PEI PROJECT SUMMARY
PEI Revenue and Expenditure Budget Worksheet

County Name: RIVERSIDE Date: 06/30/09

PEI Project Name: 1 - MENTAL HEALTH OUTREACH, AWARENESS and STIGMA REDUCTION

Proposed Expenses and Revenues Narrative
A. Expenditure
1. Personnel
Estimated annual salaries and benefits of 4.0 new program FTEs to provide Community Outreach and Engagement Activities to reduce stigma and increase awareness and knowledge of mental health illness and recovery resources. Staff will target various populations throughout Riverside County that are currently receiving little or no services.
2. Operating Expenditures
a. Facility Cost: Estimated annual cost of program rent, utilities, and building maintenance. b. Other Operating Expenses: Communication, transportation, office supplies and liability, malpractice and property insurance. c. Non-Reoccurring Cost: Estimated cost of Promotores de Salud Training and program development.
3. Subcontracts/Professional Services
The Mental Health Outreach, Awareness, and Stigma Reduction Program will include contracted programs that will help the community identify early warning signs of mental illnesses and provide knowledge of mental illness through consumer speakers who will share their experience of living with mental health illnesses. Outreach will be provided through the use of consultants who will target Native Americans, African Americans, Asian Americans, Hispanic, LGBTQ and Deaf/Hard of Hearing populations. County wide services will also include access to a resource website and 24/7 helpline, as well as the Dare to Be Aware Youth Conference. Estimated annual cost covers all costs for contracted services including training, training materials, client materials, food, and a portion of the program's operating expenses.
4. Total Proposed PEI Project Budget
B. Revenues
N/A

PEI PROJECT SUMMARY

County: Riverside PEI Project Name: Parent Education and Support
Date: July 15, 2009

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	☒	☐	☐	☐
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☐		
4. Stigma and Discrimination	☒	☐	☐	☐
5. Suicide Risk	☐	☐	☐	☐

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	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☒	☐		
4. Children and Youth at Risk for School Failure	☒	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐		

PEI PROJECT SUMMARY

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

Stakeholder Input

The Riverside County community planning process included 108 focus groups and community forums with 1147 participants as well as 2354 completed and returned community surveys. In addition, four age group committees (Children, Transition Age Youth (TAY), Adult and Older Adult), three workgroups (Trauma, Reducing Disparities, and Reducing Stigma and Discrimination), and the PEI Steering Committee met to develop recommendations for PEI services based upon the input from the community. The stakeholder and community planning process, from initial orientation to Prevention and Early Intervention (PEI) through the PEI Steering Committee, reflected consensus from the members of the County in recommending parenting education and support interventions and services. The PEI team made concerted efforts to recruit participants throughout the community planning process and they included consumers, family members, local school personnel, representatives/providers from agencies who serve youth, and the community-at-large. There was also a consistent message in each of the four age group committees that the earlier prevention and early intervention services are available and accessible to children and families, the greater the positive impact and increased resiliency in children. Feedback included:

Focus Group

- "Parent classes before and after children and youth are troubled."
- "Program for parents on how to interact with their children when kids are small."
- "ID kids (K-5th) earlier through presence at schools, observe in the classroom, educate parents, get kids attention sooner."
- "Educate parents about mental health and developmental issues."
- "Mobile services to go where people are."

Community Surveys

- "Parenting classes."
- "Support and education for teen parents."
- "Parent training and/or workshops."
- "Use of a standardized screening tool that could be used by a variety of health professionals that come in contact with potential clients and clients found to have problem could be triaged by mental health."
- "Early screening and counseling services at the elementary level would make such a difference."

PEI PROJECT SUMMARY

The Children's Committee recommendations developed as a result of community input included:

- "School based PEI services – This is where children most often go and it is less stigmatizing for parents/families."
- "Leveraging – Do not re-invent the wheel, use existing models to screen and provide PEI services."
- "Situate services where families already go – to have greater access. One of the PEI guidelines is that we have a responsibility to reduce access disparities."
- "Education:
  a. Evidence Based parenting.
  b. Educating non-traditional mental health providers to identify mental health needs and have places to refer them."

Data Analysis

According to a recent report from the Institute of Medicine, "Mental health problems often can be prevented if children get the help they need early on from parents and schools," (U.S. News & World report, 2/13/09, 'How to Protect Your Child's Mental Health', Nancy Shute). The Centers for Disease Control refer to childhood abuse, neglect and exposure to other traumatic stressors as adverse childhood experiences (ACE). The short and long-term outcomes of these adverse experiences in childhood can lead to a variety of health and social problems. The study also shows a correlation between the number of adverse childhood experiences and an increase in alcoholism and alcohol abuse, depression, risk for intimate partner violence, sexually transmitted diseases, and suicide attempts. Risk factors in the community and at home including poverty, child maltreatment, high crime neighborhoods, domestic violence, and parental mental health/substance abuse issues can negatively impact the social and emotional development of youth.

Riverside County's profile of risk factors indicates that many children may be vulnerable to negative impacts on development.

- ✓ In Riverside County, 40% of children age 17 and under live at or below 200% of the poverty line.
- ✓ Child maltreatment in Riverside County is substantial. In 2007, the Department of Social Services received 48,391 child abuse/neglect referrals with 9,393 that were substantiated. Children under the age of five had slightly fewer referrals than the other age groups, but had more substantiations that the other age groups. Hispanic children had the highest proportion of referrals (48%).
- ✓ The County has more children in foster care per capita (10 per 1,000) than the state foster care rate (7 per 1,000).

- ✓ Neighborhood safety is a contributing factor impacting the mental health of children. Violent crime rates in Riverside County (814 per 100,000) are 37% higher than the state rate. Moreover, the County has high domestic violence levels and was ranked among the 10 counties with the highest number of reported domestic violence according to the CPOC (Chief Probation Officer of California) annual survey of 2006-2007.
- ✓ Women responsible for the care of children represented 16% of the 16,156 women receiving mental health services and 33% of the 9,617 entering substance abuse services through RCDMH in 2006-2007.

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

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

The Parent Education and Support Project will serve children and their families beginning in preschool through elementary school both in schools and non-traditional and natural community settings e.g.: family resource centers, child care centers, and community-based and faith-based organizations. One of the themes consistently brought forward throughout the community planning process was parent education and interventions for parents and their children together. Specific and targeted outreach for the following programs will include grandparents raising grandchildren and fathers. These two groups have been identified throughout the PEI community planning process as a priority and essential to reaching unserved and underserved cultural populations within the County. A key factor that led to program selection was the evidence of strong community support for programs that would enhance the capacity of communities to provide prevention and early intervention activities, building on their current strengths and ability to provide these services in natural settings. This project will address the State identified Key Community Mental Health Needs of Disparities in Access to Mental Health Services, At-Risk Children, Youth, and Young Adult Population, and Stigma and Discrimination and the Priority Populations of Children/Youth in Stressed Families and Children/Youth at Risk for School Failure. Program implementation will also provide additional activities as needed, such as consultation, screening, and training on mental health issues. This project includes the following components:

- ➢ **Triple P** – Positive Parenting Program is a multi-level system of parenting and family support strategies for families with children from birth to age 12. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing parental knowledge, skills, and confidence.
  - Selected Triple P provides specific guidance on how to address common child developmental issues (e.g.: toilet training) and minor child behavior problems (e.g.: bedtime problems). Included are parenting tip sheets and videotapes that demonstrate specific parenting strategies. This program is delivered mainly through one or two brief face-to-face 20 minute consultations and will be

provided in a multitude of locations including physician offices and childcare centers.

- Primary Care Triple P targets children with mild to moderate behavior difficulties (e.g.: tantrums, fighting with siblings) and includes active skills training that combines guidance with rehearsal and self-evaluation to teach parents how to manage these behaviors. This program is delivered through brief and flexible consultation, typically in the form of four 20-minute sessions and will also be provided in a multitude of settings.
- Standard Triple P and Group Triple P is an intensive strategy for parents of children with more severe behavior difficulties (e.g.: aggressive or oppositional behavior) and is designed to teach positive parenting skills and their application to a range of target behaviors, settings, and children. This program is delivered in 10 individual or 8 group sessions totaling about 10 hours.

➢ **Parent Management Training (PMT)** – PMT uses didactic instruction, modeling, role playing, and home practice to teach parenting skills in encouragement, monitoring, discipline, and problem solving. The PEI Steering Committee identified the Spanish-speaking migrant community of the County as a high priority for parenting programs specifically tailored to their needs and culture. A cultural modification of the PMT program, developed by Charles Martinez, has been shown effective with this population. The program a 12-week group intervention with 2 ½ hour sessions (including 1 hour for a meal and social interaction time for families to build social support networks). "Some researchers suggest that community or culturally specific adaptations of empirically based intervention programs not only may increase the likelihood that families and individuals will participate and complete programs, but also may improve outcomes for those participating children and families (Martinez, C. & Eddy J.M., 2005). Martinez and Eddy also note that Latino youth appear to be at greater risk for school dropout, incarceration, and poor physical and mental health. However, Latinos have been found to be less likely to use social services, including mental health services, than members of other groups.

➢ **Strengthening Families Program (SFP)** – SFP is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-16 years old. SFP is comprised of three life-skills courses delivered in 14 weekly, 2 hour sessions. The parenting skills sessions are designed to help parents learn to increase desired behaviors in children by using attention and rewards, clear communication, effective discipline, substance use education, problem solving, and limit setting. The children's life skills sessions are designed to help children learn effective communication, understand their feelings, improve social and problem-solving skills, resist peer pressure, understand the consequences of substance use, and comply with parental rules. In the family life skills sessions, families engage in structured family activities, practice therapeutic child play, conduct family meetings, learn communication skills, practice effective discipline, reinforce positive behaviors in each other, and plan family activities

together. Each session includes a dinner for the entire family. Additional children in the family who are outside of the age range to receive the children's life skills sessions will also be included in the family life skills sessions. Childcare will be provided on site. SFP has been modified for African American families, Asian/Pacific Islanders, Hispanic, and American Indian families, rural families, and families with early teens. Feedback from the community planning process included a need for services to be in non-stigmatizing locations. Faith-based organizations were noted as a natural environment that would help families feel more comfortable and afford easier access to services. SFP is portable and will be implemented in natural community settings.

- **Parent-Child Interaction Therapy (PCIT)** - PCIT is an intensive, short-term, evidence -based early intervention that has been demonstrated over the past three decades to effectively help families with children between the ages of 2 and 8 who exhibit a number of chronic disruptive behaviors at home, in school, preschool or daycare (e.g., aggression, defiance, frequent temper tantrums, refusing to follow directions, talking-back, swearing). PCIT has been shown effective for improving child behaviors and reducing child maltreatment rates. PCIT uses a one-way mirror and remote sound equipment to prompt and coach parents in real time as they interact with their child. The goals of the program are to work with parents and children together in one hour sessions for 15-20 weekly visits to improve the quality of the parent/child relationship, to develop consistently positive and supportive communication (the Relationship Enhancement Component of the program), and to teach parents skills that enable them to manage their children's behavioral problems (the Behavioral Component). Referral sources will include school personnel and primary care offices who will utilize the Deveaurex Early Childhood Assessment (DECA) to identify children with emerging mental health, developmental and behavioral problems. The point of access for this age range is often via the primary care physician. A Registered Nurse (RN) trained to deliver PCIT will act as a liaison between the program and the pediatric referrals. The medical expertise the RN has can enhance the communication and relationship between referral source and service delivery systems. Implementation of PCIT will include the use of recreational vehicles that will be customized with PCIT capacity as well as a room for individual or group services. These mobile units allow for flexibility to travel among multiple locations within a service delivery region and increases service access for these communities.

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

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The goals of this PEI project are to provide parent education and support activities to reduce the risks of the development of mental health problems and/or to reduce the need for more intensive mental health services in children and to increase access, particularly with groups who historically have not had access to mental health services. In achieving these goals, and in order to effectively implement the identified programs, this project allows for multiple partnership opportunities that include community-based and faith-based organizations and schools who have the trust of and a wealth of history providing services to members of their communities. The implementation partners for this PEI project are numerous due to the importance of partnering with community providers to provide the services in natural community settings. Partners will include local school districts as well as California School for the Deaf Riverside, which is one of two Schools for the Deaf in the State as well as community based agencies that work closely with families, such as the YMCA, YWCA, and Boys and Girls Clubs. In addition, partnerships with the Latino Commission, the Latino Network, and other ethnic specific organizations and coalitions will assist with implementation to the significant number of Hispanic community members who will benefit from the programs identified in this project. In addition, partnerships with Public Health, the Department of Public Social Services, and the Probation Department will occur in order to facilitate referrals and community connections. Project activities will be provided in ways and settings to increase access for community members including natural community settings such as in homes, churches, childcare centers, primary care offices, family resources centers, libraries and any other locations identified by the providers as a gathering place for the community, which leads to additional partnerships.

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

As stated in the data analysis portion of this project, data related to population by poverty, ethnicity, crime, Child Protective Services substantiations, community and domestic violence was analyzed to identify areas in the County where individuals are at increased risk of developing mental health issues. RCDMH divides the County into three regions which are Western, Mid-County, and Desert. The analysis of the data, provided by the RCDMH Research and Evaluation Unit, resulted in the identification of high need, priority communities within each service delivery region that will be the initial target demographic. In the Western region, the target communities are located in poor, densely populated areas of Rubidoux, East Side, Arlanza, and Moreno Valley. In the Mid-County region, the target communities are located in older, low income areas of Lake Elsinore, San Jacinto, and Perris. In the Desert region, large, low income areas with a significant Hispanic/Latino migrant population in areas including portions of the Coachella Valley, Desert Hot Springs, and Eastside Banning. Service providers will be asked to identify specific underserved cultural populations to be served and specific outreach activities that will be utilized.

PEI PROJECT SUMMARY

d) Highlights of new or expanded programs.

Each of the identified programs is new to Riverside County Department of Mental Health with the exception of PCIT. The PCIT component will be an expansion of existing services within the Department.

Triple P
- Multiple levels allow for intervention for many families early in the manifestation of problems
- Mothers of families who received Triple P reported significantly greater satisfaction with parenting and significantly lower stress anxiety

Parent Management Training
- Culturally adapted specifically for mono-lingual Spanish speakers
- Works to change maladaptive parent-child interactions
- Increases social network for families

Strengthening Families
- Family Intervention
- Can be used in a variety of settings
- Can be culturally adapted to meet the needs of the target community

Parent-Child Interaction Therapy
- Coaches parents on how to change interactions with their children in real time
- Culturally-tailored and available in Spanish
- Improves the quality of the parent-child relationship

e) Key milestones and anticipated timeline for each milestone.

- PEI plan approval by State DMH – Summer 2009
- Competitive Procurement Process – September '09 – November '09
- Work with contractors to identify specific schools within identified school districts – December '09
- Recruitment and hiring of appropriate staff – December '09
- Training staff in evidence-based model (including cultural and linguistic needs of population) – January '10
- Program implementation – February - June 2010

PEI PROJECT SUMMARY

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2010 by type		Number of months in operation through June 2010
	Prevention	Early Intervention	
Triple P (Positive Parenting Program)	Individuals: 3000 Families:	Individuals: 720 Families:	10
Parent Management Training	Individuals: 288 Families:	Individuals: Families:	10
Strengthening Families	Individuals: Families:	Individuals: Families: 90	10
Parent Child Interaction Therapy (PCIT)	Individuals: Families:	Individuals: Families: 175	10
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 3288 Families:**	**Individuals: 720 Families: 265**	10

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

This Prevention and Early Intervention project will target children and their families who present with risk factors for the development of mental illness as well as children who are displaying symptomology associated with mood, anxiety, and conduct disorders when they are early in their manifestation. Screening tools will be utilized to determine criteria and appropriate fit to programs. When screening/assessment suggests a child's needs are better served through other interventions, referrals will be made both within and outside of the County mental health system. As appropriate, siblings and other family members will be referred to services, which may include CSS programs and/or community programs/providers. In addition, children and families will be linked to additional resources as needed, which may include healthcare enrollment opportunities, food, clothing, housing, substance abuse, and domestic violence services.

PEI PROJECT SUMMARY

6. Collaboration and System Enhancements

This PEI project provides multiple opportunities for collaboration and system enhancement. RCDMH will partner with community and faith based organizations and local schools which have extensive knowledge and experience in working with children and families. Key collaborations for implementation of programs within this project will include churches, community based organizations that serve youth and families, Public Health, medical offices, childcare settings, schools, the Department of Public Social Services, and the Probation Department.

System enhancement will occur as each of the programs effectively reach into communities. Through effective screening and referral of children in need to the PEI programs identified within this project, children and families will have the opportunity to receive services early in the manifestation of symptoms.

All providers will be expected to leverage supports and provide in-kind resources. The infrastructure of the established community based organizations that will be the program providers allows for leveraging of provider time, space, utilities, volunteers, experience, and the trust and relationships of the providers within their known communities.

7. Intended Outcomes

Person-Level outcome

- Decreased child behavior problems
- Parental reports of a more positive parent-child relationship
- Increased parental competence
- Decreased parental stress

System-Level outcome

- Enhanced capacity of organizations to provide prevention and early intervention services
- Increased number of individuals and families who receive prevention and early intervention services
- Greater collaboration and coordination between agencies increasing efficiencies and sustainability of programming

Each of the evidence based practices identified in this project also includes specified outcome measures that will be used. In addition, specific measures will be developed in conjunction with providers in order to ensure collection of appropriate data and cultural and linguistic appropriateness.

8. Coordination with Other MHSA Components

Through implementation of the components of this project, it is anticipated that individuals and families will be identified as meeting criteria for additional mental health

services. For those that can be served through the CSS Full Services Partnerships, PEI or other CSS services, referrals will be made and they will be assisted with needed linkage. In addition, individuals and families who may not meet criteria for a referral to a CSS program will be provided a referral and assisted with linking with other RCDMH or community based services that will meet their needs. In addition, any individuals or families that comes to the attention of a CSS provider who may benefit and be appropriate for a prevention and early intervention program such as the parent education and support project, will have the ability to refer for services.

Through the Workforce, Education, and Training component of the MHSA, Riverside County has hired a University Liaison position in order to establish relationships with high schools, community colleges, and universities. The Liaison will assist service providers in connecting with schools to implement the school based programs.

9. Additional Comments (optional)

In accordance with the guidelines of the MHSA PEI component, Riverside County will be implementing many evidenced based practices. In order to adequately establish and sustain these programs a solid infrastructure is required. From the community planning process feedback, the need for infrastructure to provide thorough and supportive training, maintenance of skills for providers, and accountability across settings to ensure fidelity to the practices came through as necessary activities.

It is important that evidence based programs are model adherent, that the core concepts and theoretical background are carried out in service delivery, and that guidelines for outcome (pre- and post- test) measures are accurately maintained. RCDMH will utilize clinical staff members to ensure that training in evidence-based practices is provided to all service providers. The Department will also assist the service providers in implementation of those evidenced based programs. The clinical staff will hold monthly team meetings with all practitioners of a particular model in order to maintain fidelity, provide clinical consultation, and practice skills required for implementation. The staff member will also assist with infrastructure stability at each site by guiding practitioners to maintain all needed materials and environment set-up. This will allow for greater adherence to the often stringent requirements of evidence-based practices as well as provide assistance to smaller organizations when staff turn-over impacts service delivery. Consistent training and coordination of needs will be available to all PEI programs within the County system as well as any partner agency delivering PEI programs.

PEI PROJECT SUMMARY
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: RIVERSIDE
Date: 06/30/09
PEI Project Name: 2 - PARENT EDUCATION & SUPPORT
Provider Name (if known): TBD
Intended Provider Category: MENTAL HEALTH TREATMENT/SERVICE PROVIDER

Proposed Total Number of Individuals to be served:	FY 08-09	N/A	FY 09-10	5,068
Total Number of Individuals currently being served:	FY 08-09	N/A	FY 09-10	N/A
Total Number of Individuals to be served through PEI Expansion:	FY 08-09	N/A	FY 09-10	N/A
Months of Operation:	FY 08-09	N/A	FY 09-10	9

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 08-09	FY 09-10	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages:			
12.00 FTE Clinical Therapist II	$0	$832,888	$832,888
1.00 FTE M.H. Peer Specialist	$0	$38,967	$38,967
1.00 FTE M.H. Service Supervisor	$0	$89,514	$89,514
1.00 FTE Office Assistant II	$0	$29,154	$29,154
1.00 FTE Office Assistant III	$0	$41,085	$41,085
1.00 FTE Registered Nurse IV	$0	$87,707	$87,707
1.00 FTE Sr. Clinical Psychologist	$0	$80,519	$80,519
b. Benefits and Taxes	$0	$546,900	$546,900
c. Total Personnel Expenditures	**$0**	**$1,746,732**	$1,746,732
2. Operating Expenditures			
a. Facility Cost	$0	$167,478	$167,478
b. Other Operating Expenses	$0	$338,613	$338,613
c. Non-Reoccuring Cost	$0	$633,615	$633,615
d. Total Operating Expenses	$0	$1,139,706	$1,139,706
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Providers to be Determined.	$0	$1,699,917	$1,699,917
a. Total Subcontracts	$0	$1,699,917	$1,699,917
4. Total Proposed PEI Project Budget	$0	$4,586,355	$4,586,355
B. Revenues (list/itemize by fund source)			
MediCal FFP	$0	$504,990	$504,990
Total Revenue	**$0**	**$504,990**	**$504,990**
C. Total Funding Requested for PEI Project	$0	$4,081,365	$4,081,365
D. Total In-Kind Contributions	$0	$0	$0

PEI PROJECT SUMMARY
PEI Revenue and Expenditure Budget Worksheet

County Name: RIVERSIDE
PEI Project Name: 2 - PARENT EDUCATION & SUPPORT

Date: 06/30/09

Proposed Expenses and Revenues Narrative
A. Expenditure
1. Personnel
Estimated annual salaries and benefits of 18.0 new program FTEs required to support one County based Parent-Child Interaction Therapy (PCIT) program in support of 6 school based PCIT therapy rooms and 3 mobile units with PCIT capability which will be utilized through out the County.
2. Operating Expenditures
a. Facility Cost: Estimated annual cost of program rent, utilities, and building maintenance. b. Other Operating Expenses: Communication, transportation, office supplies and liability, malpractice and property insurance. c. Non-Reoccuring Cost: Estimated cost of Triple P (Positive Parenting Program), Parent Management, and Strengthening Families Training, as well as 6 School Based PCIT room conversion and required equipment and 3 mobile PCIT units to be used throughout Riverside County. Additional expenses include cost to equip new 18.0 FTE PEI staff and program development.
3. Subcontracts/Professional Services
The Parent Education and Support Program will include contracted services that will provide parent management training for both the home and school setting. Estimated annual cost covers all costs for contracted services including training, training materials, client materials, food, and a portion of the program's operating expenses. Specific and targeted outreach will include grandparents raising grandchildren and fathers. Staff will address the State identified Key Community Mental Health Needs of Disparities in Access to Mental Health services, At-Risk Children, Youth and Young Adult Population, and Stigma and Children/Youth at Risk for School Failure.
4. Total Proposed PEI Project Budget
B. Revenues
New program generated Medi-Cal revenue.

