL services to be available to those in need in Klamath's several neighborhoods. But the attitude of DN Health and Human Services seems to be: "let the Tribe do

Continued

it.” That attitude is not acceptable. To fix our school we need to fix our poorly functioning families and to do that we need Del Norte County, and in particular Del Norte Health and Human Services, to step up and be an effective partner. We need Del Norte Health and Human Services to be a partner in fact, including in resources expended, and not just rhetorically. The rhetoric is good but good words need to be backed up by good deeds, in this case by the commitment of staff time and resources.

We need a Family Resource Center in Klamath where the County will deliver services that families in need in Klamath can not travel to Crescent City to access. We need First Five and other programs funded by Del Norte Health and Human Services delivered in Klamath where our families in need can access them.

It is good that the IPP Plan focuses on young children, an age group largely ignored by DN Mental Health Services previously. It is also good that the texting program proposed can be delivered throughout the county without actually traveling to the remote communities. It is good that the Plan mentions the need for culturally appropriate text messages. However, the Plan relies on First Five to deliver the new program. First Five is a good organization. It acknowledges, however, that it underserves Klamath because it does not have adequate funding to serve Klamath. It also has no to very little expertise in crafting culturally appropriate messages for Indigenous natives of this area. Furthermore, the Plan is to rely on tribes and other Native American organizations to provide First Five with culturally appropriate messages. But the IP Plan puts no resources into that. The Plan needs to pay more than lip service to culturally appropriate messaging. It needs to contract with individuals and organizations that can assist First Five in crafting culturally appropriate messages.

But one texting program for young families is not enough. We need and we deserve a Family Resource Center in Klamath where all county and tribal services can be delivered effectively to our families in need in a setting in which our families feel comfortable. This IP Plan should be redone to include, in addition to the texting program, the goal of establishing a Family Resource Center in Klamath, including concrete actions and funds directed toward that goal.

Klamath IS part of Del Norte County. It is time to end once and for all the “Let the Tribe take care of it” attitude at Del Norte Health and Human Services. Because it is without doubt the community most in need of social and mental health services, Del Norte Health and Human Services has a responsibility to step up and take the lead in bringing a Family Resource Center and a fair share of Del Norte Health and Human Services programs to Klamath.

Will Del Norte Health and Human Services do what most needs to be done? The Klamath Local Organizing Committee, KLOC, will be watching closely to see what comes down. We will be looking for concrete acts, not rhetoric. The final Innovative Project Plan will be one indicator.

Public Comments submitted at Public Hearing 2/5/18

- An attendee asked what the purpose of the plan was, Angela Gore described the plan to the audience
- An attendee asked if we had contacted the library.
- Felice Pace presented the Local Mental Health Board with a written comment. He stated that the Public Hearing should be scheduled in the evening and not at noon. As part of the document he included a graph showing service distribution by zip code. The graph displays that services are underrepresented in the Klamath region. He mentioned that there is no allocation of budgetary funds for cultural competency experts
- A member of the Juvenile Justice commission asked if Angela Gore received input and buy in from the school district. He stated that he likes that if it is aimed at children.
- Melodee Fugate discussed how various agencies in the county have given feedback and support to the Innovation Plan.
- An attendee asked if the Innovation funding was competitive.
- An attendee asked how this program will become financially self-sufficient.
- An attendee asked what this project does for individuals who are not tech savvy or do not have access to cellular phones.
- An attendee asked if Angela Gore had investigated free cell phone services for lower income families, she also stated that group learning could be helpful.