PEI PROJECT SUMMARY

County: Riverside County PEI Project Name: Early Intervention for Families in Schools Date: July 15, 2009

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	☒	☐	☐	☐
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☐		
4. Stigma and Discrimination	☐	☐	☐	☐
5. Suicide Risk	☐	☐	☐	☐

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	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☒	☐		
4. Children and Youth at Risk for School Failure	☒	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐		

PEI PROJECT SUMMARY

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

Stakeholder Input:

The RCDMH PEI community planning process was extensive and far reaching throughout Riverside County. The result was 108 focus groups and community forums with 1147 participants as well as 2354 completed and returned community surveys. In addition, four age group committees (Children, Transition Age Youth, Adult, and Older Adult) and three workgroups (Trauma, Reducing Disparities, and Reducing Stigma & Discrimination) met to provide recommendations for PEI services based upon the community input. There was strong collaboration with many of the school districts in each of the three service delivery regions. Among the stakeholders and community participants, school personnel and the children and families who attend local schools had a substantial presence in the planning process. A great deal of community and stakeholder feedback focused on providing early intervention services for children and their families at schools. Feedback included:

Focus Groups

- "Program for parents on how to interact with their children."
- "In elementary schools – a dedicated person to work with those students/families who are displaying 1st at-risk behaviors."
- "Identify kids (K-5th) earlier through presence at schools, observe in the classroom, educate parents, get kids attention sooner."
- "Train school staff on mental health issues."
- "Partner with other programs and schools."
- "Parent partners located at schools."
- "Outreach at school with mental health information."

Community Surveys

Responses to the community survey showed that the Priority Population of Children/Youth at Risk for School Failure was the second most frequent response chosen as a high need or very high need population for PEI services. 71.7% of responses identified this need, second only to Children/Youth in Stressed Families. Recommendations from surveys included:

- "School based programs that are designed to teach children how to cope with different situations."
- "More support to schools to provide therapeutic services."
- "Schools need to be trained for early screening of mental health issues."
- "School based mental health programs."
- "Parenting classes."
- "Parent training and/or workshops."

PEI PROJECT SUMMARY

The Children's Committee recommendations developed as a result of community input included:

- "School based PEI services – This is where children most often go and it is less stigmatizing for parents/families."
- "Leveraging – Do not re-invent the wheel, use existing models to screen and provide PEI services."
- "Education:
    c. Evidence Based parenting.
    d. Educating non-traditional mental health providers to identify mental health needs and have places to refer them."

Data Analysis:

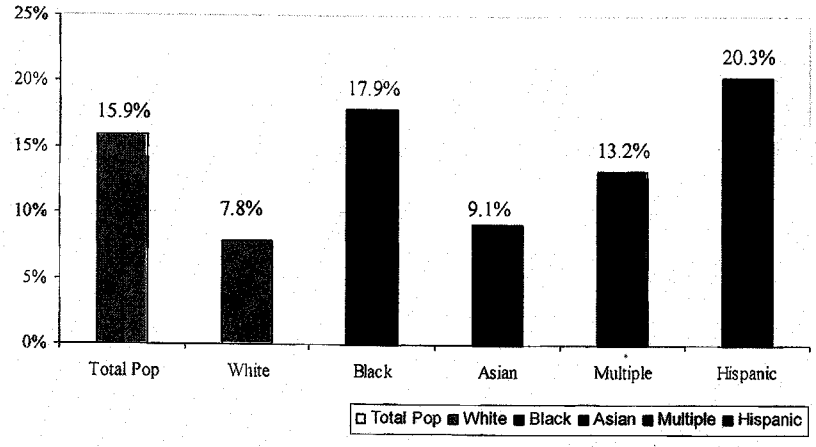
The education system offers more extensive exposure than any other public system into the population of children and youth. This includes youth at high risk for negative outcomes associated with early emotional/behavioral issues and mental illness. High school drop out rates in Riverside County increased from the 2005-2006 school year to the 2006-2007 school year. The highest drop out rate was among students who are English language learners and the economically disadvantaged. The drop out rate is highest for 9th graders indicating the importance of providing prevention and early intervention services to youth and their families while students are in primary school. Riverside County stakeholders and community members voiced great concern over these statistics and look to prevention and early intervention services as a resource to address these problems. Untreated mental health disorders lead to higher rates of juvenile incarcerations, school dropout, family dysfunction, drug abuse, and unemployment (American Academy of Pediatrics: Committee on School Health, 2004). School-based programs offer the promise of improving access to diagnosis and treatment for the mental health problems of children and adolescents (American Academy of Pediatrics: Committee on School Health, 2004).

Research indicates that the two factors of poverty and ethnicity have the most significant impact on the risk for the development of a mental illness. The UC Davis Center for Reducing Health Disparities (2008) notes, "racial and ethnic minority groups are at increased risk for mental health problems given exposure to discrimination and racism as well as elevated levels of poverty and social and geographic isolation." The risk factors for children associated with an underserved cultural population living in poverty include: child maltreatment; high crime neighborhoods; domestic violence; parental mental health/substance abuse issues; lack of resources; and higher rates of foster care placement.

The graph below shows the percentage of youth who live in poverty in Riverside County and the ethnic disparities are clear. Historically unserved, underserved, and inappropriately served cultural populations have higher percentages of youth living in poverty than does the White population.

PEI PROJECT SUMMARY

Total Population Under 18 years of Age Living Below Poverty Level by Ethnicity



The Centers for Disease Control refer to childhood abuse, neglect and exposure to other traumatic stressors as adverse childhood experiences (ACE). The short and long-term outcomes of these adverse experiences in childhood can lead to a variety of health and social problems. Evaluation of data regarding risk factors, as listed above, led to the identification of communities (specifically the school districts, and in some cases specific elementary schools, within those communities) at highest risk of developing mental health problems and will be the initial target communities for this PEI project. Additional outreach will be in place as implementation occurs. As evidenced in the charts below, the targeted school districts have a significant number of minority populations, English language learners, and low school performance.

Target School Districts												
	CVUSD	BUSD	RUSD	MVUSD	SJUSD	PESD	LEUSD	JUSD	AUSD	PSUSD*	DSUSD**	County
Elementary Enrollment	8,940	2,304	18,989	16,264	4,407	4,861	9,980	9,176	9,486	2,128	2,426	N/A
Ethnicity												
Hispanic	98%	65.51%	58.77%	66.98%	67.17%	85.79%	55.83%	81.12%	71.22%	87.58%	93-98%	42.20%
African-American	.36%	10.58%	9.03%	18.58%	8.9%	8.88%	5.3%	2.93%	8.41%	5.07%	<1%	5.78%
Asian	.08%	6.11%	3.13%	2.37%	1.29%	.73%	2.29%	1.03%	1.53%	.67%	<1%	5.30%
White	1.54%	17.8%	29.07%	12.07%	22.64%	4.61%	36.58%	14.92%	18.8%	6.68%	<1-3.2%	42.96%

*PSUSD-Data includes only three elementary schools located in Desert Hot Springs that are a part of the Palm Springs Unified School District since Desert Hot Springs was identified as a high need area.

**DSUSD– Data includes four elementary schools located in Indio area that are a part of Desert Sands Unified School District identified as a high need area.

Target School Districts-

CVUSD– Coachella Valley School District
BUSD– Banning Unified School District
RUSD– Riverside Unified School District
MVUSD– Moreno Valley Unified School District
SJUSD– San Jacinto Unified School District
PESD– Perris Elementary School District
LEUSD– Lake Elsinore Unified School District
JUSD– Jurupa Unified School District
AUSD– Alvord Unified School District
PSUSD–Palm Springs Unified School District
DSUSD--Desert Sands Unified School District

PEI PROJECT SUMMARY

Low performing schools are an indicator of communities that are disproportionately challenged with risk factors. Target school districts are disproportionately socio-economically disadvantaged as evidenced by high rates of free and reduced price school lunches. School's Annual Performance Index (API) state rankings are low (state ranking ranges 1 to a high of 10). Suspensions from targeted elementary schools are high and commonly involve physical injury to another person. The number of child abuse and neglect referrals for 2007 are numerous in each school district. These community risk factors are listed in the table below for the identified school districts. Focusing on these high risk target communities, with substantial low income populations, will help build resilient traits in the most vulnerable children and decrease the likelihood of the development of mental illness.

Risk Factors	Target School Districts										
	CVUSD	BUSD	RUSD	MVUSD	SJUSD	PUSD	LEUSD	JUSD	AUSD	PSUSD*	DSUSD**
Poverty: Free/Reduced Lunch	90%	76%	53%	64%	61%	83%	43%	61%	51%	80%	80-87%
English Language Learner [1]	55%	30%	26%	39%	33%	50%	25%	44%	53%	40%	76%
API Rank [2]	1	4	6	4	3	2	6	4	4	1	1-5
Suspensions [3]	430	57	1664	6,730	471	40	329	534	479	202	148
% of Suspension for violence	66%	29%	65%	27%	75%	78%	61%	57%	52%	64%	45%
Child Abuse/Neglect	580	391	1,390	1,898	526	1,042	940	817	791	592	785

*PSUSD– Data includes only three elementary schools located in Desert Hot Springs that are a part of the Palm Springs Unified School District since Desert Hot Springs was identified as a high need area.

**DSUSD— Data includes four elementary schools located in Indio area that are a part of Desert Sands Unified School District identified as high need area.

[1] English Learners is calculated based on 1-6th grade. Source: California Dept. of Education Data Quest

[2] API rank is based on Elementary Grades ranking including Kindergarten. Source: California Dept. of Education Data Quest.

[3] Suspension is based on Elementary schools including Kindergarten. Source: California Dept. Of Education Data Quest.

Target School Districts-

CVUSD– Coachella Valley School District
BUSD– Banning Unified School District
RUSD– Riverside Unified School District
MVUSD– Moreno Valley Unified School District
SJUSD– San Jacinto Unified School District
PESD– Perris Elementary School District
LEUSD– Lake Elsinore Unified School District
JUSD– Jurupa Unified School District
AUSD– Alvord Unified School District
PSUSD–Palm Springs Unified School District
DSUSD--Desert Sands Unified School District

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

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

Recommendations from feedback received throughout the community planning process regarding prevention and early intervention services for children included: school-based services, collaboration among agencies, parenting, services for the whole family, and skill-building for youth. The program selection for this project includes each of these concepts. The State identified Key Community Mental Health Needs addressed in this project are Disparities in Access to Mental Health Services and At-Risk Children, Youth and Young Adults. The targeted Priority Populations are Children/Youth in Stressed

PEI PROJECT SUMMARY

Families and Children/Youth at Risk for School Failure. Program implementation will also provide additional activities as needed, such as consultation, screening, and training on mental health issues. The program identified for this PEI project is:

- **Families and Schools Together (FAST)** – The overall goal of the FAST program is to intervene early to help at-risk youth succeed in the community, at home, and in school, thus avoiding problems such as school failure, violence, and other delinquent behaviors. The program is an outreach and multi family group process designed to build protective factors in children, empower parents to be the primary prevention agents for their children, and to build supportive parent-to-parent groups. Referrals into the program most frequently come from teachers, who identify a child with at-risk behaviors for serious future academic and social problems. The program is implemented by a trained team consisting of a parent partner, a school professional, and two community partners with expertise related to the specific target community. This expertise may be specifically related to substance abuse or mental health. The team is required to reflect the culture of the families participating in the program. Families gather with 8 to 12 other families for ten weekly meetings held at the school. Meetings include planned opening and closing routines, a family meal, structured family activities and communications, parent mutual support time, and parent-child play therapy. Families participate in a graduation ceremony at the end of 10 weeks and participate in monthly follow up meetings, run by the families, for up to two years. This program has been shown effective in outreaching to and engaging hard to reach families. There is a Spanish language edition that will be implemented as well.

  Providing services in schools will reduce stigma and enable youth who traditionally would not receive services to receive the service. RCDMH will partner with community providers as a means to have trained team members who are reflective of the families in the communities being served, both culturally and linguistically.

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

In line with the stakeholder and community recommendations for school-based services and collaboration with multiple agencies, RCDMH will partner with local school districts and community-based organizations for implementation in targeted communities. This program utilizes a school professional and provides the service on a school campus. The additional FAST team members will best serve families they work with because they will reflect the ethnic/cultural population of the families in the program and they are members of the communities they in which they work. Community-based organizations often

have a unique understanding of the local needs of children and families and have the capacity to fulfill the program needs of this project. RCDMH will partner with local family resource centers, community based organizations, and agencies that serve children and their families in order to implement this multi-disciplinary team program.

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

As stated in the data analysis portion of this project, data related to population by poverty, ethnicity, English language learners, low school performance, suspensions, and Child Protective Services substantiations was analyzed to identify areas in the County where individuals are at increased risk of developing mental health issues. RCDMH divides the County into three regions which are Western, Mid-County, and Desert. The analysis of the data, provided by the RCDMH Research and Evaluation Unit, resulted in the identification of high need, priority communities within each service delivery region that will be the initial target demographic. In the Western region, the target communities are located in poor, densely populated areas of Rubidoux, East Side, Arlanza, and Moreno Valley. In the Mid-County region, the target communities are located in older, low income areas of Lake Elsinore, San Jacinto, and Perris. In the Desert region, large, low income areas with a significant Hispanic/Latino migrant population in areas including portions of the Coachella Valley, Desert Hot Springs, and Eastside Banning. The targeted communities correspond geographically to the attendance boundaries of several elementary schools in each district. Expansion of service to elementary schools in additional school districts will be evaluated based upon risk factors as implementation progresses. Service providers will be asked to identify specific underserved cultural populations to be served and specific outreach activities that will be utilized.

d.) Highlights of new or expanded programs.
The FAST program is new to RCDMH.

Families and Schools Together (FAST) -

- Utilizes a multi-disciplinary team approach; reduces stigma associated with mental health services
- Provides positive experiential learning activities for the family

e.) Key milestones and anticipated timeline for each milestone.

- PEI plan approval by State DMH – Summer 2009
- Competitive Procurement Process – September '09 – November '09
- Work with contractors to identify specific schools within identified school districts – December '09

- Recruitment and hiring of appropriate staff – December '09
- Training staff in evidence-based model (including cultural and linguistic needs of population) – January '10
- Program implementation – February - June 2010

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2010 by type		Number of months in operation through June 2010
	Prevention	Early Intervention	
Families and Schools Together (FAST)	Individuals: Families:	Individuals: Families: 504	10
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals:** **Families**:	**Individuals:** **Families**: 504	10

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

This Prevention and Early Intervention project will target children and their families who present with risk factors for the development of mental illness as well as children who are displaying symptomology associated with mood, anxiety, and conduct disorders when they are early in their manifestation. Screening tools will be utilized to determine criteria and appropriate fit to the program. When screening/assessment suggests a child's needs are better served through other interventions, referrals will be made both within and outside of the County Mental Health system. As appropriate, siblings and other family members will be referred to services as needed, which may include CSS programs and/or community programs/providers. In addition, children and families will be linked to additional resources as needed, which may include healthcare enrollment opportunities, food, clothing, housing, substance abuse, and domestic violence services.

PEI PROJECT SUMMARY

6. Collaboration and System Enhancements

Collaboration is the foundation of this PEI project. The program features a partnership with community based organizations and local school districts. RCDMH has an established relationship with the local school districts through collaborative efforts to provide mental health services in the past. This project, however, will aim to utilize school staff in a more active way to provide prevention and early intervention services to children and families. The team members consist of school professionals, parents, a mental health and a substance abuse counselor. This multi-disciplinary team approach enhances the effectiveness of services. An additional benefit is the ability to utilize parents who have graduated from the FAST program in outreach efforts to engage new families for program participation. The utilization of parents in this capacity increases access for many families who may not have otherwise been contacted, and reduces stigma and discrimination associated with receiving the early intervention service. Additional outreach for this program will be the Promotores de Salud and Ethnic and Cultural Community Leaders in a Collaborative Effort described in the Mental Health Outreach, Awareness and Stigma Reduction Project. They will build relationships with key community leaders and will identify children and families as they educate about mental health and will link families to this program as appropriate. Also, the program providers may connect with the Promotores and Ethnic and Cultural Community Leaders in a Collaborative Effort for assistance in reaching hard to engage families.

Services will be offered at school sites and the referral base will come largely, if not exclusively, from the school districts identified during the community planning process with the highest need (mental health risks). Leveraging opportunities are available by use of school facilities for both evening groups with parents as well as providing designated space for mental health services to be provided during the school day.

7. Intended Outcomes

Person-Level Outcome

- Reduced family conflict and stress
- Improved academic performance of FAST kids
- Improved child self esteem, social skills

System-Level Outcome

- Increases teacher support and climate of learning
- Connection of parents and children to their schools

The evidence based practice identified in this project also includes specified outcome measures that will be used. In addition, specific measures will be developed in conjunction with providers in order to ensure collection of appropriate data and cultural and linguistic appropriateness.

PEI PROJECT SUMMARY

8. Coordination with Other MHSA Components

Through implementation of the FAST program, it is anticipated that individuals and families will be identified as meeting criteria for additional mental health services. For those that can be served through the CSS Full Services Partnerships, PEI or other CSS services, referrals will be made and they will be assisted with needed linkage. In addition, individuals and families who may not meet criteria for a referral to a CSS program will be provided a referral and assisted with linking with other RCDMH or community based services that will meet their needs. In addition, any individuals or families that come to the attention of a CSS provider who may benefit and be appropriate for a prevention and early intervention program such as the FAST program will have the ability to refer for services.

Through the Workforce, Education, and Training component of the MHSA, Riverside County has hired a University Liaison position in order to establish relationships with high schools, community colleges, and universities. The Liaison will assist service providers in connecting with schools to implement the FAST program.

9. Additional Comments (optional)

In accordance with the guidelines of the MHSA PEI component, Riverside County will be implementing many evidenced based practices. In order to adequately establish and sustain these programs a solid infrastructure is required. From the community planning process feedback, the need for infrastructure to provide thorough and supportive training, maintenance of skills for providers, and accountability across settings to ensure fidelity to the practices came through as necessary activities.

It is important that evidence based programs are model adherent, that the core concepts and theoretical background are carried out in service delivery, and that guidelines for outcome (pre- and post- test) measures are accurately maintained. RCDMH will utilize clinical staff members to ensure that training in evidence-based practices is provided to all service providers. The Department will also assist the service providers in implementation of those evidenced based programs. The clinical staff will hold monthly team meetings with all practitioners of a particular model in order to maintain fidelity, provide clinical consultation, and practice skills required for implementation. The staff member will also assist with infrastructure stability at each site by guiding practitioners to maintain all needed materials and environment set-up. This will allow for greater adherence to the often stringent requirements of evidence-based practices as well as provide assistance to smaller organizations when staff turn-over impacts service delivery. Consistent training and coordination of needs will be available to all PEI programs within the County system as well as any partner agency delivering PEI programs.

PEI PROJECT SUMMARY
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: RIVERSIDE
PEI Project Name: 3 - EARLY INTERVENTION FOR FAMILIES
Provider Name (if known): TBD
Intended Provider Category: PRE K-12 SCHOOL

Date: 06/30/09

Proposed Total Number of Individuals to be served:	FY 08-09	N/A	FY 09-10	2,016
Total Number of Individuals currently being served:	FY 08-09	N/A	FY 09-10	N/A
Total Number of Individuals to be served through PEI Expansion:	FY 08-09	N/A	FY 09-10	N/A
Months of Operation:	FY 08-09	N/A	FY 09-10	9

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 08-09	FY 09-10	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages:			
	$0	$0	$0
b. Benefits and Taxes	$0	$0	$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. Non-Reoccuring Cost	$0	$3,815	$3,815
d. Total Operating Expenses	$0	$3,815	$3,815
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Providers to be Determined.	$0	$649,949	$649,949
a. Total Subcontracts	$0	$649,949	$649,949
4. Total Proposed PEI Project Budget	$0	$653,764	$653,764
B. Revenues (list/itemize by fund source)			
	$0	$0	$0
Total Revenue	**$0**	**$0**	**$0**
C. Total Funding Requested for PEI Project	$0	$653,764	$653,764
D. Total In-Kind Contributions	$0	$0	$0

PEI PROJECT SUMMARY
PEI Revenue and Expenditure Budget Worksheet

County Name: RIVERSIDE
PEI Project Name: 3 - EARLY INTERVENTION FOR FAMILIES

Date: 06/30/09

Proposed Expenses and Revenues Narrative
A. Expenditure
1. Personnel
N/A
2. Operating Expenditures
c. Non-Reoccurring Cost: Estimated cost of program development.
3. Subcontracts/Professional Services
The Early Intervention for Families Program will include contracted services. RCDMH will partner with local school districts, community based organizations, local family resource centers, and agencies that serve children and their families in order to implement a multi-disciplinary team program. This program will provide, through group settings, training to help build family relationships and emphasize the importance of parent involvement as well as multifamily group interaction. Estimated annual cost includes contracted services including training, training materials, client materials, food, and a portion of the program's operating expenses.
4. Total Proposed PEI Project Budget
B. Revenues
N/A

PEI PROJECT SUMMARY

County: Riverside PEI Project Name: Transition Age Youth Project
Date: July 15, 2009

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	☐	☒	☐	☐
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☐	☒		
4. Stigma and Discrimination	☐	☒	☐	☐
5. Suicide Risk	☐	☒	☐	☐

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	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☐	☒		
4. Children and Youth at Risk for School Failure	☐	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐		

PEI PROJECT SUMMARY

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

Stakeholder Input

The Riverside County community planning process included 108 focus groups and community forums, four age group committees (Children, Transition Age Youth (TAY), Adult, and Older Adult), three workgroups (Trauma, Reducing Disparities, and Reducing Stigma & Discrimination), and the PEI Steering Committee which included members from each of the committees/workgroups listed. In addition, 2,354 community surveys were completed and returned. One product of the CSS planning was the development of the Transitional Age Youth Committee. The Committee brings together interested parties who work with the TAY population in Riverside County. The committee continues to meet on a regular basis and played a critical role in the community planning process for Prevention and Early Intervention. See attachment J-2 for membership list for the Transition Age Youth Committee. As the planning process progressed through to the PEI Steering Committee, TAY representatives advocated for the recommendations made by the TAY committee. This resulted in the selection of this project. Throughout the community planning process the recommendations from community members and stakeholders alike expressed desire for prevention and early intervention activities for youth and young adults ages 16-25. Comments included:

Focus Groups

- "Suicide awareness training in High School."
- "Enhance suicide prevention programs."
- "Peer counseling to include groups provided by teens for teens at school, recreation centers, YMCA, focus on feelings and school or personal problems."
- "Educating teenagers and young adults about abuse: mental and physical."

Community Surveys

- "I think that suicide groups would need the most help."
- "Supporting groups for those in gay communities possibly suspecting that they may have a mental illness but are afraid of stigma."
- "Suicide prevention class with teenagers the same age."
- "More outreach, more information, more personal contact."
- "School presentation, outreach, early prevention and awareness."
- "Broadcast services to LGBT community for professional assistance open offices for counseling and classes. Have seminars to educate families and communities about understanding and supporting LGBT."

PEI PROJECT SUMMARY

The Transition Age Youth Committee recommendations developed as a result of community input included:

- Community awareness, outreach, and education for TAY and their support network about early signs of mental health needs to those youth who are unlikely to seek help from traditional mental health services.
- Services provided by peers/youth to educate about mental health issues and services and reduce stigma about mental health.

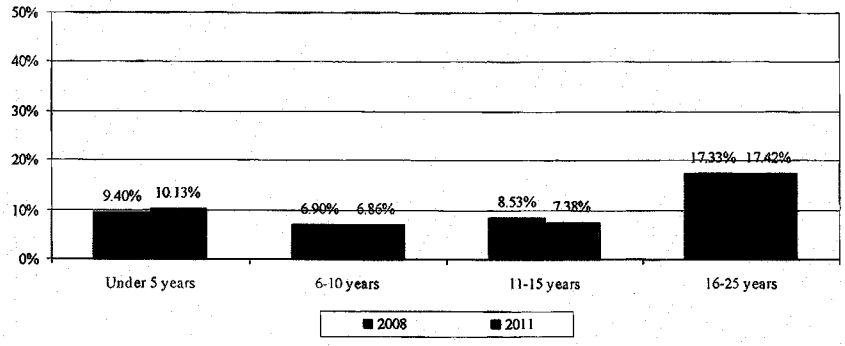
The Reducing Disparities Workgroup was developed during the PEI community planning process to provide recommendations for underserved cultural populations including the LGBTQ community. This Workgroup provided specific recommendations for the LGBTQ population:

- Implementation of a targeted prevention and early intervention program directed to lesbian, gay, bisexual, transgender and questioning (LGBTQ) children, youth, and their families in a community based setting.
- Implementation of a culturally competent peer based community mental health outreach worker program designed to provide a targeted outreach and engagement campaign in the LGBTQ community in natural community settings.
- Develop specific support to LGBTQ people through LGBTQ organizations.

Data Analysis

Transition Age Youth (TAY), defined as youth between the ages of 16-25, made-up 17.33% of the total population in Riverside County for the year 2008. As the graph below indicates, the TAY population will increase by the year 2011.

Percent of the Children, Youth and Young Adults in the Total Population of Riverside County



The PEI community planning process identified the TAY population as a priority for prevention and early intervention services. Four categories of data were used to determine the priority populations and the type of interventions needed.

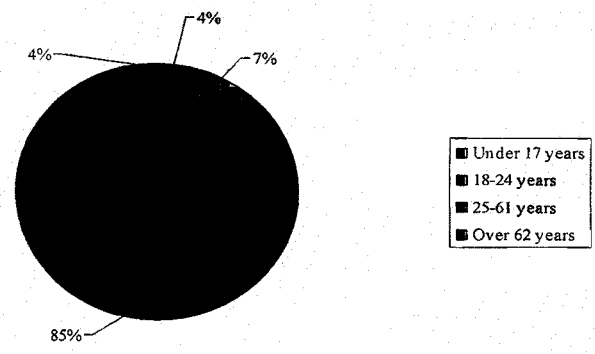
1) Runaway/homelessness rates

2) Foster system statistics including youth transitioning out of the foster care system
3) Teen self-reports of depressive mood
4) Youth suicide ideation, attempts and rates

The Office of Juvenile Justice and Delinquency Prevention in the US Department of Justice estimates the number of homeless youth. Their most recent study, published in 2002, reported there are an estimated 1,682,900 homeless and runaway youth throughout the Country. This number is equally divided among males and females, and the majority of them are between the ages of 15 and 17 (Molino, 2007). According to the National Alliance to End Homelessness, five to seven percent of American youth become homeless in any given year. (NAEH, 2007) http://www.nationalhomeless.org/publications/facts/youth.html

The County Department of Public Social Services (DPSS), in collaboration with the Homeless Coalition for Riverside County, conducted a homeless count and survey on January 24, 2007. A person was considered homeless, if he/she resided in places not meant for human habitation, such as cars, parks, sidewalks and abandoned buildings, in an emergency shelter and in transitional housing for homeless persons.

Homeless Population by Age (N=4,508) counted on January 24, 2007



In the graph above, the TAY population is identified across three categories due to the format of data collection. However, the majority of the TAY population (16-25 years) results from this survey can be seen in the category 18-24. This category lists 7% of the homeless surveyed as between these ages. However, we can estimate that percentage to be higher with the overlap into the under 17 years and 25-61 years categories.

Causes of homelessness among youth fall into three inter-related categories: family problems, economic problems, and residential instability. Many homeless youth leave

home after years of physical and sexual abuse, strained relationships, addiction of a family member, and parental neglect. Disruptive family conditions are the principal reason that young people leave home. In one study, more than half of the youth interviewed during shelter stays reported that their parents either told them to leave or knew they were leaving and did not care (U.S. Department of Health and Human Services (a), 1995). In another study, 46% of runaway and homeless youth had been physically abused and 17% were forced into unwanted sexual activity by a family or household member (U.S. Department of Health and Human Services (c), 1997). In the face of these difficult experiences the risk for the development of mental health problems and/or suicidal ideation is very high. The need for prevention and early intervention services to address these high risk youth is evident.

A history of foster care correlates with becoming homeless at an earlier age and remaining homeless for a longer period of time (Roman and Wolfe, 1995). The rates for foster care in Riverside County are higher than the state of California rates and have been increasing over the last five years while the rates in California have declined. On January 1, 2008, 5,458 children were in foster care in Riverside County. Almost 50% of the children in foster care were between the ages of 6-15 and 13.2% (719) youth age 16-17 were close to transitioning out of the foster care system. Children in foster care can reside in a variety of placements. Many of the 5,458 children in foster care resided in foster homes or Foster Family Agency homes (41.6% total). Compared to the total population of ethnic groups, children of African American and Hispanic ethnicity are disproportionately represented in the foster care population; with 17.3% African American and 51.7% Hispanic children in foster care. Children and youth involved in the child welfare system have been shown to have an even greater prevalence of mental health disorders, which often go untreated. Research also indicates as many as 70 percent of all foster care children in California will develop mental health problems (From Promise to Practice: Mental Health Models that Work for Children and Youth, a Toolkit). As youth transition out of the foster care system they are often without adequate resources. In addition, the history of abusive or neglectful family dynamics that led them to foster care put them at higher risk of developing mental health problems as they reach adulthood. The UC Davis Center for Reducing Disparities (2008) met with community members throughout the State regarding prevention and early intervention. A foster youth commented, "whatever the issue, unfortunately, it's that (foster youth community) they don't receive the necessary treatment or the attention which allows the problems to snowball and become real hurdles...things that if had they been treated earlier, the symptoms could have been prevented," (Engaging The Underserved: Personal Accounts Of Communities On Mental Health Needs For Prevention And Early Intervention Strategies, 2008).

National statistics from several sources about the LGBTQ youth population reveals some alarming information and risk factors for this group. Extrapolations for Riverside County draw a picture of great concern and need for prevention and early intervention services.

- One study suggests that 20 percent of gay teens were kicked out of their homes when they revealed their sexuality to their parents.

PEI PROJECT SUMMARY

- 74% of transgender youth reported being sexually harassed at school and 90% of transgender youth reported feeling unsafe at school because of their gender expression.
- LGBT students are significantly more likely than heterosexual youth to:
    - Report a suicide attempt (32% vs. 7% of other students)
    - Have been bullied (42% vs. 21%) or threatened or injured with a weapon at school
    - Report current alcohol use (60% vs. 45%) and binge drinking (44% vs. 26%)
- In a survey of 402 transgender people, 78% reported having been verbally harassed and 48% reported having been victims of assault, including assault with a weapon, sexual assault, and rape.
- Several large population-based public health studies revealed:
    - Higher rates of major depression, generalized anxiety disorder and substance abuse or dependence in lesbian as gay youth.
    - Higher rates of recurrent major depression among gay men.
    - Higher rates of anxiety, mood, and substance use disorders, and suicidal thoughts among people ages 15 to 54 with same-sex partners.
    - Higher use of mental health services in men and women reporting same-sex partners

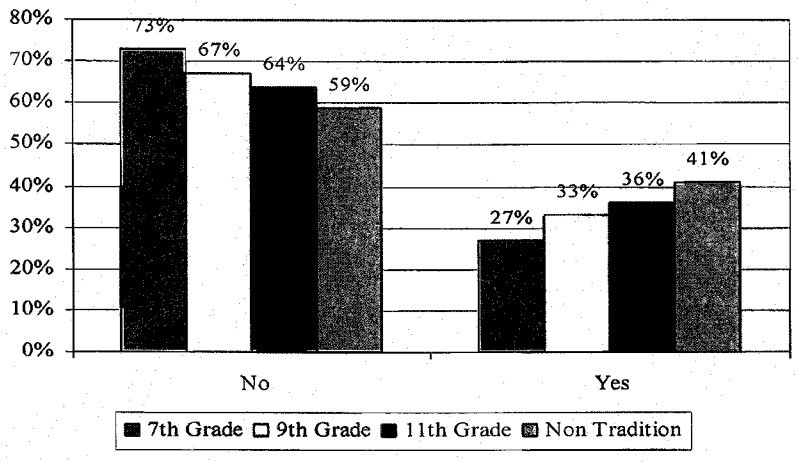
The unique needs and challenges (risk factors) of LGBTQ transitional age youth, if unaddressed, can progress into the development of mood disorders, suicide risk, and other mental health and relationship issues that can result in life long difficulties.

The California Healthy Kids Survey is a mandated survey administered to students in grades 7, 9, 11 and non-traditional school settings. Non-traditional students can be in grades 7-12 and in various types of alternative schools including; court, community, continuation, or independent study. The data illustrated is for Riverside County and is a compilation of 47,398 surveys from 23 districts completed from 2005-2007. A single depression question was asked for all youth completing the survey.

PEI PROJECT SUMMARY

Frequency of Sad and Hopeless Feelings, Past 12 Months

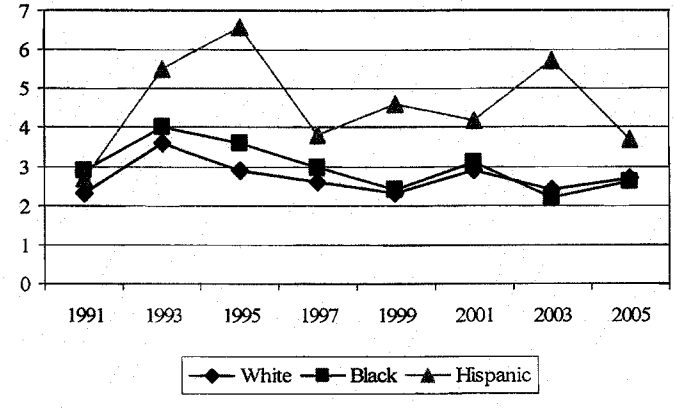
Question HS A.90/MS A.79: "During the past 12 months did you ever feel so sad and hopeless almost every day for two or more weeks that you stopped doing some usual activities?"



The graph demonstrates the increase in depressive symptoms as youth progress through each academic year. In addition, it is noteworthy that nearly half (41%) of all students at non-traditional schools report feeling sad and hopeless to a degree that it affects their daily activities. Further analysis of the data reveals that female students report these feelings at a higher frequency than male students. In non-traditional school settings, 53% of female students report depressive symptoms.

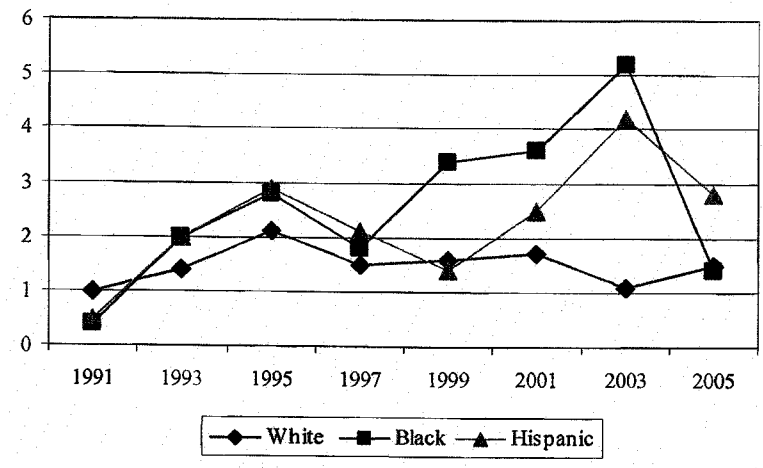
From 1991-2005 in Riverside County, Hispanic females in grades 9-12, had the highest percentage of suicidal ideation, attempts and injurious attempts. While African American females had similar rates to the White population. In contrast, male students overall had similar rates between Afircan American, Hispanic, and White, although the Afican American male shows a sharp rise in attempts from 1999-2003.

Rates of Suicidal Ideation, Attempts, and Injurious Attempts Among Female Students Grades 9-12 (per 100,000)



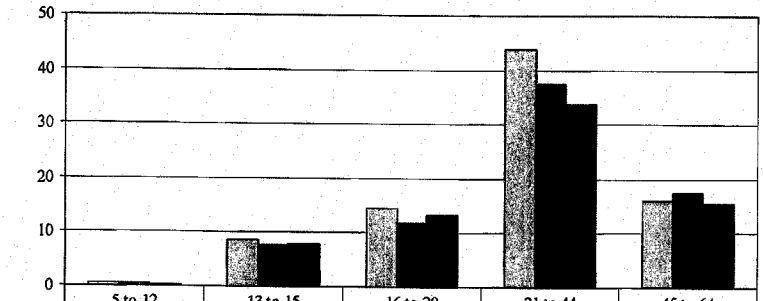
PEI PROJECT SUMMARY

Suicidal Ideation, Attempts, and Injurious Attempts Among Male Students Grades 9-12 (per 100,000)



Among youth and young adults between 16 to 25 years of age, suicide is the third leading cause of death (California Strategic Plan on Suicide Prevention). For Riverside County, the suicide rate categorized by age is shown in the graph below:

2003-2005 Suicide Rates in Riverside County by Age[4]
(per 100,000)



	5 to 12	13 to 15	16 to 20	21 to 44	45 to 64
2003	0.4	8.6	14.7	43.9	15.9
2004	0.4	7.7	11.8	37.5	17.5
2005	0.4	7.9	13.3	33.8	15.5

This project is intended to serve Transition Age Youth (TAY) which is inclusive of college students. There is a lack of resources on college and university campuses. The University of California system has seen rises in student suicide attempts and completions. A large survey in 2000 found that over 9% of students had seriously considered suicide. Only 20% of those students were receiving mental health services – 80% of those students who were thinking of suicide received no mental health services at all (University of California, 2006). Racial and ethnic minorities, gay and lesbian, and graduate students are at particularly high risk because of the multiple challenges they face (MHSOAC Student Mental Health Initiative). The students at highest risk for completing suicide were identified as graduate students; LGBTQ students; international students; and racially and ethnically underrepresented students.

PEI PROJECT SUMMARY

Outreach and awareness about depression and suicide at schools from high schools through the university level is a key element in connecting to at-risk youth.

This project will include targeted outreach and engagement to LGBTQ youth, youth who are in or have been in the foster care system, students in non-traditional school settings, and runaway or homeless youth through the use of the peer-to-peer services as outlined below.

With all of this data in mind, including focus groups, community surveys and recommendations from the TAY Committee, the PEI Steering Committee recognized the need for a targeted project to address the prevention and early intervention needs of the Transition Age Youth in Riverside County. In accordance with PEI guidelines and Riverside County's guiding principles, activities will be situated in de-stigmatizing locations to increase the likelihood of TAY accessing those activities. This will include settings where youth go who are at highest risk of developing mental health problems.

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

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

Data from focus groups, community forums, community surveys, the four age group committees, and the three workgroups, including community data gathered by the RCDMH Research Unit, were funneled to the PEI Steering Committee where representatives from the age group committees and workgroups prioritized and selected priority populations based upon those at highest risk of developing mental illness. The identified Key Community Mental Health Needs that are addressed in this project are Disparities in Access to Mental Health Services, At-Risk Children, Youth and Young Adult Populations, Stigma and Discrimination, and Suicide Risk. The Priority Populations for TAY are Children/Youth in Stressed Families and Children/Youth at Risk of School Failure. Program implementation will also provide additional activities as needed, such as consultation, screening, and training on mental health issues. This project includes the following components:

- **Depression Treatment Quality Improvement (DTQI)** – DTQI is an evidence-based early intervention program used to treat depression. It is based on the concepts of Cognitive-Behavioral Therapy (CBT). There is considerable evidence that CBT, alone or in combination with medication, is effective in the acute treatment of major depression in youth. A CBT program contains three phases: conceptualization, skills and application training, and relapse prevention. CBT is often provided on a weekly basis and can be offered in individual sessions or a group format serving as many as 8 youth at one time for 12-20 sessions. This program, in line with the concepts of CBT, is low intensity and short in duration. Some family psychoeducation regarding depression and family or parent sessions is recommended. This service will be provided in multiple locations in each service delivery region. It will be provided

through organizations that serve youth and young adults in settings where the youth feel comfortable i.e.: services targeting LGBTQ youth will be provided at an organization that serves LGBTQ youth and young adults. The target population will be TAY who are experiencing depression early in its manifestation.

- **Peer-to-Peer Services** – This service will be connected to DTQI. As an organization provides DTQI, their outreach and engagement efforts will be specific to target populations including homeless, foster, and LGBTQ youth. Leveraging with existing agencies, this project will utilize youth speaker's bureaus to outreach and educate at-risk youth and the community-at-large of the unique issues each group of identified at-risk youth experience as they relate to mental health and interpersonal issues. Youth will work through a stipend program to outreach to local school districts, Gay/Straight Alliances, social service agencies, colleges, universities, transition age youth and their families, and the community-at-large with the purpose of educating the public about mental health, depression and suicide issues. The speaker's bureau is intended to educate, reduce stigma about mental illness, and build resiliency and coping skills in TAY at highest risk.

- **Outreach and reunification services to runaway TAY** - Runaway youth are at increased risk of becoming victims of crimes and trauma as well as becoming involved in the juvenile justice system. Targeted outreach and engagement to this population is necessary in order to provide needed services to return them to a home environment. Crisis intervention and counseling strategies will be used to facilitate re-unification of the youth with an identified family member. Follow up referrals will be provided to assist with stabilization of the living situation for the youth. RCDMH will collaborate with community providers in order to identify specific outreach strategies to reach runaway TAY. RCDMH will collaborate with community providers in order to identify specific outreach strategies to reach unserved and underserved populations, including LGBTQ youth.

- **Digital Storytelling** – TAY, through focus groups, community surveys and the TAY Committee, identified the need for media based engagement activities. There was acknowledgement that youth are media savvy and opportunities to participate in such activities will lead to engagement. Digital Storytelling provides a three day workshop for individuals during which they identify a "story" about themselves that they would like to tell and produce a 3 to 5 minute digital video to tell their story. This activity gives the individual a unique way to communicate something about their life experiences, which could include trauma, loss, homelessness, etc. At the end of the workshop, the participants are then asked to invite whomever they would like to a viewing party. This will be used to de-stigmatize mental health needs, outreach to TAY of Riverside County, and engage TAY in PEI or other services as warranted. The workshops will be offered in all three regions of the County in the identified target

communities. Staff will collaborate with local community-based and faith-based organizations, as well as schools to host the workshops.

- **Active Minds** – Active Minds is a national organization working to use the student voice to change the conversation about mental health on college campuses. RCDMH will work with local colleges and universities to develop and support chapters of this student run mental health awareness, education, and advocacy group on campuses. The goals are to increase student awareness of mental health issues, provide information and resources regarding mental health and mental illness, encourage students to seek help as soon as it is needed, and to serve as a liaison between students and the mental health community. The student run chapters will organize campus wide events to remove the stigma that surrounds mental health issues and create an environment for open conversations about mental health issues.

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

Riverside County will partner with community-based agencies that have relationships and connections with the identified at-risk youth and young adults. Community based organizations that assist runaway and homeless youth and young adults offer the opportunity for leveraging services, e.g.: Operation Safehouse. In addition, there are agencies, who work with foster youth and the young adults transitioning out of the foster care system, e.g.: Department of Social Services Independent Living Program. The County has a growing number of agencies and centers whose work, outreach, interventions, and resources specifically target the LGBTQ community and youth and young adults in particular, for example the Rainbow Pride Youth Alliance and Gay Associated Youth. Also, agencies that target youth for a multitude of services could also provide an opportunity for this type of intervention, e.g.: Youth Opportunity Centers. Local school districts, colleges and universities also have a natural link to transition age youth. This project is aimed at leveraging with these agencies in order to provide early intervention programs and peer-to-peer services situated in locations that are de-stigmatizing, safe, and increase access for targeted underserved cultural populations.

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

National research indicates there is increased risk of mental illness for minority individuals who live in poverty. This is closely related to a lack of available resources and increased risk of exposure to community violence. Based upon County poverty and ethnicity data, and, as stated in the data analysis portion of this project, data related to population by homelessness, foster care statistics, LGBTQ statistics, student self-report

of depression, suicide rates for TAY, and the expertise of committee members and consultants was analyzed to identify areas in the County where TAY are at increased risk of developing mental illness. RCDMH divides the County into three regions which are Western, Mid-County, and Desert. The analysis of the data, provided by the RCDMH Research and Evaluation Unit, resulted in the identification of high need, priority communities within each service delivery region that will be the initial target demographic. In the Western region, the target communities are located in poor, densely populated areas of Rubidoux, East Side, Arlanza, and Moreno Valley. In the Mid-County region, the target communities are located in older, low income areas of Lake Elsinore, San Jacinto, and Perris. In the Desert region, large, low income areas with a significant Hispanic/Latino migrant population in the areas including portions of the Coachella Valley, Desert Hot Springs, and Eastside Banning. Service providers will be asked to identify specific underserved cultural populations to be served and specific outreach activities that will be utilized.

d.) Highlights of new or expanded programs.

Depression Treatment Quality Improvement (DTQI), a Cognitive Behavioral Therapy that addresses depression in adolescents, is currently offered through CSS in several of the RCDMH children's clinics. The use of this program for PEI activities is an expansion into community based settings to address the needs of TAY dealing with depression early in its manifestation. The PEI funded DTQI services will be in addition to, not a replacement of, the existing CSS DTQI services. All other services are new services for RCDMH.

Depression Treatment Quality Improvement (DTQI)

- Cognitive-Behavioral intervention designed to meet the needs of adolescents and young adults
- Flexible formatting allows for delivery in individual and group model
- Shows positive outcomes for the reduction of depression and suicidal ideation

Peer-to-Peer Services

- Decreases stigma
- Increases access to mental health services
- Builds resiliency in youth

Outreach to runaway youth

- Provides outreach to a very vulnerable population to reduce the risk of trauma exposure
- Connects youth with needed services including reunification with family

Active Minds

- Active Minds chapters are student run on community college and university campuses
- Activities will allow incoming students the opportunity for supportive services

Digital Storytelling

- A unique media based opportunity for TAY to tell their story
- Reduces stigma in sharing about life experiences
- Increases engagement in PEI activities

e.) Key milestones and anticipated timeline for each milestone.

- PEI plan approval by State DMH – Summer 2009
- Competitive Procurement Process – September '09 – November '09
- Recruitment and hiring of appropriate staff – December '09
- Training staff in evidence-based model (including cultural and linguistic needs of population) – January '10
- Program implementation – February - June 2010

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2010 by type		Number of months in operation through June 2010
	Prevention	Early Intervention	
Depression Treatment Quality Improvement (DTQI)	Individuals: Families:	Individuals: 270 Families:	10
Peer-to-Peer Services	Individuals: 10,000 Families: 1000	Individuals: Families:	10
Outreach to runaway youth	Individuals: 800 Families: 200	Individuals: 200 Families: 50	10
Digital Storytelling	Individuals: 90 Families:	Individuals: Families:	10
Active Minds	Individuals: 100 Families:	Individuals: Families:	10
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 10,990 Families: 1,200**	**Individuals: 470 Families: 50**	10

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

The TAY Suicide Prevention project will be provided in partnership with organizations in Riverside County who serve transition age youth. In addition to the identified PEI services provided in this project, those partnering agencies offer additional supportive

activities for TAY. Some examples are runaway youth will have access to safe places like Operation Safehouse, foster youth become acquainted with the services provided by DPSS Transitional Living Program, and LGBTQ TAY gain awareness of and access to LGBTQ youth centers, such as the Rainbow Pride Youth Alliance. This project will increase the support network of the young person and will enhance or increase resilient traits and reduce the impact or development of mental illness. Service providers and peer-to-peer services will link the community to resources such as the Helpline which is a crisis line and can provide additional community resources. An additional link for the LGBTQ population is The Trevor Project, which is a web based support and referral resource specifically designed for LGBTQ individuals. Peer-to-Peer services will link youth to this resource as needed. As a part of this resource, youth will be given the nationally accredited 800 suicide prevention line run by the Trevor Project. As outreach activities educate, recruit, and encourage TAY community members to participate in activities, young people with more serious mental health issues may surface and this will be an opportunity to link and refer them to other mental health services as needed either through the County Department of Mental Health MHSA CSS programs or other community providers. TAY will also benefit from other projects in the PEI plan including the Mental Health Outreach, Awareness, and Stigma Reduction; the Parent Education and Support project; the Trauma-Exposed project; and the Underserved Cultural Population project. In addition, linkage and referral to other types of services in the community are also expected including healthcare enrollment opportunities, recreation, education, and vocation to name just a few.

6. Collaboration and System Enhancements

This PEI project provides multiple opportunities for collaboration and system enhancement. RCDMH will partner with community-based organizations who serve transition age youth, specifically runaway/homeless youth, youth in and transitioning out of foster care, and LGBTQ TAY. Key collaborations for implementation of programs will also include the Department of Public Social Services, Public Health, local high schools, and local colleges and universities.

System enhancement will occur as each of the programs effectively reach into communities. Through effective outreach, engagement, stigma reducing activities, and depression services TAY will have the opportunity to receive services early in the manifestation of symptoms.

All providers will be expected to leverage supports and provide in-kind resources. The infrastructure of the established community based organizations who will be the program providers allows for leveraging of provider time, space, utilities, volunteers, experience, and the trust and relationships of the providers within their known communities.

PEI PROJECT SUMMARY

7. Intended Outcomes

Person-Level outcome

- Reduced depression and re-occurrence of depression for LGBTQ TAY
- Increased willingness to utilize mental health resources as needed
- Development of coping strategies in family and social relationships

System-Level outcome

- Enhanced collaboration with agencies serving transition age youth
- Reduction in access disparities for mental health services
- Earlier recognition and identification of depression and other mental health issues in youth
- Reduction of stigma associated with mental health services

DTQI is an evidence based practice that includes specified outcome measures that will be used. In addition, specific measures will be developed in conjunction with providers in order to ensure collection of appropriate data and cultural and linguistic appropriateness.

8. Coordination with Other MHSA Components

Through implementation of the components of this project, it is anticipated that TAY and families will be identified as meeting criteria for additional mental health services. For those that can be served through the CSS Full Services Partnerships, PEI or other CSS services, referrals will be made and they will be assisted with needed linkage. In addition, individuals and families who may not meet criteria for a referral to a CSS program will be provided a referral and assisted with linking with other RCDMH or community based services that will meet their needs.

Through the Workforce, Education, and Training component of the MHSA, Riverside County has hired a University Liaison position in order to establish relationships with high schools, community colleges, and universities. The Liaison will assist service providers to connect with schools for implementation of appropriate programs.

9. Additional Comments (optional)

In accordance with the guidelines of the MHSA PEI component, Riverside County will be implementing many evidenced based practices. In order to adequately establish and sustain these programs a solid infrastructure is required. From the community planning process feedback, the need for infrastructure to provide thorough and supportive training, maintenance of skills for providers, and accountability across settings to ensure fidelity to the practices came through as necessary activities.

It is important that evidence based programs are model adherent, that the core concepts and theoretical background are carried out in service delivery, and that guidelines for outcome (pre- and post- test) measures are accurately maintained.

PEI PROJECT SUMMARY

RCDMH will utilize clinical staff members to ensure that training in evidence-based practices is provided to all service providers. The Department will also assist the service providers in implementation of those evidenced based programs. The clinical staff will hold monthly team meetings with all practitioners of a particular model in order to maintain fidelity, provide clinical consultation, and practice skills required for implementation. The staff member will also assist with infrastructure stability at each site by guiding practitioners to maintain all needed materials and environment set-up. This will allow for greater adherence to the often stringent requirements of evidence-based practices as well as provide assistance to smaller organizations when staff turn-over impacts service delivery. Consistent training and coordination of needs will be available to all PEI programs within the County system as well as any partner agency delivering PEI programs.

PEI PROJECT SUMMARY
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: RIVERSIDE
Date: 06/30/09
PEI Project Name: 4 - TRANSITIONAL AGE YOUTH (TAY) PROJECT
Provider Name (if known): TBD
Intended Provider Category: YOUTH CENTER

Proposed Total Number of Individuals to be served:	FY 08-09	N/A	FY 09-10	19,070
Total Number of Individuals currently being served:	FY 08-09	N/A	FY 09-10	N/A
Total Number of Individuals to be served through PEI Expansion:	FY 08-09	N/A	FY 09-10	N/A
Months of Operation:	FY 08-09	N/A	FY 09-10	9

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 08-09	FY 09-10	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages:			
	$0	$0	$0
b. Benefits and Taxes	$0	$0	$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. Non-Reoccuring Cost	$0	$71,827	$71,827
d. Total Operating Expenses	$0	$71,827	$71,827
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Providers to be Determined.	$0	$1,249,303	$1,249,303
a. Total Subcontracts	$0	$1,249,303	$1,249,303
4. Total Proposed PEI Project Budget	$0	$1,321,130	$1,321,130
B. Revenues (list/itemize by fund source)			
MediCal FFP	$0	$12,317	$12,317
Total Revenue	**$0**	**$12,317**	**$12,317**
C. Total Funding Requested for PEI Project	$0	$1,308,812	$1,308,812
D. Total In-Kind Contributions	$0	$0	$0

PEI PROJECT SUMMARY
PEI Revenue and Expenditure Budget Worksheet

County Name: RIVERSIDE
PEI Project Name: 4 - TRANSITIONAL AGE YOUTH (TAY) PROJECT

Date: 06/30/09

Proposed Expenses and Revenues Narrative
A. Expenditure
1. Personnel
N/A
2. Operating Expenditures
c. Non-Reoccurring Cost: Estimated cost of Digital Storytelling (DST) Training and all electronic equipment needed for that program, as well as program development.
3. Subcontracts/Professional Services
The TAY Program will include contracted services providing suicide prevention and depression treatment to LGBTQ Youth, runaway youth, youth transitioning out of foster care and youth transitioning into college. Estimated annual cost includes contracted services, training, training materials, client materials, food, and a portion of the program's operating expenses.
4. Total Proposed PEI Project Budget
B. Revenues
New program generated Medi-Cal revenue.

PEI PROJECT SUMMARY

County: Riverside PEI Project Name: First Onset for Older Adults
Date: July 15, 2009

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	☐	☐	☐	☒
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☐	☐		
4. Stigma and Discrimination	☐	☐	☐	☒
5. Suicide Risk	☐	☐	☐	☒

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	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☒
3. Children and Youth in Stressed Families	☐	☐		
4. Children and Youth at Risk for School Failure	☐	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐		

PEI PROJECT SUMMARY

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

Stakeholder Input

An extensive community planning process resulted in 108 focus groups and community forums, of which 19 focus groups and 1 community forum were dedicated to the older adult population and service providers for this population in Riverside County. RCDMH staff partnered with Riverside County Office on Aging staff to reach out to older adult consumers as well as service providers for older adults throughout the County. Additionally, RCDMH staff partnered with DPSS-APS, Community Health Agency-Public Health Nursing, and identified community older adult providers in the community, i.e.: Senior Centers, Grandparents Raising Grandchildren groups, CARE Teams (Curtailing Abuse) and other agencies to outreach into the older adult community to educate about prevention and early intervention as well get feedback and recommendations about the PEI needs of older adults in Riverside County. Collaboration with the Office on Aging resulted in a focus group for the LGBTQ older adult community. The RCDMH Older Adult Committee, a subcommittee of the Riverside County Mental Health Board, is responsible for the oversight of the implementation of the Community Services and Support programs. The Older Adult Committee attends to the needs of the older adult population within the County and Department. This committee was an instrumental component of the PEI planning process. Committee representatives (composed of community members as well as human services agency members) for the older adult population participated in a facilitated process to determine the priority needs for this group and two members from this committee participated in the PEI Steering Committee where final recommendations were developed. Through the community planning process the needs of older adults were identified as one of the priorities for prevention and early intervention services. Feedback from older adults and older adult service providers throughout the community planning process revealed:

Focus Groups:

- "Stigma of seniors at risk for suicide – identify and offer services to seniors with multiple losses."
- "Educate In-Home Supportive Services on screening for anxiety, depression, and trauma."
- "Providing coping skills will reduce suicide risk and stigma."
- "Prevent deep depression and suicide."
- "Develop programs to create opportunities for education and support groups."
- "Short term intervention for depression and anxiety."
- "Educate seniors on resources in Community (prevention early onset)."
- "Co-locate mental health services within other services for the elderly (senior centers)."

PEI PROJECT SUMMARY

Community Surveys

- "Identifying, supporting, filling the needs of the elderly homosexuals."
- "In-Home."
- "Family Practitioners can screen for mental illness, however we need training and help on referral information, early treatment interventions, and community resources to help these patients."
- "Training seminars to educate staff to identify signs."
- "Better interagency collaboration."

The Older Adult Committee recommendations developed as a result of community input included:

- "Decrease risk of suicide by training gatekeepers including friends, neighbors, ministers, doctors, nurses, office supervisors, police officers, advisors, caseworkers, firefighters, and many others who are strategically positioned to recognize and refer someone at risk of suicide."
- "Increase awareness of services available for older adults Countywide."
- "Reduce risk of mental health problems related to stress and caregivers."
- "Link seniors with PEI services."
- "Educate about mental health symptoms."
- "Decrease access disparities."

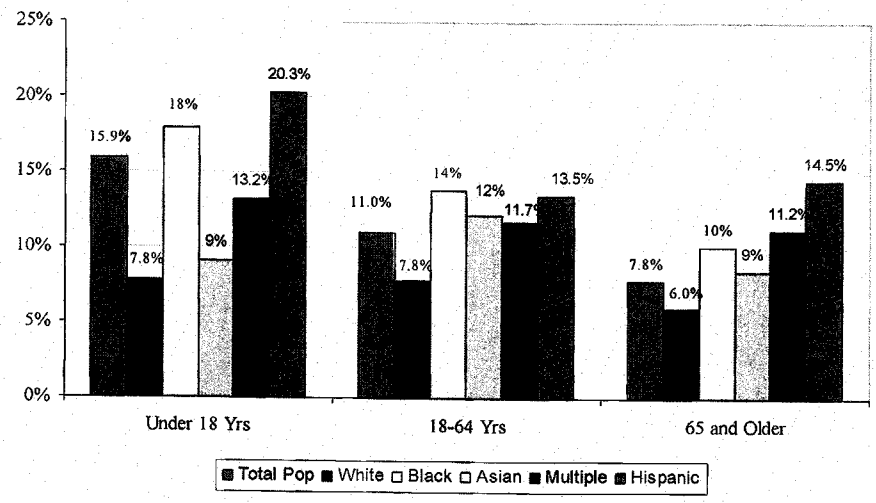
Data Analysis

The California Department of Aging reports that California is projected to be one of the fastest growing States in the nation in total population. In California, the elderly population is expected to grow more than twice as fast as the total population. In 2005, Riverside County had a population of 317,113 residents aged 60 years and older. Projections for the year 2020 indicate this age groups' population to be 503,456, a 74% increase in the total population for those aged 60 years+. The "Oldest Old" (those aged 85 years and older) is also on the rise in Riverside County. Total population for 85 years and older in the year 2005 was 29,982 and projections for the year 2020 are 46,766 which is a 61% increase in this age group.

Research shows that poverty and ethnicity, when combined, increases the risk of developing mental illness. This is most often related to an increase in community violence and a lack of community resources. The graph below shows the percentage of the older adult population by ethnicity living below the poverty level in Riverside County.

PEI PROJECT SUMMARY

Population Below Poverty Level by Race/Ethnicity and Age

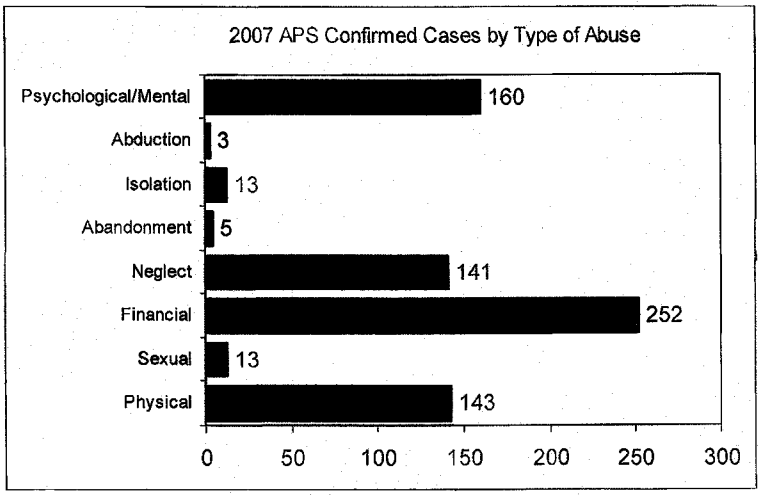


Source: U.S. Census Bureau, 2005-2007 American Community Survey
Note: White, Black and Asian are Non-Hispanic single race, data for
Native American, Native Alaskan, Pacific Islander, and some other race were unavailable.

The risk of developing mental illness (e.g.: depression, anxiety, suicidal thoughts and behaviors) also increases with age. Prevention and Early Intervention services can reduce the incidence of major mental illness and suicide in the older adult population. Riverside County and State data analysis of suicide rates support the recognized need of community members. "The rate of suicide increases significantly with age. In California, adults over the age of 85 have the highest suicide rate in the State at 22.5," (California Strategic Plan on Suicide Prevention, 2008). In addition, first onset of depression and chronic illness in older adults are significant risk factors for suicide. "Depression rates are particularly high among older adults receiving in-home care or living in institutions and among those with chronic diseases such as asthma, chronic obstructive pulmonary disease, arthritis, and heart disease," (California Strategic Plan on Suicide, 2008). Medical issues as well as some common experiences of older adults such as: loss of spouse, loss of social support, and increased isolation, add to the risk of developing mental health issues. Both the State and Riverside County data indicates that males are more likely to die by suicide than females, and white males over the age of 65 are at the highest risk of suicide completion. The LGBTQ population, a State identified underserved cultural group, has additional risk factors for the development of mental health problems and suicide risk. There are unique challenges in the aging process for LGBTQ older adults that need to be considered. The combined effects of ageism, heterosexism, homophobia, racism, and sexism throughout the life span of individuals are some of the risk factors associated with mental health issues in this population. In non-clinical samples, the proportion of gay males with a history of suicide attempts appears to range between 20-35% and 2x's that of heterosexuals, (Arbore, 2008). As increasing numbers of baby boomers approach the age of 65, the need to address the risk of suicide among older adults becomes more urgent. "Depression, one of the conditions most commonly associated with suicide in older

adults, is a widely under-recognized and undertreated medical illness. Studies show that many older adults who die by suicide — up to 75 percent — visited a physician within a month before death. These findings point to the urgency of improving detection and treatment of depression to reduce suicide risk among older adults," (http://www.nimh.nih.gov/).

Additional Riverside County data used when evaluating needs for this population in the PEI process included Adult Protective Service (APS) referrals and substantiations, violent crimes, poverty, and ethnicity. APS referrals and substantiations indicate abuse toward an older adult by either a family member or someone in a caregiver role. There are several types of abuse and the graph below indicates the various types of abuse as well as APS confirmed (substantiated) cases in Riverside County. An older adult who has experienced abuse is at higher risk for developing mental illness.



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

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

The RCDMH PEI community planning process resulted in the identification of prevention & early intervention needs for the older adult population. Utilizing information gathered in the Riverside County data analysis, focus groups, community forums, community surveys, the Older Adult Committee, and the PEI Steering Committee, priorities were identified and recommended for services. It was determined that the prevention & early intervention needs for the older adult community would be met through the implementation of suicide prevention services, depression services, caregiver support groups, trauma services (trauma for older adults is addressed in the Trauma-Exposed for All Ages Project), and mental health awareness and stigma reducing activities (see Mental Health Outreach, Awareness, and Stigma Reduction

Project). Grandparents raising grandchildren will also benefit from parenting programs listed in the Parent Education and Support Project.

This Older Adult Project will address the State identified Key Community Mental Health Needs of Disparities in Access to Mental Health Services, Stigma & Discrimination, and Suicide Risk and the Priority Populations The recommendations throughout the community planning process during each step, from focus groups through the PEI Steering Committee, were clear. The Priority Populations to be served are Individuals Experiencing First Onset of a Serious Psychiatric Illness and Underserved Cultural Populations. Program implementation will also provide additional activities as needed, such as consultation, screening, and training on mental health issues.

The Older Adult Project contains four components:

- **QPR for Suicide Prevention** - QPR stands for Question, Persuade, and Refer. People trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone for help. Thorough and targeted outreach and engagement efforts are required to adequately reach and address the older adult population. Often, depressive symptoms are not recognized or can be misinterpreted as a medical illness. Additionally, changes in physical health can lead to the development of depression. Due to the stigma associated with help seeking behavior, depression may go untreated even when recognized and may increase isolation as many older adults become homebound when symptoms persist. With this in mind, a clear initiative for this population includes gatekeeper training for first contact/first responder community members who have a natural interaction with older adults. The grid below shows possible partners for initial implementation.

QPR Gatekeeper: Initial Implementation Partners	
Office on Aging staff	Primary care staff
Peers	Postal Carriers
Caregivers	Staff at senior centers
Family members	Meals on Wheels providers
Staff at organizations that serve veterans	

The QPR for Suicide Prevention model will be used to train gatekeepers who interact with older adults in order to look for depression and suicidal behavior. "The fundamental premise of QPR's effectiveness is based on the belief, and growing research, that those most at-risk for suicide do not self-refer. To locate these individuals, identify their suicidal communications and get them to needed services is at the heart of the QPR approach to suicide prevention," (http://www.qprinstitute.com). This program helps identify at-risk older adults and will connect them to the additional programs/strategies listed in this project. Specific outreach to the older adult LGBTQ community has been identified as a priority through the PEI community planning process.

PEI PROJECT SUMMARY

- **Cognitive-Behavioral Therapy for Late-Life Depression** – This program is an early intervention service that reduces suicidal risk and depression in older adults. Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program that follows the conceptual model and treatment program developed by Aaron Beck and his colleagues. CBT for Late-Life Depression includes specific modifications for elderly depressed individuals who are being treated clinically in community-based settings. The intervention includes strategies to facilitate learning with this population, such as repeated presentation of information using different modalities, slower rates of presentation, and greater use of practice along with greater use of structure and modeling behavior. Consumers are taught to identify, monitor, and ultimately challenge negative thoughts about themselves or their situations and to develop more adaptive and flexible thoughts. Where appropriate, emphasis is also placed on teaching consumers to monitor and increase pleasant events in their daily lives using behavioral treatment procedures. The intervention consists of up to twenty 50- to 60-minute sessions following a structured manual. A highlight of this model is its portability which allows implementation in a variety of settings including places where older adults are likely to go, e.g.: senior centers and Office on Aging's Title V programs. The identified gatekeepers in the QPR model listed above will link seniors to this program for early intervention of depressive symptoms. In addition, referral resources will include partnering agencies such as: Adult Protective Services, County Office on Aging, RCDMH Older Adult programs, and others.

- **Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)** - This is an early intervention for people 60 years and older who have minor depression or dysthymia and are receiving home-based social services from community service agencies. The program is designed to reduce symptoms of depression and to improve health-related quality of life. PEARLS is based upon the assumption that problems experienced by an older adult in their daily life can create the conditions for depression and maintain the depressive symptoms. However, by addressing these problems through a systematic approach, the older adult will experience a decrease in their depression symptoms. PEARLS provides eight 50-minute sessions with a trained social service worker in the consumer's home over the course of 19 weeks. Counselors use three depression management techniques: (1) problem-solving treatment, in which consumers are taught to recognize depressive symptoms, define problems that may contribute to depression, and devise steps to solve these problems; (2) social and physical activity planning; and (3) planning to participate in pleasant events. Counselors encourage participants to use existing community services and attend local events. This program is home based which was identified as crucial to providing age appropriate services for the older adults in the community. The identified gatekeepers in the QPR model listed above will link seniors to this program for early intervention of depressive symptoms. In

addition, referral resources will include partnering agencies such as: Adult Protective Services, RCDMH Older Adult programs, and others.

- **Caregiver Support Groups** – As a result of the extensive community planning process which included specific focus groups, community forums, survey completion, and the Older Adult Committee participation, there was an overwhelming request for caregiver services, specifically support groups for those at risk for the development of mental health issues such as depression. RCDMH will partner with local community-based organizations and social service agencies to develop psycho-education curriculum and supportive interventions which may include: how to talk to the doctor, stress reduction techniques, assertion training, self care skills, medication management, and exercise programs. Specific outreach, engagement, and linkage to the support groups will be to individuals and caregivers/family members of individuals receiving prevention and early intervention services, caregivers of seniors with mental illness, and caregivers of seniors with dementia. In addition, referral resources will include partnering agencies such as Adult Protective Services, County Office on Aging, Community Health Agency, RCDMH Older Adult programs, and others.

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

A key element in any service delivery program is a targeted and culturally competent outreach and engagement component. RCDMH stands by the guiding principles approved by the RCDMH Mental Health Board which are in line with MHSA PEI principles of bringing interventions to the community (see Attachment C). Partnership in this project will include individuals and organizations that know their community and have contacts throughout their area to increase access to referrals and resource information for the older adult population. Research has shown that older adults, who are at highest risk of suicide completion, had contact with a primary care provider within the 30 days prior to their suicide. Recognizing this, partnering with primary care practitioners and/or public health agencies allows for leveraging as well as accessing those at risk in a de-stigmatizing location. RCDMH will partner with the County Office on Aging and the Department of Public Social Services: Adult Protective Services, as both agencies provide a multitude of programs throughout Riverside County and advocate for the needs of older adults. This will allow for the ability to leverage with an established continuum of services and to allow for far reaching dissemination of information and resources for older adults and their families. In addition, RCDMH will partner with community-based organizations, such as senior centers and veteran serving organizations, to implement the services described in the project. The PEI community planning process brought forward a high recommendation to deliver PEI services to the LGBTQ older adult population. Additional partners will include

organizations that serve the LGBTQ older adult community member such as the Golden Rainbow Senior Center.

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

As stated earlier, data related to population by poverty, ethnicity, and Adult Protective Services reports and substantiations was analyzed to identify areas in the County where the older adult population is at increased risk of developing mental health issues. This data, along with recommendations from the Older Adult Committee, led the PEI Steering Committee to recommend that underserved cultural populations, including LGBTQ elders and caregivers of older adults, be a priority for older adult PEI services. RCDMH divides the County into three regions which are Western, Mid-County, and Desert. The analysis of the data, provided by the RCDMH Research and Evaluation Unit, resulted in the identification of high need, priority communities within each service delivery area that will be the initial target demographic. The priority communities in Western Region are: Rubidoux, CasaBlanca, Eastside, and Moreno Valley. The priority communities in Mid-County Region are: Winchester, Romoland and San Jacinto. The priority communities in Desert Region are: North Palm Springs, Desert Hot Springs, Cathedral City, and Blythe. Riverside County is diverse both in population and geographic make-up. Potential service providers will be required to identify the specific underserved cultural populations to be served and to identify specific outreach activities that will be utilized. Riverside County has areas of dense populations and rural areas with small groups of residents. To address this diversity we have identified various programs that include in-home services, mobile services, services offered in local community settings, and gatekeeper training to assist in identification and referral.

d.) Highlights of new or expanded programs.

All of the programs listed in the First Onset for Older Adults project are new to Riverside County. Significant partnering and leveraging will be utilized to implement these programs Countywide.

QPR for Suicide Prevention:

- Reduces stigma by utilizing individuals who have existing relationships with seniors in need of referral
- Addresses high-risk people within their own environments versus requiring individuals to initiate requests for support or treatment on their own
- Offers the increased possibility of intervention early in the depressive and/or suicidal crisis

Cognitive-Behavioral Therapy for Late-Life Depression

- Tailored to specifically address the needs and learning style of the older adult population

- Uses slower rates of presentation with greater use of practice along with greater use of structure and modeling behavior

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)

- Primarily delivered in the home; can be delivered at a senior center
- Teaches participants to recognize depressive symptoms and devise steps to solve these problems
- Increases social and physical activity

e.) Key milestones and anticipated timeline for each milestone.

- PEI plan approval by State DMH – Summer 2009
- Competitive Procurement Process – September '09 – November '09
- Recruitment and hiring of appropriate staff – December '09
- Training staff in evidence-based model (including cultural and linguistic needs of population) – January '10
- Program implementation – February - June 2010

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2010 by type		Number of months in operation through June 2010
	Prevention	Early Intervention	
Question, Persuade, Refer (QPR) for Suicide Prevention	Individuals: 900 Families:	Individuals: Families:	10
Cognitive-Behavioral Therapy for Late-Life Depression	Individuals: Families:	Individuals: 180 Families:	10
Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)	Individuals: Families:	Individuals: 240 Families:	10
Caregiver Support Groups	Individuals: 2340 Families:	Individuals: Families:	10
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 3,240 Families:**	**Individuals: 420 Families:**	10

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

The QPR gatekeeper program is an outreach and engagement project that will encounter a wide range of potential health and other needs. This will present a natural opportunity to link and refer community members to any services throughout the County from which they could benefit. Additionally, one of the selected programs, PEARLS, works with homebound older adults and aims to reduce depression through many interventions, one of which is to connect the older adult to community events and programs that can enrich their lives socially, recreationally and interpersonally. This offers an opportunity for partnerships and linkage to the local community and senior centers.

This project will strengthen and rely upon ongoing referral mechanisms to link individuals who may need a mental health assessment and treatment to County Mental Health or other appropriate community providers. This project also has a goal of increasing the use of other needed community resources and project partners will also work with those receiving the programs in accessing those needed services, such as employment, housing, substance abuse, and healthcare services.

6. Collaboration and System Enhancements

This PEI project provides multiple opportunities for collaboration and system enhancement. RCDMH will partner with community based organizations that have extensive knowledge and experience in working with older adults throughout the County. In efforts to decrease access disparities and serve underserved cultural populations, it is critical that services be provided by community and/or faith based organizations that are located within identified communities, know the culture of, and have existing relationships within those communities. RCDMH will work with local agencies that provide respite services for older adults and will leverage with the County Office on Aging as well as the Department of Public Social Services: Adult Protective Services and In-Home Supportive Services, as well as community and faith based organizations, including senior centers. In addition, the feedback during the community planning process included recommendations for the outreach and provision of services to the LGBTQ senior community. In efforts to address this underserved cultural group, RCDMH will partner with community based organizations who serve the LGBTQ senior population.

System enhancement will occur as RCDMH partners with agencies that currently provide a continuum of services to the older adult population of Riverside County to effectively reach into communities and provide an expanded continuum of services. Through awareness of the signs of depression and suicide and available services, older adults will have the opportunity to receive services early in the manifestation of symptoms.

All providers will be expected to leverage supports and provide in-kind resources. The infrastructure of the established community based organizations that will be the program providers allows for leveraging of provider time, space, utilities, and experience.

7. Intended Outcomes

Person-Level outcome

- Reduced depression and re-occurrence of depression in older adults
- Improved overall adjustment and coping strategies
- Increased awareness of prevention and early intervention services for older adults

System-Level outcome

- Enhanced collaboration with other agencies to provide mental health services
- Reduction in access disparities for mental health services
- Earlier recognition and identification of depression

Each of the evidence based practices identified in this project also includes specified outcome measures that will be used. In addition, specific measures will be developed in conjunction with providers in order to ensure collection of appropriate data and cultural and linguistic appropriateness.

8. Coordination with Other MHSA Components

The First Onset for Older Adults Project includes early identification, in-home services, interventions for depression, and support services for caregivers. Through these programs, an older adult, family member, or another member of the community, may be identified as in need of additional mental health services. Providers have the opportunity to link and refer individuals to other MHSA programs, such as a CSS program, that will better serve their needs. The Older Adult Committee will continue to meet and have input regarding the needs of older adults in Riverside County and will coordinate with the PEI unit regarding any needs or concerns that arise.

This project will enhance the delivery of prevention and early intervention services for the older adult population, focusing on assisting seniors before the need for a higher level of treatment. The overall goal of this project is to facilitate the process of healthy aging for older adults, thereby avoiding the need to access services provided by the CSS plan.

9. Additional Comments (optional)

In addition to this PEI project, the older adult population will also benefit from activities and programs throughout the PEI plan including, the Mental Health Outreach, Awareness, and Stigma Reduction Project, the Parent Education and Support Project, the Trauma-Exposed Services Project, and the Underserved Cultural Populations Project.

PEI PROJECT SUMMARY

In accordance with the guidelines of the MHSA PEI component, Riverside County will be implementing many evidenced based practices. In order to adequately establish and sustain these programs a solid infrastructure is required. From the community planning process feedback, the need for infrastructure to provide thorough and supportive training, maintenance of skills for providers, and accountability across settings to ensure fidelity to the practices came through as necessary activities.

It is important that evidence based programs are model adherent, that the core concepts and theoretical background are carried out in service delivery, and that guidelines for outcome (pre- and post- test) measures are accurately maintained. RCDMH will utilize clinical staff members to ensure that training in evidence-based practices is provided to all service providers. The Department will also assist the service providers in implementation of those evidenced based programs. The clinical staff will hold monthly team meetings with all practitioners of a particular model in order to maintain fidelity, provide clinical consultation, and practice skills required for implementation. The staff member will also assist with infrastructure stability at each site by guiding practitioners to maintain all needed materials and environment set-up. This will allow for greater adherence to the often stringent requirements of evidence-based practices as well as provide assistance to smaller organizations when staff turn-over impacts service delivery. Consistent training and coordination of needs will be available to all PEI programs within the County system as well as any partner agency delivering PEI programs.

PEI PROJECT SUMMARY
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: RIVERSIDE
Date: 06/30/09
PEI Project Name: 5 - FIRST ONSET FOR OLDER ADULTS
Provider Name (if known): TBD
Intended Provider Category: OLDER ADULT SERVICE CENTER

Proposed Total Number of Individuals to be served:	FY 08-09	N/A	FY 09-10	3,554
Total Number of Individuals currently being served:	FY 08-09	N/A	FY 09-10	N/A
Total Number of Individuals to be served through PEI Expansion:	FY 08-09	N/A	FY 09-10	N/A
Months of Operation:	FY 08-09	N/A	FY 09-10	9

Proposed Expenses and Revenues	Total Program/PEI Project Budget FY 08-09	FY 09-10	Total
A. Expenditures			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages:			
1.00 FTE Office Assistant III	$0	$45,075	$45,075
6.00 FTE Behavioral Health Specialist II	$0	$323,564	$323,564
0.15 FTE Psychiatrist II PD	$0	$45,805	$45,805
1.00 FTE MH Service Supervisor	$0	$97,634	$97,634
b. Benefits and Taxes	$0	$241,296	$241,296
c. Total Personnel Expenditures	$0	$753,374	$753,374
2. Operating Expenditures			
a. Facility Cost	$0	$72,234	$72,234
b. Other Operating Expenses	$0	$314,061	$314,061
c. Non-Reoccuring Cost	$0	$191,611	$191,611
d. Total Operating Expenses	$0	$577,905	$577,905
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Providers to be Determined.	$0	$1,086,646	$1,086,646
a. Total Subcontracts	$0	$1,086,646	$1,086,646
4. Total Proposed PEI Project Budget	$0	$2,417,925	$2,417,925
B. Revenues (list/itemize by fund source)			
MediCal FFP	$0	$400,759	$400,759
Total Revenue	$0	**$400,759**	**$400,759**
C. Total Funding Requested for PEI Project	$0	$2,017,166	$2,017,166
D. Total In-Kind Contributions	$0	$0	$0

PEI PROJECT SUMMARY
PEI Revenue and Expenditure Budget Worksheet

County Name: RIVERSIDE
PEI Project Name: 5 - FIRST ONSET FOR OLDER ADULTS

Date: 06/30/09

Proposed Expenses and Revenues Narrative
A. Expenditure
1. Personnel
Estimated annual cost of salaries and benefits for 8.15 new program FTEs to provide intervention services to elderly depressed and/or suicidal individuals. This program helps identify at-risk older adults and will connect them to the additional program/strategies listed in this project.
2. Operating Expenditures
a. Facility Cost: Estimated annual cost of program rent, utilities, and building maintenance. b. Other Operating Expenses: Communication, transportation, office supplies and liability, malpractice and property insurance. c. Non-Reoccuring Cost: Estimated cost of Pearls Training and vehicles to serve all three regions on Mental Health. Additional expenses include cost to equip new 8.15 FTE PEI staff and program development.
3. Subcontracts/Professional Services
The First Onset for Older Adults Program will be providing Cognitive-Behavioral Therapy, Suicide Prevention, and Depression Early Intervention services, as well as Caregiver support groups. Estimated annual cost covers all costs for contracted services including training, training materials, client materials, food, and a portion of the program's operating expenses.
4. Total Proposed PEI Project Budget
B. Revenues
New program generated Medi-Cal revenue.

PEI PROJECT SUMMARY

County: Riverside **PEI Project Name: Trauma-Exposed Services for All Ages**
Date: July 15, 2009

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	☒	☒	☒	☒
2. Psycho-Social Impact of Trauma	☒	☒	☒	☒
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☐	☐	☐	☐
5. Suicide Risk	☐	☐	☐	☐

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	☒	☒	☒	☒
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☐	☐		
4. Children and Youth at Risk for School Failure	☐	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐		

PEI PROJECT SUMMARY

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

A traumatic event is one in which a person experiences, witnesses or is confronted with actual or threatened death or serious injury, or threat to the physical integrity of oneself or others. Trauma can result from experiences that are private such as sexual assault, domestic violence, child abuse and witnessing interpersonal violence, or more public events such as community violence. Trauma occurring at any age can result in short and long term problems. "Research suggests that these can include physical health and emotional health conditions and put those exposed to trauma at risk for chronic ill health and premature death," (Facts about Trauma for Policymakers, 2007).

Stakeholder Input:

As described in Form 2, the PEI community planning process included 108 focus groups with 1147 participants, as well as 2354 completed and returned community surveys. Throughout the input process, trauma exposed individuals across the age span were highlighted as a priority population.

Focus group feedback included recommendations specifically related to trauma:

- "Services to reduce the effects of trauma."
- "Kids without a diagnosis need access to services to reduce exposure to trauma to prevent further development of mental illness."
- "Trauma: elder abuse, robbery, physical abuse, not likely to seek treatment, home bound."
- "Life skills classes including victims of domestic violence."
- "You need to help rape victims."

According to the information gathered from the community surveys, respondents most frequently chose "people facing trauma" as a high or very high need:

- "We need more counseling resources for sexual assault victims."
- "Date rape and domestic violence programs."
- "Victims of elder abuse need the most help."

As a result of the information received from the focus groups and community surveys, a Trauma Workgroup was convened. Participants in the Workgroup included consumers, family members, and representatives of agencies that provide services to trauma exposed individuals. The goals for the Workgroup were to describe the population in need of prevention and early intervention services related to trauma exposure; to identify existing programs; to identify strategies, programs and/or practices that could be provided to the population described; and to identify ideal service delivery locations. The participants agreed that the populations most likely to experience disparities in Riverside County regarding trauma related services are: undocumented individuals; LGBTQ youth and adults; African Americans; older adults; and members of the deaf/hard of hearing community. The group expressed strong support for short-term

evidenced based trauma early interventions. Additionally, the Workgroup identified community settings in which these services could be offered in order to reduce access disparities. Specific ethnic neighborhood organizations; schools; home-based; family resource centers; and faith based organizations were mentioned. See Attachment O-1 for the Trauma Workgroup report.

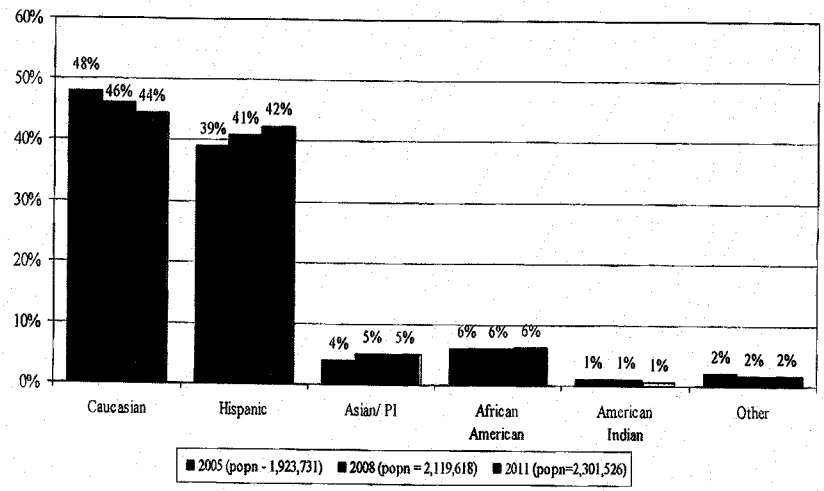
Each of the age group committees (Children, Transition Age Youth, Adult and Older Adult) participated in a facilitated process to determine the priority needs for the age group they represent. Each committee began with a review of PEI related recommendations that were gathered as a part of the CSS planning process. Committees also reviewed the analysis of the information gathered from the focus groups, community surveys and the three workgroups (Trauma, Reducing Disparities, and Reducing Stigma and Discrimination). The need for trauma related services was identified as a priority recommendation in each of the age group committees. Representatives from each committee and workgroup Participated in the PEI Steering Committee to convey their respective committee and workgroup recommendations. After much discussion, the Steering Committee agreed on services for trauma exposed individuals across the age span as a PEI project.

Data Analysis:

This PEI project targets trauma exposed individuals across the age span. The Research and Evaluation Unit compiled and analyzed a significant amount of data related to trauma experiences.

- Research has demonstrated that there is an increased risk of exposure to community violence among ethnic and racial minorities living in poverty. Riverside County population projections by race/ethnicity as shown in the graph below indicate the projected change from 2008-2011. The Hispanic population will increase over the three year period while the other ethnic populations remain stable.

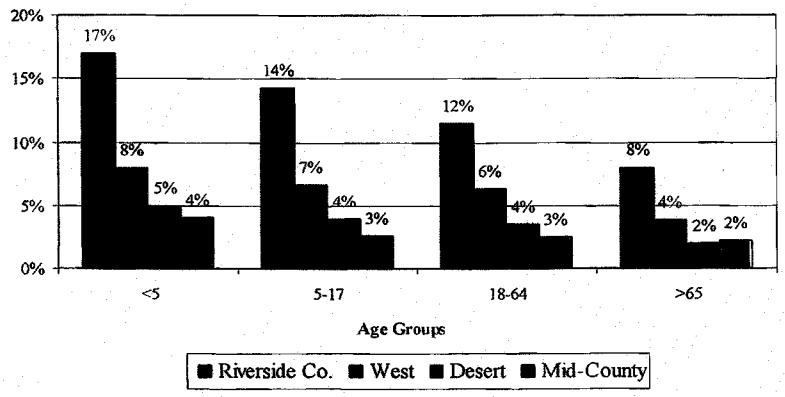
Population Projections by Race/Ethnicity



PEI PROJECT SUMMARY

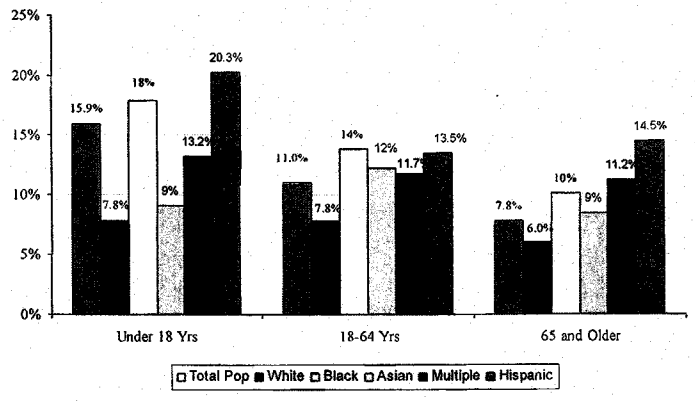
According to the census data, as shown in the graph below, of the total population of Riverside County, 11.5 percent of Riverside County residents live in poverty.

Percent of Population Below Poverty Level by Age, Region and County



Finally, the graph below shows the percentage of population by ethnicity living below the poverty line in Riverside County. This is of particular significance when looking at individuals most at risk of experiencing community violence.

Population Below Poverty Level by Race/Ethnicity and Age



Source: U.S. Census Bureau, 2005-2007 American Community Survey
Note: White, Black and Asian are Non-Hispanic single race, data for Native American, Native Alaskan, Pacific Islander, and some other races were unavailable.

- Violent crime rates in Riverside County (815 per 100,000) are 37% higher than the State rate. In 2007, the rates of rape and aggravated assault were as high as 50.1 per 100,000 and 816.2 per 100,000 respectively in Riverside County.

The Institute for Hispanic Health White Paper of 2005 states, "Domestic violence is a serious, widespread social problem with mental health consequences for victimized women and families of all cultural and ethnic groups."

- Riverside County has high rates of domestic violence and was ranked among the 10 counties with the highest number of reported cases of domestic violence according to the CPOC (Chief Probation Officers of California) annual survey of 2006-2007. In 2005, the rate of domestic violence related calls for assistance was 396 per 100,000.

Data from the National Survey of Adolescents, as well as other surveys, indicate that one in four children and adolescents in the United States experience at least one potentially traumatic event before the age of 16 and more than 13% of 17 year olds have experienced Post Traumatic Stress Disorder (PTSD) at some point in their lives (The National Child Traumatic Stress Network; Making the Connection: Trauma and Substance Abuse). Traumatic experiences may lead to many negative emotional and physical consequences for youth including depression, anxiety, and PTSD along with problems with substance abuse.

- Riverside County has more children in foster care per capita (10 per 1,000) than the State foster care rate (7 per 1,000) indicating a significant number of youth who have been exposed to trauma.

- A 2008 article published by the National Association of Counties titled Identifying General Outcomes for Youth Aging Out Of Care states, "approximately twenty-five percent of foster care alumni or adults who had experienced foster care later experienced post traumatic stress. The general population by comparison experiences post traumatic stress at a rate of 4 percent," http://www.naco.org/Content/ContentGroups/Issue_Briefs/IB-YouthAgingoutofFoster-2008.pdf.

- Adolescents who are victims of dating violence are not only at increased risk for injury, but are also more likely to report binge drinking, suicide attempts, and physical fighting. They also often carry unhealthy patterns of abuse into future relationships (Lynberg MC, Eaton D, et al., 2003 & Smith PH, White, JW Holland, LJ, 2003). The California Healthy Kids Survey surveys students in 7th, 9th, and 11th grades as well as students in non-traditional school settings regarding issues related to safety. One result of the survey for 2005-2007 in Riverside County revealed that between 4% and 11% of students surveyed answered "yes" the to the question, "During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?"

Older adults have increased vulnerability to trauma, both at the hands of strangers as well as those in care giving roles. There are a growing number of older adults in Riverside County and the Older Adult Committee recommended addressing the impact of trauma among older adults.

- In Riverside County, in 2005, there were 317,113 residents aged 60 years and older. Projections for the year 2020 state this age groups' population to be 503,456, a 74% increase in the total population for those aged 60 years+.

- There were 4,625 referrals to Adult Protective Services in 2007 and of those, 1,369 (29.6%) were confirmed.

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

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

The goal of this PEI project is to reduce the deleterious effects of trauma for individuals most at risk of developing mental health problems as a result of traumatic experiences. This project will address the State identified Key Community Mental Health Needs and Priority Populations in addressing the Psychosocial Impact of Trauma and Trauma Exposed Individuals and will include individuals in each of the identified age groups.

This project will utilize five evidence based practices (EBP) that have been proven effective in early intervention for trauma exposed individuals. In addition to the implementation of the EBPs, this project plans to conduct specific outreach to underserved communities in Riverside County to ensure that individuals who traditionally have not received services will be reached. RCDMH will partner with providers from the communities in which the services are being offered, whenever possible. Program implementation will also provide additional activities as needed, such as consultation, screening, and training on mental health issues.

The five identified early intervention EBPs are:

- **Cognitive Behavioral Intervention for Trauma in Schools (CBITS)** – CBITS is a cognitive and behavioral therapy group intervention to reduce children's symptoms of Post Traumatic Stress Disorder (PTSD) and depression caused by exposure to violence. It has been implemented successfully in inner city schools with multicultural populations. CBITS has three main goals: 1) to reduce symptoms related to trauma, 2) to build resilience, and 3) to increase peer and parent support. The program has been used primarily for children in grades six to nine (ages 10-15) who have witnessed or experienced violent events. The format consists of ten one-hour weekly group sessions with five to eight children, plus one to three individual sessions with each child, two parent education sessions, and a teacher informational meeting. A manual details step-by-step plans and provides scripts for implementing the program.

  This program was selected specifically due to overwhelming community request for trauma services as well as an overarching request to provide services in

school settings. Providing services in schools will reduce stigma and will allow for youth who traditionally would not receive services to receive the service.

This early intervention EBP requires training and consultation with the developers for a period of time to ensure fidelity to the model. In addition, this program requires the use of licensed or licensed eligible clinical staff for implementation. Due to the staffing requirements and the training required of the EBP, the cost to client ratio is slightly higher. This program was identified by the PEI Steering Committee as a priority trauma services for children and youth populations in Riverside County. As a result, there will be Countywide implementation of this program which will require several coordinated trainings by the developer of the program and ongoing oversight to ensure fidelity.

- **Safe Dates** - This program is a dating violence prevention program for middle and high school students. It works as both a prevention and early intervention tool for teens who have already begun to date and those who have not yet started dating. The goals are to: 1) change adolescent dating violence norms, 2) change adolescent gender-role norms, 3) improve conflict resolution skills for dating relationships, 4) promote victims' and perpetrators' beliefs in the need for help and awareness of community resources for dating violence, 5) promote help-seeking by victims and perpetrators, and 6) improve peer help-giving skills. Intended for middle and high school students, the Safe Dates program can stand alone or fit easily within a health education, family, or general life-skills curriculum. Because dating violence is often tied to substance abuse, Safe Dates also may be used in conjunction with drug and alcohol prevention and general violence prevention programs. The program includes a curriculum with nine 50-minute sessions, a 45-minute play to be performed by students, and a poster contest. Safe Dates involves family members through parent letters and a parent brochure.

  This program was selected in response to a significant request for a program to address dating violence by many stakeholders, including parents, teachers and youth. The program will be implemented within school settings, but also community based settings, such as faith based organizations, family resource centers and other places that youth naturally gather. There will be specific outreach to underserved cultural populations including LGBTQ and Deaf and Hard of Hearing youth.

  This EBP is a prevention program that includes training by a developer approved trainer and includes the cost of a manual for each provider.

- **Seeking Safety** – This program is a present focused, coping skills program designed to simultaneously help individuals with a history of trauma and substance abuse. It is a manualized, flexible program that is adaptable to various populations and settings. It has been conducted in group or individual format; for female, male or mixed gender groups; for people with both substance abuse and

dependence issues; and, for people with Post Traumatic Stress Disorder (PTSD) and for those with a trauma history that do not meet criteria for PTSD. Seeking Safety focuses on coping skills and psycho-education and has five key principles: (1) safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions); (2) integrated treatment (working on PTSD and substance abuse at the same time); (3) a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse: (4) four content areas: cognitive, behavioral; interpersonal, and case management: and (5) attention to clinician processes (helping clinicians work on counter-transference, self-care, and other issues).

This intervention was identified by the PEI Steering Committee based upon the community planning process for use with transition age youth and adults. Seeking Safety addresses issues specifically related to substance abuse. According to The National Child Traumatic Stress Network: Making the Connection: Trauma and Substance Abuse, studies indicate that up to 59% of young people with PTSD subsequently develop substance abuse problems. This then leads to an increased risk of trauma exposure. This program aims to help participants avoid or interrupt that cycle.

The early intervention EBP requires structured training for providers in order to ensure fidelity to the model. This program was identified by the PEI Steering Committee as a priority trauma services for both the TAY and adult populations in Riverside County. As a result, there will be Countywide implementation of this program which will require several coordinated trainings by the developer of the program and ongoing oversight to ensure fidelity.

- **Trauma Recovery and Empowerment Model (TREM)** – This intervention is a fully manualized group based early intervention designed to facilitate trauma recovery among men and women with histories of sexual, physical, and emotional abuse who have been economically and socially marginalized and for whom traditional recovery work has been unavailable or ineffective. This approach emphasizes survivor empowerment and peer support, teaches techniques for self-soothing and recognizing social boundaries, and helps participants learn to focus on manageable steps of problem solving. It addresses both the short and long-term consequences of violent victimization, including mental health symptoms, especially Post Traumatic Stress Disorder (PTSD) and depression. TREM is structured as a comprehensive group intervention program of 33 (75 minute) sessions offered over a 9 month period, led by trained clinicians.

  This program was specifically requested for use with underserved cultural populations due to evidence of effectiveness with the Hispanic and African American populations.

PEI PROJECT SUMMARY

This early intervention EBP requires training and consultation with the developers for a period of time to ensure fidelity to the model. In addition, this program requires the use of licensed or licensed eligible clinical staff for implementation. This program was identified by the PEI Steering Committee as a priority trauma services for adults in Riverside County. As a result, there will be Countywide implementation of this program which will require several coordinated trainings by the developer of the program and ongoing oversight to ensure fidelity.

- **Prolonged Exposure (PE) Therapy for Post Traumatic Stress Disorders** – This early intervention is a cognitive-behavioral treatment program for adult men and women with PTSD who have experienced single or multiple/continuous traumas. It is a course of individual therapy designed to help individuals process traumatic events and reduce their PTSD symptoms along with depression, anger, and general anxiety. PE has three components: 1) post trauma difficulties, 2) imaginal exposure (also called revisiting the trauma memory in imagination), repeated recounting of the trauma memory, and 3) in vivo exposure, gradually approaching trauma reminders that are feared and avoided despite being safe. Treatment is individualized and can be shortened or lengthened depending on the needs and pace of the client. It is conducted by social workers and other therapists trained to use the PE manual, which specifies the agenda and treatment procedures for each session. Standard treatment consists of 8-15 sessions conducted once or twice weekly for 90-minutes each.

  This program was specifically identified by the PEI Steering Committee for use with the older adult populations after reviewing community input and data which included information regarding crime rates and rates of Adult Protective Service referrals and substantiations. Specific and targeted outreach will also be made to include LGBTQ older adults as well as other underserved cultural populations.

  This early intervention EBP requires training and consultation with the developers for a period of time to ensure fidelity to the model. In addition, this program requires the use of licensed or licensed eligible clinical staff for implementation. In accordance with the EBP, due to the nature of the needs of the individuals receiving the service, and the program being an individual service, the program is not a high volume program. This program was identified by the PEI Steering Committee as a priority trauma services for older adults in Riverside County. As a result, there will be Countywide implementation of this program which will require several coordinated trainings by the developer of the program and ongoing oversight to ensure fidelity.

PEI PROJECT SUMMARY

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

The implementation partners for this PEI project are numerous due to the need to serve individuals across the age span as well as the importance of partnering with community providers to provide the services in natural community settings. Potential partners include providers throughout communities who have relationships with underserved communities and who currently provide trauma related services, both at their locations as well as in communities in order to reach the broader population in need. This may include partnerships with Rape Crisis Centers and providers for victims of domestic violence, such as Alternatives to Domestic Violence. In addition, other partners include, but are not limited to, education, faith based organizations, senior centers, Family Resource Centers, community centers (especially those serving the LGBTQ populations), Youth Opportunity Centers, RCDMH Friday Night Live chapters, County Office on Aging, and the Department of Social Services.

c.) Community demographics, including a description of specific geographic areas and the underserved racial, ethnic and/or cultural populations to be served.

As stated in the data analysis portion of this project, data related to population by poverty, ethnicity, crime, Child Protective Services and Adult Protective Services substantiations, and domestic violence was analyzed to identify areas in the County where individuals are at increased risk of developing mental health issues. This data, along with recommendations from the Trauma Workgroup and the four age group committees led the PEI Steering Committee to recommend that underserved cultural populations across the age span, including LGBTQ youth and elders be a priority for trauma related services. RCDMH divides the county into three regions which are Western, Mid-County, and Desert. Communities within each of the three regions of the county were identified as high need and will be the initial target demographic. The analysis of the data, provided by the RCDMH Research and Evaluation Unit resulted in the identification of priority communities within each service delivery region. Using the data listed above priority areas for the children, transition age youth, and adult populations in Western Region are: Rubidoux, CasaBlanca, Eastside, Arlanza, and Moreno Valley. The priority communities in Mid-County Region are: Lake Elsinore, San Jacinto, Perris, Winchester, Romoland and San Jacinto. The priority communities in Desert Region are: portions of the Coachella Valley, Mecca, East Side Banning, Indio, North Palm Springs, Desert Hot Springs, Cathedral City, and Blythe. For the older adult population, data identified different priority areas for each region. Priority areas in Western Region are: Rubidoux, CasaBlanca, Eastside, and Moreno Valley. The priority communities in Mid-County Region are: Winchester, Romoland and San Jacinto. The priority communities in Desert Region are: North Palm Springs, Desert Hot Springs,

Cathedral City, and Blythe. Service providers will be asked to identify the specific needs and populations of those that will be served, specific underserved cultural populations to be served, and specific outreach activities that will be utilized.

d.) Highlights of new or expanded programs.

Each of the identified programs is new to Riverside County Department of Mental Health.

Cognitive Behavioral Intervention in Schools (CBITS):

- Accurately identifies trauma exposed youth using an evidenced based screening tool
- Reduces stigma related to mental health services by providing the service at schools
- Provides service to the youth, caregivers, and the teachers

Safe Dates:

- Builds resiliency skills in youth
- Is portable so that youth in a variety of settings can attend the program
- Addresses individuals at high risk of trauma

Seeking Safety:

- Addresses issues related to trauma and substance abuse
- It can be implemented in an individual or group format allowing for flexibility to meet the needs of the individual receiving the service
- The manual allows for flexibility so the individuals can focus on the topics that most meet their needs

Trauma Recovery and Empowerment (TREM):

- TREM has been successfully implemented with diverse racial and ethnic populations in a range of settings
- There are specific interventions based upon the gender of the individual(s) receiving the service

Prolonged Exposure Therapy for Post Traumatic Stress Disorders:

- This program was designed for those who meet diagnostic criteria for Post Traumatic Stress Disorder
- This intervention has been shown effective with adult and older adult populations

PEI PROJECT SUMMARY

e.) Key milestones and anticipated timeline for each milestone.

- PEI plan approval by State DMH – Summer 2009
- Competitive Procurement Process – September '09 – November '09
- Recruitment and hiring of appropriate staff – December '09
- Training staff in evidence-based model (including cultural and linguistic needs of population) – January '10
- Program implementation – February - June 2010

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2010 by type		Number of months in operation through June 2010
	Prevention	Early Intervention	
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Individuals: Families:	Individuals: 432 Families:	10
Safe Dates	Individuals: 240 Families:	Individuals: Families:	10
Seeking Safety	Individuals: Families:	Individuals: 1260 Families:	10
Trauma Recovery and Empowerment (TREM)	Individuals: Families:	Individuals: 1152 Families:	10
Prolonged Exposure Therapy for PTSD	Individuals: Families:	Individuals: 600 Families:	10
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 240 Families:**	**Individuals: 3,444 Families:**	10

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

This Prevention and Early Intervention project will target youth, transition age youth, adults and older adults who have experienced traumatic events as well as youth who have, or are at risk of, experiencing dating violence. Through the implementation of the identified evidenced based practices within this project, there will be identification of needed support services and resources for those individuals receiving the services. RCDMH and project partners will ensure that an organized system of referrals is developed between community based organizations and County programs. The referral system will ensure that individuals served through the identified programs within this project are able to access services based upon their individual needs. The partners will be aware of up to date and accurate referral information.

This project will strengthen and rely upon ongoing referral mechanisms to link individuals who may need a mental health assessment and treatment to County Mental Health or other appropriate community providers. This project also has a goal of increasing the use of other needed community resources and project partners will also work with those receiving the programs in accessing those needed services, such as employment, housing, substance abuse, and domestic violence services.

6. Collaboration and System Enhancements

This PEI project provides multiple opportunities for collaboration and system enhancement. RCDMH will partner with community based organizations that have extensive knowledge and experience in working with individuals who have experienced trauma. This may include, but not be limited to, rape crisis centers, domestic violence shelters, homeless shelters, the Department of Public Social Services, and the County Office on Aging. Additionally, collaboration with youth serving organizations will be essential in implementation of those programs identified for youth. This may include, but not be limited to, schools, including elementary, junior, and high schools, community colleges and universities, and faith based organizations.

System enhancement will occur as each of the programs effectively reach into communities. Through awareness of trauma related symptoms and available services, individuals exposed to traumatic events will have the opportunity to receive services early and thus reduce the impact of the trauma.

All providers will be expected to leverage supports and provide in-kind resources. The infrastructure of the established community based organizations that will be the program providers allows for leveraging of provider time, space, utilities, and experience.

PEI PROJECT SUMMARY

7. Intended Outcomes

The following outcomes apply to all programs within the Trauma-Exposed PEI project:

Person-Level outcomes

- Reduction of psycho-social impact of trauma by receiving early intervention
- Increased use of coping skills
- Reduction in substance use/abuse

System-Level outcomes

- Increased community awareness of traumatic events and identification of individuals in need of trauma related services
- Increased collaboration with community based providers
- Increased number of trauma related services to unserved and underserved cultural populations

Each of the evidence based practices identified in this project also includes specified outcome measures that will be used. In addition, specific measures will be developed in conjunction with providers in order to ensure collection of appropriate data and cultural and linguistic appropriateness.

8. Coordination with Other MHSA Components

Through implementation of the components of this project, it is anticipated that individuals and families will be identified as meeting criteria for additional mental health services. For those that can be served through the CSS Full Services Partnerships, PEI or other CSS services, referrals will be made and they will be assisted with needed linkage. In addition, individuals and families who may not meet criteria for a referral to a CSS program will be provided a referral and assisted with linking with other RCDMH or community based services that will meet their needs.

Through the Workforce, Education, and Training component of the MHSA, Riverside County has hired a University Liaison position in order to establish relationships with high schools, community colleges, and universities. The Liaison will assist service providers in connecting with schools to implement the school based programs.

9. Additional Comments (optional)

In accordance with the guidelines of the MHSA PEI component, Riverside County will be implementing many evidenced based practices. In order to adequately establish and sustain these programs a solid infrastructure is required. From the community planning process feedback, the need for infrastructure to provide thorough and supportive training, maintenance of skills for providers, and accountability across settings to ensure fidelity to the practices came through as necessary activities.

PEI PROJECT SUMMARY

It is important that evidence based programs are model adherent, that the core concepts and theoretical background are carried out in service delivery, and that guidelines for outcome (pre- and post- test) measures are accurately maintained. RCDMH will utilize clinical staff members to ensure that training in evidence-based practices is provided to all service providers. The Department will also assist the service providers in implementation of those evidenced based programs. The clinical staff will hold monthly team meetings with all practitioners of a particular model in order to maintain fidelity, provide clinical consultation, and practice skills required for implementation. The staff member will also assist with infrastructure stability at each site by guiding practitioners to maintain all needed materials and environment set-up. This will allow for greater adherence to the often stringent requirements of evidence-based practices as well as provide assistance to smaller organizations when staff turn-over impacts service delivery. Consistent training and coordination of needs will be available to all PEI programs within the County system as well as any partner agency delivering PEI programs.

PEI PROJECT SUMMARY
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: RIVERSIDE Date: 06/30/09
PEI Project Name: 6 - TRAUMA-EXPOSED SERVICES FOR ALL AGES
Provider Name (if known): TBD
Intended Provider Category: MENTAL HEALTH TREATMENT/SERVICE PROVIDER

Proposed Total Number of Individuals to be served:	FY 08-09	N/A	FY 09-10	3,684
Total Number of Individuals currently being served:	FY 08-09	N/A	FY 09-10	N/A
Total Number of Individuals to be served through PEI Expansion:	FY 08-09	N/A	FY 09-10	N/A
Months of Operation:	FY 08-09	N/A	FY 09-10	9

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 08-09	FY 09-10	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages:			
	$0	$0	$0
b. Benefits and Taxes	$0	$0	$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. Non-Reoccuring Cost	$0	$79,489	$79,489
d. Total Operating Expenses	$0	$79,489	$79,489
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Providers to be Determined.	$0	$5,755,933	$5,755,933
a. Total Subcontracts	$0	$5,755,933	$5,755,933
4. Total Proposed PEI Project Budget	$0	$5,835,422	$5,835,422
B. Revenues (list/itemize by fund source)			
MediCal FFP	$0	$489,463	$489,463
Total Revenue	**$0**	**$489,463**	**$489,463**
C. Total Funding Requested for PEI Project	$0	$5,345,959	$5,345,959
D. Total In-Kind Contributions	$0	$0	$0

PEI PROJECT SUMMARY
PEI Revenue and Expenditure Budget Worksheet

County Name: RIVERSIDE
PEI Project Name: 6 - TRAUMA-EXPOSED SERVICES FOR ALL AGES

Date: 06/30/09

Proposed Expenses and Revenues Narrative
A. Expenditure
1. Personnel
N/A
2. Operating Expenditures
c. Non-Reoccuring Cost: Estimated cost of Cognitive-Behavioral Intervention for Trauma in Schools, Safe Dates, Seeking Safety, Trauma Recovery and Empowerment (TREM), and Prolonged Exposure Therapy for PTSD Training, as well as program development.
3. Subcontracts/Professional Services
The Trauma-Exposed Services Program will include contracted services providing adolescents with curriculum on dating abuse prevention, trauma therapy to adults with a history of sexual and/or physical abuse, and group/individual therapy for those with trauma, post-traumatic stress disorder (PTSD) or substance abuse problems. Estimated annual cost covers contracted services including training, training materials, client materials, food, and a portion of the program's operating expenses.
4. Total Proposed PEI Project Budget
B. Revenues
New program generated Medi-Cal revenue.

PEI PROJECT SUMMARY

County: Riverside **PEI Project Name: Underserved Cultural Populations** **Date: July 15, 2009**

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	☒	☒	☒	☒
2. Psycho-Social Impact of Trauma	☒	☒	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☒	☒
5. Suicide Risk	☐	☒	☒	☐

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	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐		

PEI PROJECT SUMMARY

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

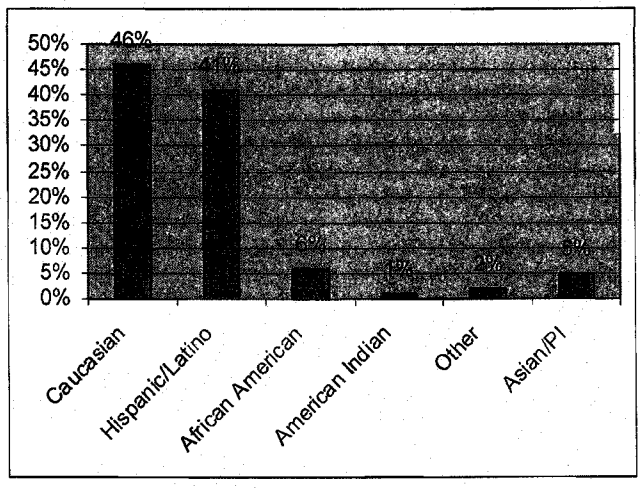
Stakeholder Input

"Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services," (UC Davis Center for Reducing Health Disparities, 2008). Specific outreach into unserved, underserved, and inappropriately served ethnic/cultural communities was a priority during the community planning process. The community planning process included 108 focus groups and community forums, four age group committees (Children, Transition Age Youth (TAY), Adult, and Older Adult), three workgroups (Trauma, Reducing Disparities, and Reducing Stigma & Discrimination), and the PEI Steering Committee which included members from each of the committees and workgroups listed. In addition, 2,354 community surveys were completed and returned. All of the above listed resources, in addition to data collected through the Riverside County Department of Mental Health, Research and Evaluation Unit, were used to determine the priorities for this project. The Reducing Disparities Workgroup (RDW) was instrumental in identifying the underserved populations to target through implementation of PEI projects. The recommendations from the RDW are listed in attachment O-2, as well as the membership list of RDW in attachment K-2. The RCDMH PEI Team made concerted efforts, as with any of the committees and workgroups, to include key community leaders and stakeholders in membership in order to have a comprehensive assessment of needs and recommendations for the underserved cultural populations within Riverside County.

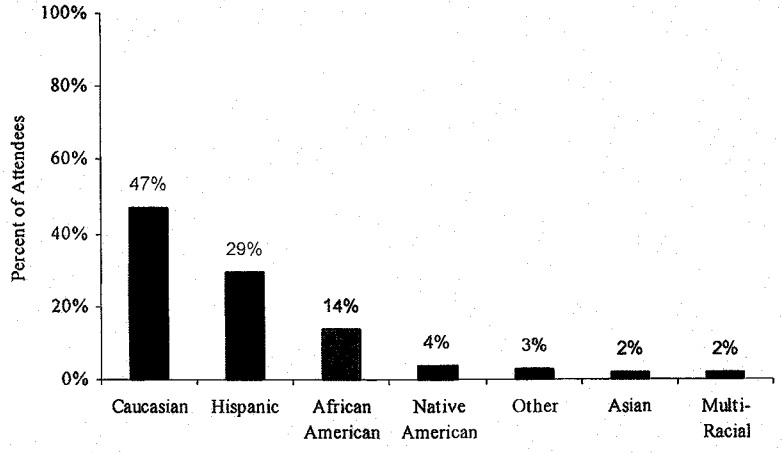
Data Analysis

The UC Davis Center for Reducing Health Disparities identified key considerations when engaging underserved communities under the Mental Health Services Act. Their report notes, "racial and ethnic minority groups are at increased risk for mental health problems given exposure to discrimination and racism as well as elevated levels of poverty and social and geographic isolation. Racism and discrimination are directly associated with psychological distress and major depression." RCDMH recognized the need to include and engage underserved populations in the community planning process so that the voice of the community could be heard and addressed through the implementation of prevention and early intervention services within the County. Riverside County is a diverse community and the ethnic make-up is demonstrated in the graph below.

PEI PROJECT SUMMARY



With the concerted outreach for focus group and community forum participation, representation reflected these efforts. The make-up of participants in focus groups and community forums is demonstrated in the graph below:



Ethnicity

Underserved cultural populations refer to those who are unlikely to seek help from any traditional mental health service because of stigma, lack of knowledge about mental health services, lack of suitability (i.e.: cultural competency) of traditional mainstream services, or other barriers (such as for members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc. as well as linguistic barriers: monolingual non-English speakers or limited English proficiency) . Improving access to mental health services for underserved communities and reducing

disparities in mental health across racial/ethnic and socioeconomic groups are key priorities of the MHSA. PEI projects can contribute to this goal through three major approaches:

- Providing culturally and linguistically competent and appropriate programs
- Facilitating access to PEI programs
- Improving individual and family outcomes of participants in PEI programs

Substantive data from consumer and family self-reports, ethnic match, and ethnic-specific services outcome studies suggest that tailoring services to the specific needs of these groups will improve utilization and outcomes (Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General, 2001). In particular, adaptation of messages to underserved ethnic, racial and cultural populations is necessary for successful interventions. Feedback from focus groups, committees and workgroups support this:

Focus Groups

- "Culturally based services teaching and emphasizing culture."
- "Cross-cultural cohesiveness/education increase evidenced based programs for minorities cultural sensitivity."
- "Evidence based programs including ethnic minorities."
- "Parent education that is culturally tailored (SPIRIT Incredible Years)"
- "Distribute pamphlets for parents in English and Spanish with a checklist of symptoms of mental illness and drug abuse."
- "Outreach centers in low income communities outreach workers..."
- "Better outreach to the Spanish-speaking community through the schools, church and media about available services and program."

Community Surveys

- "Be culturally aware – people respond better to those they are familiar with (go into communities)."
- "Early intervention and cultural understanding based on high Hispanic population in a rural setting."
- "There must be counselors that reflect the identity of those they counsel. The last thing many of us need is one more straight white middle class professional 'servicing' us."
- "More bi-lingual professionals."
- "Language barriers – need information in Spanish."

The Reducing Disparities Workgroup (RDW) was formed and the membership reflected the diversity of the community of Riverside County and included community leaders,

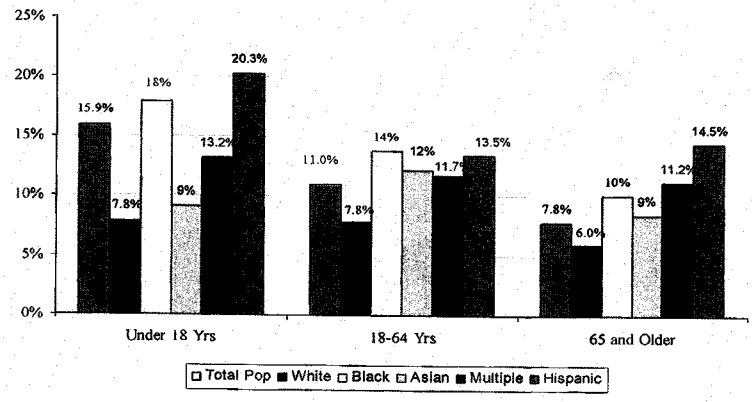
community based and faith based organizations, public agencies, consumers and family members, and members of unserved and underserved ethnic and cultural populations. The goals of the Workgroup were to provide feedback to ensure that County Mental Health efforts to reduce mental health disparities are integrated into the PEI plan and to prioritize PEI related activities for specific unserved and underserved populations. Members of the Workgroup met with key community leaders as well as community members of specific underserved populations and worked with those leaders and community members to develop PEI recommendations. The Workgroup participants had an opportunity to meet, conduct focus groups, and conduct interviews with key leaders in the community. Through this process, specific recommendations were developed for the unserved and underserved ethnic and cultural populations. In addition to recommendations for specific unserved and underserved cultural populations, the workgroup also developed general recommendations for reducing disparities in accessing PEI services. Some of the specific recommendations identified below are addressed in the Mental Health Outreach, Awareness, and Stigma Reduction Project.

- Native American:
    1. Culturally-Tailored evidence-based parenting
    2. School drop out prevention program
    3. Traditional healing blended with mainstream education regarding stress reduction, substance abuse and mental health disorders
- African American:
    1. Development of community based youth and family optimal wellness programs directed by and delivered by African American community based providers in a community setting
    2. Long term investment in African American community partnership with DMH & MHSA through development of a culturally competent African American outreach component, including but not limited to a funded African American outreach coordinator, through the development and implementation of a culturally competent community based education and awareness initiative
- Latino/Hispanic:
    1. Develop and fund a Promotores de Salud program
    2. Develop and fund Accessibility to MH services program
    3. Increase funding to support and integrate Mental Health activities with local cultural community activities
- Asian American:
    1. Develop resources in different languages that are simple and understandable
    2. Greater outreach to the Asian community at community centers, faith/spiritual groups, cultural festival and fairs, adult schools, etc.

3. Integrate mental health into useful and relevant topics such as stress management, stress relief, well-being, wellness, etc. and not so much on MH services. Help to build "better" family relationships

The Underserved Cultural Population project is designed to address specific minority groups that have been identified through the Riverside County PEI community planning process. The prevention of mental illness hinges on the identification of modifiable risk and protective factors. A guiding principle of the MHSA is to identify and address the needs of the underserved cultural populations that is, focus on the risk and protective factors that disproportionately affect racial and ethnic minorities. Such risk factors include poverty, immigration, violence, racism, and discrimination, whereas protective factors include spirituality and community and family support, (Surgeon General Report, 2001). Poverty disproportionately affects racial and ethnic minorities. It is known that people living in poverty, regardless of race or ethnicity, have the poorest overall health (Krieger, 1993; Adler et al., 1994; Yen & Syme, 1999). It then stands to reason that poverty is also linked to poorer mental health. Studies have consistently shown that people in the lowest strata of income, education, and occupation (known as socioeconomic status, or SES) are two to three times more likely than those in the highest strata to have a mental disorder (Holzer, et al., 1986; Regier et al., 1993; Muntaner et al., 1998). They are also more likely to have higher levels of psychological distress (Eaton & Muntaner, 1999). For Riverside County, the following graph shows poverty and ethnicity for our population.

Population Below Poverty Level by Race/Ethnicity and Age



Source: U.S. Census Bureau, 2005-2007 American Community Survey
Note: White, Black and Asian are Non-Hispanic single race, data for Native American, Native Alaskan, Pacific Islander, and some other race were unavailable.

The Presidents' New Freedom Commission on Mental Health (2003) stated "resilience means the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses – and to go on with life with a sense of mastery, competence, and hope. We now understand from research that resilience is fostered by a positive childhood and includes positive individual

traits, such as optimism, good problem-solving skills, and treatments. Closely-knit communities and neighborhoods are also resilient, providing supports for their members." Much research about the prevention and early intervention of mental illness centers on building resilient traits in individuals. Building resiliency focuses on increasing protective factors. In minority communities these protective factors are supportive families, strong communities, spirituality, and religion. The evidence-based practices selected for implementation in Riverside County all work to increase resiliency in the individuals participating in the programs.

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

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

Through the process of conducting a comprehensive scientific review for the Supplement to Mental Health: A Report of the Surgeon General, and with recognition that mental illnesses are real, disabling conditions affecting all populations regardless of race or ethnicity, the Surgeon General has determined that disparities in mental health services exist for racial and ethnic minorities, and thus, mental illnesses exact a greater toll on their overall health and productivity (U.S. Department of Health and Human Services, 2001). This is the foundation for the MHSA Prevention and Early Intervention mission to address the needs of ethnic and cultural minorities.

There is consensus from Riverside County data as well as from community feedback (including stakeholders, key community leaders, and community members at large); that the largest minority ethnic/cultural group is the Hispanic/Latino population and it is also agreed that this population is largely underserved. Therefore, all of the Riverside County Prevention and Early Intervention plan projects will aim to work with this population by utilizing targeted outreach to the Hispanic/Latino community in order to increase access to mental health services and reduce the disparity that currently exists in the County. As noted in previous projects, all evidence based practices chosen for this plan have shown effectiveness with one or more cultural populations, with evidence for Hispanic individuals shown for almost all of the evidence based practices selected.

The Underserved Cultural Populations project will highlight evidence based practices that were developed specifically for the cultural population identified. The cultural populations selected for a specific PEI project/program were a direct result of the PEI community planning process. RCDMH built upon the Community Supports and Services Outreach and Engagement project which included targeted outreach to the Hispanic/Latino community, the Native American community, the Asian American/Pacific Islander community and the LGBTQ community. These cultural groups were very involved during the PEI community planning process and made recommendations for appropriate services for their population. Additionally, the African American community had a prominent role in the PEI community planning process. While data shows that the African American population is over-represented within the

Department, feedback from the community, along with national and local data, suggest this population is inappropriately served. Therefore, PEI services are imperative to address the unique needs of the African American population which include distrust of the mental health system and government agencies, and to intervene in communities with high risk factors for the development of mental illness due to the stressors associated with poverty and impartial discipline policies. Although there is not a specific LGBTQ evidenced based practice, there was recognition throughout the community planning process that LGBTQ individuals, from adolescents to older adults, are an underserved population. Several of the PEI projects clearly state the needs of the LGBTQ community and that engagement and participation of individuals and families from that population in the PEI programs will be a priority. Those projects are the Mental Health Outreach, Awareness, and Stigma Reduction Project; the Transition Age Youth Project; the First Onset for Older Adults Project; and the Trauma-Exposed Services for All Ages Project.

The State identified Key Community Mental Health Needs addressed in this project are: Disparities in Access to Mental Health Services; At Risk Children, Youth and Young Adult Populations; Stigma and Discrimination; and Suicide Risk. The Priority Populations addressed in this project are: Children/Youth in Stressed Families; Children/Youth at Risk for School Failure; and Underserved Cultural Populations.

The PEI Steering Committee selected evidence based practices and other prevention and early intervention programs to serve the underserved ethnic/racial populations listed below. Program implementation will also provide additional activities as needed, such as consultation, screening, and training on mental health issues.

- **Hispanic/Latino Culture –**

  In 2007, the Public Policy Institute of California reported that, "fertility rates are higher in California than in any developed country in the world. This is partly due to the composition of the state's population, which includes large numbers of foreign-born women, who tend to have more children than U.S.- born women. Thus, in addition to its direct contribution to state growth, migration also plays an important indirect role in its fertility rates." "Approximately 10%-15% of new mothers develop clinically significant depressive symptoms, commonly known as postpartum depression. Maternal depression places children of all ages at high risk for psychopathology in general, and for depressive disorders in particular. Because pregnancy is generally a period of increased contact with health care professionals, it is an ideal time to intervene to prevent the deleterious effects of post-partum depression" (Munoz, et al. 2007). In the Community Supports and Services plan RCDMH outlined an initiative to participate in the Women's Mental Health Champions Project through the Women's Mental Health Policy Council in order to better understand the specialized needs of women. Through this endeavor, and utilizing the data of the County, gender specific programs have been identified to address the Hispanic/Latina population. The following programs target women and some of their specific needs.

PEI PROJECT SUMMARY

➢ **Mamás y Bebés (Mothers and Babies):** This is a manualized 12-week mood management course during pregnancy (women who are between 12 to 32 weeks pregnant) with post partum booster sessions at 1, 3, 6, and 12 months post-partum. It is an adapted model from the Depression Prevention Course and Cognitive Behavioral Treatment manuals. The manual was designed to address the socio-cultural issues relevant to a low-income, culturally diverse population. The purpose is to teach participants to recognize which thoughts, behaviors, and social contacts have influence on their mood, the effect of mood on health, and the benefits of strengthening maternal-infant bonding. Significant and targeted outreach will be done through the use of the Promotores de Salud (as outlined in the Mental Health Outreach, Awareness and Stigma Reduction Project). The group model appears to be "culturally congruent with the collectivist nature of the Latino culture and can provide mutual support among group members, and decrease stigma associated with mental health problems," (Munoz, et al., 2007). This program has also shown effectiveness with African American women.

➢ **Cognitive-Behavioral Therapy (CBT) for Depression (with antidepressant medication):** This program was developed for use with low-income Latina women. It uses an adapted format of CBT to address cultural issues associated with the Hispanic culture. There is considerable evidence that CBT, alone or in combination with medication, is effective in the treatment of Major Depression. The use of Promotores de Salud is a key element in the engagement of the Latina women. Mental Health workers trained through the Promotores de Salud model are from the targeted community and are able to outreach to and engage with the women within the culture of their community. Antidepressant medication is also a component of the program and used in conjunction the CBT show a decrease in depression and an improvement in overall functioning.

➢ **African-American –**

The African-American project was designed with key community leaders within the African-American community. Some of the concerns from community members in Riverside County include:

- Lack of prevention programs at neighborhood level
- Lack of education and knowledge regarding resources
- Department of Mental Health staff's (and other agencies) stigma about the community (approach community with fear)
- Constant stress and fear of surviving in the community
- Inability or unwillingness of DMH staff to identify/address mental illness that can be attributed to internalizing prejudices
- Inability to work with consumers where they are
- Lack of adequate child/youth services

PEI PROJECT SUMMARY

RCDMH has a commitment to serving all underserved cultural populations within Riverside County and has a desire to address the needs of the African-American community in order to provide appropriate and adequate resources and programming. According to a nationally representative survey (Pescosolido et al., 2000), at times of adversity, people turn to family and friends for support and when mental illness develops family and friends are sought out for help first. Researchers have identified 10 characteristics of resilient African American families:

1. Strong economic base
2. Achievement orientation
3. Role adaptability
4. Spirituality
5. Extended family bonds
6. Racial pride
7. Respect and love
8. Resourcefulness
9. Community involvement
10. Family unity (Gary et al., 1983)

A literature review on African American children raised in inner-city neighborhoods concluded that, "there was at least one adequate significant adult who was able to serve as an identification figure. In turn, the achieving youngsters seemed to hold a more positive attitude towards adults and authority figures in general," (Garmezy & Neuchterlein, 1972). For urban elementary students chronically exposed to violence, support of teachers enhanced their social competence in the classroom, as did support from peers and family. Family support was also critical in relieving the children's anxiety (Hill & Madhere, 1996; Hill et al., 1996). With this in mind, it is clear that a program targeting the African American community offered in a natural community setting is essential. Three approaches have been identified to specifically serve the African American community of Riverside County:

- **Effective Black Parenting Program (EBPP):** The EBPP was originally developed for parents of African American children aged 2 to 12. Most of its evaluation studies have been conducted with this population. However, since beginning the national dissemination of the program in 1988, the program has been successfully used with teenage African American parents and their babies, and with African American parents of adolescent children. Thus, its widespread usage has been with parents whose children range from 0 to 18. The complete EBPP consists of fourteen 3-hour training sessions and a graduation ceremony. The complete program is usually taught for small groups of parents (8 to 20). A briefer version of the EBPP is also available (a one-day seminar version) which is taught with large numbers of parents (50 to 500). This is a cultural adaptation of the Confident Parenting Program. It

includes: culturally specific parenting strategies; general parenting strategies; basic parenting skills taught in a culturally-sensitive manner using African American language expressions and African proverbs; and special program topics such as single parenting and preventing drug abuse. The ideal instructor is an African American with a positive ethnic identification, and with a background in child development, African American studies, behavior modification, and group processes. Upon implementation, the weekly parent group will be facilitated by a clinician who will also offer one-day seminars throughout the year. Identified parents who complete the small group program will be provided training to facilitate one day seminars in their communities. A stipend will be offered to parents who facilitate the one-day seminars. Utilizing parents and community members to facilitate seminars will increase the cultural competence of the program, reduce disparities, and build community assets.

- **Africentric Youth and Family Rites of Passage Program**: This program developed by the MAAT Center for Human and Organizational Enhancement, Inc. of Washington, D.C. is designed for African American male youth between ages 11 and 15. The goal of the MAAT program is empowerment of black adolescents through a nine-month rites of passage program. Youth can be referred from a variety of places including courts, mental health, and schools. The program provides a multi-faceted, therapeutic intervention to 15-member youth groups. The first eight weeks are an orientation for the youth, the parents, and the referring agency personnel. A major component of the program is the afterschool program, held for two hours, three days per week. It offers modules on knowledge and behaviors for living; module topics include manhood development, sexuality, and drugs. Modules on creative arts, math, and science are also offered. After each module is completed, the youth develop topic-related projects, such as the production of culturally oriented T-shirts, anti-substance abuse buttons, videotapes, and concerts. For effective prevention, all programming activities need to be interesting and prosocial so that youth are engaged and benefit from the resiliency building aspects of the activity. Family and caretaker involvement is stressed in this program. Family enhancement and empowerment buffet dinners are held monthly. The objective of the dinners is to empower adults to advocate on behalf of their children and families and to work toward community improvement. The dinner conveys to parents that they are valued and that the program is hospitable and nurturing. This message is necessary because initially most parents distrust the MAAT program because of previous negative experiences with human services organizations. Staff demonstrate their caring to parents through ongoing outreach and communication. Another component of the program includes casework and counseling with linkage to needed services. The staff includes a clinical social worker as well as non-professionals who can provide formal, informal, and crisis counseling. Outreach is an essential component to engage the students and families as

well as maintain them in the program. Staff outreach via telephone and transportation to and from the program (Harvey et al., 1997).

- **Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)** – The CBITS program is a cognitive and behavioral therapy group intervention for reducing children's symptoms of Post Traumatic Stress Disorder (PTSD) and depression caused by exposure to violence that has been used successfully in inner city schools with multicultural populations. CBITS has shown cultural evidence for African American youth. CBITS has three main goals: to reduce symptoms related to trauma, to build resilience, and to increase peer and parent support. CBITS was designed for use in schools, but can also be implemented in a community setting, for children ages 10-14 who have had substantial exposure to violence and who have symptoms of PTSD in the clinical range. Treatment includes group with 5-8 students for 10 sessions along with 1-3 individual sessions, two parent education classes, and a teacher informational meeting.

- **Native American** –

According to U.S. Census data, Native American & Alaskan Natives have the highest percentage of poverty in the United States at 26% compared to 13% for the United States as a whole and 8% for white Americans. According to Dr. Renda Dionne, Native American consultant for RCDMH, there is a perception that many American Indians residing in Riverside County are wealthy. In fact, gaming wealth is the exception and 19% of American Indians live below poverty. The long history of discrimination and poor treatment from the government has created many risk factors for this population.

Although little is known about rates of psychiatric disorders among American Indians and Alaskan Natives in the United States, a recent study reported much higher rates of frequent distress – nearly 13 percent compared to nearly 9 percent in the general population, which suggest that American Indians and Alaskan Natives experience greater psychological distress than the overall population (Centers for Disease Control and Prevention, 1998). In the CSS plan, RCDMH outlined steps to be taken to build strong relationships and clearly understand the needs of ethnic groups in the County. As a result, a consultant for the Native American community was utilized to establish relationships and work jointly on the mental health needs of this population. The consultant was also a member of the Reducing Disparities Workgroup and was instrumental during the PEI community planning process in organizing focus groups and providing feedback for the Native American community in Riverside County. Parenting programs, school drop out prevention, and substance use prevention were the primary recommendations that came out of the community planning process for this ethnic population. Evidence based programs have been selected and are listed below:

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- **Incredible Years – Native American adaptation (SPIRIT):** Incredible Years is a set of comprehensive, multifaceted, and developmentally based curricula targeting 2-12 year old children, their parents, and teachers. The parent training intervention focuses on strengthening parenting competencies and fostering parents' involvement in children's school experiences to promote children's academic and social skills and reduce delinquent behaviors. The model was developed as a group intervention; however SPIRIT is a culturally-tailored evidence-based practice that was adapted by Dr. Renda Dionne for the Riverside County American Indian community. The adaptation is a 15 week in home parenting program for children ages 0-11 years old.

- **Guiding Good Choices (GGC)**: GGC is a prevention program that provides parents of children in grades 4 through 8 (9-14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully. Due to the historical trauma within Native American populations, substance abuse is inextricably linked with the development of depression and major mental illness, including Bi-Polar Disorder and Post Traumatic Stress Disorder. Therefore a program to address substance abuse prevention is essential in addressing the prevention of mental health problems. This family group intervention is a five-session curriculum that addresses preventing substance abuse in the family, setting clear family expectations regarding drugs and alcohol, avoiding trouble, managing family conflict, and strengthening family bonds. This program can be adapted to be implemented in-home with individual families. Sessions are interactive and skill based, with opportunities for parents to practice new skills and receive feedback, and use video-based vignettes to demonstrate parenting skills.

In addition, the Native American community will benefit from the services which will be implemented through the Mental Health Outreach, Awareness and Stigma Reduction Project. Through this project, the Ethnic and Cultural Community Leaders in a Collaborative Effort for the Native American community (see the MH Outreach, Awareness and Stigma Reduction project), will outreach to key community leaders within the Native American communities to develop mental health specific materials related to the needs of this population. Effective outreach strategies will also be developed to reduce stigma related to mental health and increase engagement in services. The work that has been done through Dr. Dionne thus far will continue and evolve into the coordination of community activities such as Pow-Wow's and the Gathering of Native Americans (GONA).

PEI PROJECT SUMMARY

- **Asian American/Pacific Islander (AA/PI) –**

In Riverside County in 2005, the Asian American Population made up 4% of the total population. By 2008 the percentage of Asian Americans in Riverside County increased to 5% and that figure is expected to be maintained through 2011. There continue to be unmet needs in Riverside County for this community and greater outreach and engagement in prevention and early intervention activities is needed.

In the CSS plan, RCDMH outlined steps to be taken to build strong relationships and to clearly understand the needs of ethnic groups in the County. As a result, the Outreach and Engagement Program and the Riverside Asian American Community Association (RAACA) worked together to initiate the evaluation of mental health needs of the Asian American population living in Riverside County. RAACA assisted in the development and implementation of an Asian American Survey in 4 languages identified as the most common languages: Thai, Lao, Vietnamese, and Chinese (standard and traditional). The survey was distributed at the Asian American Health Conference in 2008. The survey examined factors including: emotional history, preferred language for services, perceived risk of emotional issues, and preferred assistance and levels of comfort in receiving mental health services. The RCDMH Cultural Competency/Ethnic Services Manager, Myriam Aragon, worked closely with RAACA during the PEI community planning process, in coordination with individual experts' interviews, to obtain information on the mental health needs of the Riverside County Asian American community. Building "better" family relationships, stress relief, well-being, and wellness programs were the primary recommendations. Data from RAACA showed that, of the AA/PI community in Riverside County, the target ethnic/cultural population is of Southeast Asian descent including Vietnamese, Laotian, and Cambodian. In addition, the ethnic/cultural make-up of the AA/PI in the County includes Chinese and Korean. The following program was selected for service delivery to the AA/PI community:

- **Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families** – This is a selective prevention intervention. The target populations of the SITIF program are immigrant parents and/or caregivers with inadequate parenting skills to effectively discipline and nurture their children. The primary strategies of the three components of the program are: (1) Community Education/Outreach Workshops: these are one-time workshops on effective bi-cultural parenting and family management. The workshops help demystify the stigma associated with parenting classes and mental health issues, provides tips to parents, and are an effective recruitment strategy; (2) Bicultural Parenting Class Series: This is a 10-week, culturally competent, skill-based, interactive, and manualized parenting and family management curriculum to the target parents and/or primary caregivers once a week for 2 hours per week in a group format; (3) Family Support Service Linkage: When parents indicate additional need for mental health and/or other social services, staff provide consultation and linkages to linguistically and culturally

competent community service entities. The curriculum has been applied to immigrant parents of various ethnic origins. The curriculum has various language versions including Chinese and Vietnamese. The intervention uses a team approach with 2 Parent/Family Specialists who are bi-lingual in the language of the immigrant families they work with. They will conduct the parenting curriculum and provide consultation on an as needed basis. The team also works in the capacity of a community organizer to serve as a liaison between the program and the community. They have a good understanding of the local community and immigrant experience and are able to network with people and recruit them to the program. The activities are delivered at locations that are natural congregation places for the immigrant families such as schools, community service delivery settings, community-based and culturally competent behavioral healthcare center.

The Asian American community will also benefit from the programs in other projects of the PEI plan. The Asian American Ethnic and Cultural Community Leaders in a Collaborative Effort (described in the Mental Health Outreach, Awareness, and Stigma Reduction Project) will outreach to key community leaders within the Asian American communities to develop mental health specific materials related to the needs of this population. Effective outreach strategies will also be developed to reduce stigma related to mental health and increase engagement in services. This community will have access to all of the other PEI services available in their community.

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

One of the State identified PEI Key Community Mental Health Need is to reduce disparities in access to mental health services. The Underserved Cultural Population Project will address this need by partnering with agencies throughout Riverside County to implement each of the racial/ethnic group programs that specifically work with, and outreach to, the identified racial/ethnic groups. The evidence based practices and interventions used are culturally-tailored and in order to adequately implement each of the programs the lead agency must know the culture and have a stake in the community they serve. Therefore, it is essential that these programs be delivered in community-based and/or faith-based organizations within the identified cities/neighborhoods as revealed through the extensive data evaluation completed during the community planning process. In order to achieve this, potential partners may include, but not be limited to, The Latino Commission, The Latino Network, The Dubois Institute, Community Health Agency: Infant Black Health Program, Indian Child and Family Services, Riverside-San Bernardino County Indian Health, and the Riverside Asian American Community Association. The Ethnic and Cultural Community Leaders in a Collaborative Effort will assist in the identification of additional partners. This method of implementation addresses

the community mental health need identified by the State, but more importantly, addresses the recommendations and voice of the Riverside County community members and stakeholders who were an integral part of the PEI community planning process.

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

Research shows that poverty and ethnicity, when combined, increases the risk of developing mental illness. This is most often related to an increase in community violence and a lack of community resources. Data provided by the RCDMH Research and Evaluation Unit provided data related to these factors and were instrumental in identification of communities at highest risk for the Hispanic/Latino and African American populations.

Hispanic/Latino – This population is Riverside County's largest racial/ethnic minority group. Specific locations within each regional service delivery area have been identified through the data with a high density of Hispanic population and areas of poverty, as these are indicators of risk for the development of mental illness. The communities identified for Western Region are: Rubidoux, East Side, Arlanza, and Moreno Valley. The communities identified for Mid-County Region are: Lake Elsinore, San Jacinto, and Perris. The communities identified for Desert Region are: portions of the Coachella Valley, Desert Hot Springs, and Eastside Banning. There are many community and faith based organizations (such as the Latino Commission, churches, community centers) that serve the Hispanic population and collaborating with these organizations within the local community setting of those being served will decrease access disparities, reduce stigma, and increase the likelihood that community members will participate in services.

African American – This population is the second largest minority ethnic/cultural population in Riverside County. There are community and faith based organizations that serve the African American population. RCDMH will partner with these agencies to offer services within a trusted community setting. Collaborating with these organizations within the local community setting will reduce access disparities, reduce stigma, and build trust within the African American community by following through with recommendations that came forward with strength from key community leaders in the community planning process. The communities identified for Western Region are: Rubidoux, East Side, Arlanza, and Moreno Valley. The communities identified for Mid-County Region are: Lake Elsinore, San Jacinto, and Perris. The communities identified for Desert Region are: Coachella Valley, Desert Hot Springs, and Eastside Banning.

Native American – Riverside County has a large and diverse American Indian population. It is home to 31,948 American Indians, which is 1.4% of the Riverside County population (Census 2000). Approximately 15% of the American Indians are

from the 11 local tribes located within Riverside County. American Indian reservations in Riverside County are located in the Mid-County and Desert regions of the Department of Mental Health. There are tribal schools, both middle and high school, in the Western and Mid-County Regions. As stated earlier, there are also several agencies that serve American Indians in the County who would be natural partners for implementation of these programs.

Asian American/Pacific Islander – RCDMH is committed to follow the recommendations set forth through the Reducing Disparities Workgroup regarding the AA/PI community in Riverside County which are to build relationships and increase outreach and engagement in mental health services. The Department will partner with the Riverside Asian American Community Association (RAACA) to locate populations of Asian Americans as well as natural settings where families gather. This will allow for an opportunity to establish relationships and outreach to community members and families for engagement in prevention and early intervention services. Service delivery will take place in safe and familiar community settings including community and faith based organizations that serve the Asian American community.

d.) Highlights of new or expanded programs.

Each of the evidence based practices listed in this project are new to Riverside County with the exception of the Incredible Years Program. While RCDMH offers the Incredible Years children and parenting programs in school-based and outpatient clinic-based (respectively) settings, the Native American adaptation, SPIRIT, is an expansion into this underserved community by partnering with an organization that serves Native American children and families.

Mamás y Bebés (Mothers and Babies) –
- Culturally-tailored perinatal group
- Increases coping and problem-solving skills
- Addresses and decreases post-partum depression

Cognitive-Behavioral Therapy with antidepressant medication –
- Decreases depressive symptoms and improves functioning
- Utilizes Promotores de Salud to increase access to mental health services
- Reduces risk of suicide in Hispanic women

Effective Black Parenting –
- Culturally-tailored parenting intervention
- Can be provided by community leaders
- Enhances family relationships

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Africentric Youth and Family Rites of Passage Program –
- Addresses specific needs of African American youth
- After school program that increases resiliency
- Increases positive connection to the community

Cognitive-Behavioral Intervention for Trauma in Schools –
- Small group format
- Addresses trauma as a result of community violence exposure early
- Increases social competencies and problem-solving skills

Incredible Years (SPIRIT) –
- Culturally-tailored approach
- Increases effective parenting skills
- In-home services increase access to mental health services

Guiding Good Choices –
- Increases family involvement that is rewarding and enhances parent and child bonds
- Encourages consistent and moderate discipline
- Teaches parents skills that help mitigate the risk factors associated with drug abuse

Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families –
- Culturally and linguistically competent
- Increases parental skills and enhances parent-child relationship
- Selected prevention targets children who feel "trapped" between two cultures and reduces their risk of developing behavioral and emotional problems

e.) Key milestones and anticipated timeline for each milestone.

- PEI plan approval by State DMH – Summer 2009
- Competitive Procurement Process – September '09 – November '09
- Recruitment and hiring of appropriate staff – December '09
- Training staff in evidence-based model (including cultural and linguistic needs of population) – January '10
- Program implementation – February - June 2010

PEI PROJECT SUMMARY

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2010 by type		Number of months in operation through June 2010
	Prevention	Early Intervention	
Mamás y Bebés (Mothers and Babies)	Individuals: Families:	Individuals: 480 Families:	10
Cognitive-Behavioral Therapy w/ antidepressant medication	Individuals: Families:	Individuals: 180 Families:	10
Effective Black Parenting	Individuals: 1800 Families:	Individuals: Families: 120	10
Cognitive-Behavioral Intervention for Trauma in Schools	Individuals: Families:	Individuals: 54 Families:	10
Africentric Youth and Family Rites of Passage Program	Individuals: 60 Families:	Individuals: Families:	10
Incredible Years - SPIRIT	Individuals: Families:	Individuals: 60 Families:	10
Guiding Good Choices	Individuals: 100 Families:	Individuals: Families:	10
Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families	Individuals: Families:	Individuals: 100 Families:	10
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 1,960 Families:**	**Individuals: 994 Families:**	10

PEI PROJECT SUMMARY

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

The Underserved Cultural Populations project will provide culturally-tailored prevention and early intervention services in natural settings for the identified ethnic/cultural populations noted above and were selected based upon the data reviewed during the community planning process. As individuals and families are identified, assessed and provided services providers will be expected to address all needs that are presented. This can be accomplished through accurate and relevant referral to more intensive mental health services if needed, as well as additional community supports including substance abuse treatment, domestic violence or sexual violence prevention and intervention and basic needs including healthcare.

6. Collaboration and System Enhancements

This multi-faceted project involves several natural settings as the location for services provided. In this regard, collaborative relationships will be built and nurtured in order to establish and maintain effective prevention and early intervention services in the community that best serve the identified populations. A natural by-product of this project is the system enhancement to RCDMH of providing services to historically unserved, underserved, and inappropriately served communities. The system enhancement includes increased trust from the community, an increase in appropriate, culturally and linguistically competent services in communities, and opportunities for stronger relationship building with key community leaders. In this project collaborative efforts will be made with healthcare providers, e.g.: neighborhood clinics as well as family resource centers, community centers, and culturally-specific agencies. In addition, collaboration will occur with a community based organization that has developed a Perinatal Task Force.

7. Intended Outcomes

Person-Level outcome

- Decreased depressive symptoms and improved functioning (Hispanic programs)
- Improved parenting
- Fewer behavioral problems in children
- Increased resilient traits

System-Level outcome

- Decreased stigma associated with mental health services
- More prevention and early intervention services provided in non-traditional settings
- Enhanced use of ethnic/cultural community partners
- Enhanced quantity and quality of co-operative relationships with other organizations and systems

Each of the evidence based practices identified in this project also includes specified outcome measures that will be used. In addition, specific measures will be developed in conjunction with providers in order to ensure collection of appropriate data and cultural and linguistic appropriateness.

8. Coordination with Other MHSA Components

Providing prevention and early intervention services in natural community settings will reduce stigma associated with mental health services and reduce access disparities, and as a result, engage community members that may not have otherwise had contact with the County Department of Mental Health. With this in mind, there will likely be individuals and/or families identified who will require additional and more intensive services. Therefore, linkage and referral to other MHSA programs will be important to provide a continuum of care. For those that can be served through the CSS Full Services Partnerships, PEI or other CSS services, referrals will be made and they will be assisted with needed linkage. In addition, individuals and families who may not meet criteria for a referral to a CSS program will be provided a referral and assisted with linking with other RCDMH or community based services that will meet their needs.

9. Additional Comments (optional)

In accordance with the guidelines of the MHSA PEI component, Riverside County will be implementing many evidenced based practices. In order to adequately establish and sustain these programs a solid infrastructure is required. From the community planning process feedback, the need for infrastructure to provide thorough and supportive training, maintenance of skills for providers, and accountability across settings to ensure fidelity to the practices came through as necessary activities.

It is important that evidence based programs are model adherent, that the core concepts and theoretical background are carried out in service delivery, and that guidelines for outcome (pre- and post- test) measures are accurately maintained. RCDMH will utilize clinical staff members to ensure that training in evidence-based practices is provided to all service providers. The Department will also assist the service providers in implementation of those evidenced based programs. The clinical staff will hold monthly team meetings with all practitioners of a particular model in order to maintain fidelity, provide clinical consultation, and practice skills required for implementation. The staff member will also assist with infrastructure stability at each site by guiding practitioners to maintain all needed materials and environment set-up. This will allow for greater adherence to the often stringent requirements of evidence-based practices as well as provide assistance to smaller organizations when staff turn-over impacts service delivery. Consistent training and coordination of needs will be available to all PEI programs within the County system as well as any partner agency delivering PEI programs.

PEI PROJECT SUMMARY
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: RIVERSIDE
Date: 06/30/09
PEI Project Name: 7 - UNDERSERVED CULTURAL POPULATIONS
Provider Name (if known): TBD
Intended Provider Category: ETHNIC OR CULTURAL ORGANIZATION

Proposed Total Number of Individuals to be served:	FY 08-09	N/A	FY 09-10	3,314
Total Number of Individuals currently being served:	FY 08-09	N/A	FY 09-10	N/A
Total Number of Individuals to be served through PEI Expansion:	FY 08-09	N/A	FY 09-10	N/A
Months of Operation:	FY 08-09	N/A	FY 09-10	9

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 08-09	FY 09-10	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages:			
	$0	$0	$0
b. Benefits and Taxes	$0	$0	$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. Non-Reoccuring Cost	$0	$163,966	$163,966
d. Total Operating Expenses	$0	$163,966	$163,966
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Providers to be Determined.	$0	$3,145,522	$3,145,522
a. Total Subcontracts	$0	$3,145,522	$3,145,522
4. Total Proposed PEI Project Budget	$0	$3,309,488	$3,309,488
B. Revenues (list/itemize by fund source)			
MediCal FFP	$0	$351,171	$351,171
Total Revenue	**$0**	**$351,171**	**$351,171**
C. Total Funding Requested for PEI Project	$0	$2,958,317	$2,958,317
D. Total In-Kind Contributions	$0	$0	$0

PEI PROJECT SUMMARY
PEI Revenue and Expenditure Budget Worksheet

County Name: RIVERSIDE Date: 06/30/09
PEI Project Name: 7 - UNDERSERVED CULTURAL POPULATIONS

Proposed Expenses and Revenues Narrative
A. Expenditure
1. Personnel
N/A
2. Operating Expenditures
c. Non-Reoccuring Cost: Estimated cost of Mamas y Bebes (Mothers & Babies), Cognitive-Behavioral Treatment with AntiDepressant Medication, Africentric Rites of Passage Program, Incredible Years - SPIRIT, Guiding Good Choices, and SITIF Training, as well as program development.
3. Subcontracts/Professional Services
The Underserved Cultural Populations Program will include contracted services specific to Latino/Hispanic, African American, Native American and Asian/Pacific Islander populations. Services will include cognitive behavioral therapy, prenatal intervention to prevent postpartum depression, effective parenting, after school programs for children, substance abuse prevention intervention, and positive behavior management. Estimated annual cost covers contracted services including training, training materials, client materials, food, and a portion of the program's operating expenses.
4. Total Proposed PEI Project Budget
B. Revenues
New program generated Medi-Cal revenue.

PEI Administration Budget Worksheet – Form 5

Form No. 5

County: Riverside County

Date: 06/30/09

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2008-09	Budgeted Expenditure FY 2009-10	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Personnel & Support Staff:					
Accountant II		1.00	$0	$57,974	$57,974
Accounting Assistant II		1.00	$0	$34,870	$34,870
Admin Services Analyst II		2.00	$0	$123,464	$123,464
Admin Services Assistant		0.25	$0	$11,059	$11,059
Admin Services Supervisor		1.00	$0	$70,489	$70,489
Behavioral Health Specialist II		1.00	$0	$44,726	$44,726
Clinical Therapist II		1.00	$0	$68,295	$68,295
MHS Program Manager		1.25	$0	$113,479	$113,479
MHS Supervisor		1.00	$0	$80,104	$80,104
Office Assistant III		1.00	$0	$30,534	$30,534
Secretary I		1.00	$0	$43,407	$43,407
Social Service Planner		1.00	$0	$68,295	$68,295
Volunteer Services Coordinator		1.00	$0	$45,206	$45,206
b. Employee Benefits			$0	$415,927	$415,927
c. Total Personnel Expenditures			$0	$1,207,828	$1,207,828
2. Operating Expenditures					
a. Facility Costs			$0	$131,236	$131,236
b. Other Operating Expenditures			$0	$532,432	$532,432
c. Non-Reoccuring Cost			$0	$414,475	$414,475
d. Total Operating Expenditures			$0	$1,078,143	$1,078,143
3. County Allocated Administration					
a. Total County Administration Cost			$0	$801,294	$801,294
4. Total PEI Funding Request for County Administration Budget			$0	$3,087,265	$3,087,265
B. Revenue					
Total Revenue			$0	$521,219	$521,219
C. Total Funding Requirements			$0	$2,566,046	$2,566,046
D. Total In-Kind Contributions			$0	$0	$0

PEI Administration Budget Worksheet – Form 5

County Name: RIVERSIDE Date: 06/30/09
PEI Project Name: PEI ADMINISTRATION

Proposed Expenses and Revenues Narrative		
A. Expenditure		
1. Personnel Expenditures		
1.00	Accountant II	Responsible for Fiscal Functions throughout all PEI Programs.
1.00	Accounting Assistant II	Supports Accountant II.
2.00	Admin Services Analyst II	Monitors all PEI Programs.
0.25	Admin Services Assistant	Supports MHS Program Managers.
1.00	Admin Services Supervisor	Responsible for the Management of all PEI Programs.
1.00	Behavioral Health Specialist II	Responsible for the Network of Care Program.
1.00	Clinical Therapist II	Monitors all contracted PEI Programs.
1.25	MHS Program Manager	Responsible for Overall Direction and Development of PEI Programs.
1.00	MHS Supervisor	Responsible for the Management of all PEI Programs.
1.00	Office Assistant III	Supports all Support Staff.
1.00	Secretary I	Supports MHS Supervisor.
1.00	Social Service Planner	Monitors all PEI Programs.
1.00	Volunteer Services Coordinator	Coordinates Volunteer Outreach Services.
2. Operating Expenditures		
a. Facility Cost: Estimated annual cost of Admin rent, utilities, and building maintenance. b. Other Operating Expenses: Research and evaluation, communication, transportation, office supplies and liability, malpractice and property insurance. c. Non-Reoccuring Cost: Estimated cost of a copier, vehicle, Network of Care Subscription, and employee cubicle installation and equipment, as well as program development.		
3. County Allocated Administration		
All general and regional overhead allocated to each of the PEI Projects, including the Fiscal Unit, Program Support, IT Services, Human Resources, and County Support Services.		
4. Total Proposed PEI Project Budget		
B. Revenues		
New Admin generated Medi-Cal revenue.		

PEI Project Budget Summary – Form 6

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: Riverside County
Date: 06/30/09

#	List each PEI Project	Fiscal Year	Funds Requested by Age Group			
		FY 09/10	Children, Youth and their Families	Transition Age Youth	Adult	Older Adult
1	MH OUTREACH, AWARENESS and STIGMA REDUCTION	$1,660,630	$419,642	$435,262	$441,582	$364,145
2	PARENT EDUCATION & SUPPORT	$4,081,365	$4,081,365			
3	EARLY INTERVENTION FOR FAMILIES	$653,764	$653,764			
4	TRANSITIONAL AGE YOUTH (TAY) PROJECT	$1,308,812		$1,308,812		
5	FIRST ONSET FOR OLDER ADULTS	$2,017,166				$2,017,166
6	TRAUMA-EXPOSED SERVICES FOR ALL AGES	$5,345,959	$1,480,534	$619,855	$2,378,736	$866,835
7	UNDERSERVED CULTURAL POPULATIONS	$2,958,317	$1,428,208	$304,776	$1,225,333	
	Total PEI Project:	$18,026,013	$8,063,511	$2,668,705	$4,045,651	$3,248,145
	Administration	$2,566,046				
	Plus PEI Prudent Reserve	$5,584,954				
	Plus Optional 10% Operating Reserve	$2,059,206				
	Total PEI Funds Requested:	$28,236,219				

PEI Project Budget Summary – Form 6A

Form No. 6A

Prevention and Early Intervention Prudent Reserve Calculation
FY 2009/10 MENTAL HEALTH SERVICES ACT

County: Riverside County
Date: 07/30/09

1. FY 2007/08 PEI Funding Total Amount of FY 2007/08 PEI Funding Approved	$	5,612,500.00
2. Less: FY 0708 PEI Expenditures Total Amount of PEI expended in FY 2007/08	$	27,545.60
3. Sub-total: Maximum Prudent Reserve	**$**	**5,584,954.40**

County: Riverside **Date: July 15, 2009**

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

PEI Project Name: Early Intervention for Families in Schools

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

RCDMH has selected the Early Intervention for Families in Schools Project for evaluation and report to the State. Within that project the specific program for evaluation is Families and Schools Together (FAST). FAST is an outreach and multi-family group process designed to engage parents into increased involvement with their children, other families, and community-based structures, including schools. Positive experiential learning activities for the family, such as playing and talking in dyads and small groups, maximize the relationship-building processes.

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

The Early Intervention for Families in Schools Project was selected for evaluation for the following reasons:

- The RCDMH community planning process included school representatives from several school districts throughout the County and highlighted 7 focus groups/community forums specifically targeted toward parents as well as school district staff. In addition, school representatives participated in the Children's Committee, the Transition Age Youth Committee, and the Stigma and Discrimination Reduction Workgroup.
- The Priority Populations of: Children/Youth in Stressed Families and Children/Youth at Risk of School Failure had significant priority ratings throughout the community planning process and most significantly with school district representatives and families throughout the County.
- The community planning process demonstrated strong community and stakeholder support for school-based services.
- School-based interventions were highly recommended due to the leverage opportunities, de-stigmatizing location, and increased access for families.
- Collaboration was a key ingredient when developing prevention and early intervention recommendations throughout the community planning process. This program is based on collaboration between RCDMH, schools, and community-based organizations.

- The community requested family based interventions for prevention and early intervention services. This program works with parents, the student, and siblings all at the same time.
- Another high priority throughout the community planning process was the need for parenting programs. FAST is designed to empower parents to be the primary prevention agents for their own children.
- FAST will be implemented in elementary schools in each of the three service delivery regions situated in high risk communities as identified through the data analysis.
- The FAST program is a well developed and highly structured model which includes evidence-based outcome evaluations.

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

Person-Level Outcome

- Reduced family conflict and stress
- Improved academic performance of FAST kids
- Improved child self esteem, social skills

System-Level Outcome

- Increases teacher support and climate of learning
- Connection of parents and children to their schools

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			193	193			
Asian Pacific Islander			92	92			
Latino			1729	1729			
Native American			25	25			
Caucasian			429	429			
Other (Indicate if possible)			52	52			
AGE GROUPS							
Children & Youth (0-17)			1512	1512			
Transition Age Youth (16-25)							
Adult (18-59)			1008	1008			
Older Adult (>60)							
TOTAL			2520	2520			

Total PEI project estimated ***unduplicated*** count of individuals to be served ____2520_____

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

   Achievement of outcomes and objectives will be examined using standardized pre- and post test questionnaires designed to measure attributes and behaviors of children and their parents. The measures will be distributed to program participants at the start of the program and at the conclusion of the program. Pre to post intervention scores will be compared to measure changes and program effectiveness. Attributes and behaviors in several different areas will be measured to evaluate person-level and system-level outcomes. In addition, completion rates for the program will also be calculated for FAST families. Parents and teachers will be surveyed for satisfaction with the FAST program.

   Reduced family conflict and stress-The Family Relationship Index will be utilized to examine the degree of commitment, help, and support family members provide to one another, the level to which family members are encouraged to act openly and express their feelings to each other, and the amount of openly expressed anger, aggression, and conflict among family members.

   High functioning family management-A Self-Efficacy Scale and a Social Relationships Questionnaire will be utilized to examine parents' general sense of personal effectiveness and their social relationships. The surveys will measure the relationships parents have with their children, other people, and community agencies. The Self-Efficacy Scale measures a Parents' sense of personal effectiveness in building and maintaining social relationships and ability to support and nurture their children. The Social Relationships Questionnaire examines a parents' sense of social support from other people, such as other parents in the program; and their reciprocal reported support to these other parents.

   Improved Child self-esteem, social skills- Children's strengths in pro-social behaviors, difficulties in emotional issues, conduct problems, peer relationships, and hyperactivity problems will be measured with the Strengths and Difficulty Scale completed by both parents and teachers.

   System-level outcomes will be measured by utilizing questionnaires and a pre-to post measurement design.

   Increased teacher support and climate of learning-At the conclusion of the program teachers will complete a survey to rate the benefits of the FAST program to children, parent and themselves. Teachers will complete pre to post measures rating children's behavior, peer relationships, academic performance, attitude and attendance.

   Improved academic performance of FAST children-Teachers ratings of FAST children's academics improvements will be collected with a survey at the conclusion of the program.

   Connection of children and parents to their school-Parents' involvement in their school will be measured with a pre-to post questionnaire. The Parent Involvement in Education scale will be administered at the beginning of services and at the conclusion of services. The Parent Involvement scale measures parental school

involvement, parent initiated contact with teachers, and school initiated contact with the parents. Pre-to post scores will be compared to assess changes in parents' involvement in their children's education. Teacher pre to post ratings of parent involvement in the school will also be collected utilizing the Parent Involvement in Education scale.

5. How will data be collected and analyzed?

Data on attendance and completion rates will be recorded in an attendance log for all families participating. A family intake tool will be used to collect basic demographic data on families participating in the program. All FAST schools will use a standard protocol when contacting families. Once a family volunteers to participate in the program, they will receive a home visit from a member of the FAST team. During the visit, families will be informed about the nature of the intervention and asked to sign a consent form for participating. They will then be asked to complete the pre-intervention survey measures. Two weeks before the program ends, a member of the FAST team will ask each participating family to complete the post-intervention survey at the school site.

Teacher completed surveys will be collected for FAST families at the school site by FAST team members at the beginning of the program and at the conclusion of the program.

The completed surveys will be sent to Families and Schools Together, Inc. for analysis. They will enter and analyze the data using the Statistical Package for the Social Sciences Program (SPSS). A within subjects ANOVA will be carried out to examine the difference between pre and post-intervention scores on the standardized measures. The percentage of families reporting improvements and statistically significant percentage of increase will be reported.

Demographic information for FAST families will be collected and reported along with rates of program completion.

It is important to note that to protect confidentiality; each family will be assigned an identification number that will be used to match each family's pre and post-surveys. Only aggregated responses will be reported, and it will not be possible to match individual responses to a particular child or parent.

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

In line with the MHSA PEI Prevention and Early Intervention guidelines as well as the RCDMH PEI guiding principles, cultural competency will be an integral part of implementation of all PEI programs. The effectiveness of evidence-based programs has been shown through research and FAST has cultural evidence for the Hispanic/Latino, African American, American Indian/Alaska Native, Asian/Pacific Islander, and White ethnic/cultural populations. To reach the underserved ethnic/cultural groups within the County, programs used will demonstrate collaborative community-based approaches, will build community capacity within the

communities with the greatest need, will address challenges and barriers in serving ethnically diverse communities, and must show effectiveness with ethnically diverse individuals. In addition, the collaboration between community- and/or faith- based providers and the Mental Health Outreach, Awareness, and Stigma Reduction Project components will assist in reaching community members and families to engage in services. The use of Promotores de Salud, the Ethnic and Cultural Community Leaders in a Collaborative Effort, as well as collaborating with the outreach activities listed in that project will provide a culturally and linguistically competent approach to engage and maintain families in the FAST program. The Promotora and the Community Leaders are community members who are able to establish relations with the public and understand social values, culture traditions, beliefs, and language. The primary focus of this project is to engage Latinos (Riverside County's threshold underserved cultural population), therefore, instructions, questionnaires, materials, and screening tools will be included under these principles and available in Spanish. Any other linguistic needs, including American Sign Language, will be made available. A satisfaction survey will be included to address quality of services and cultural competence topics.

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

   It is the intent of RCDMH to implement evidence-based programs in order to meet the expectation of effectiveness as stated by community members. The implementation of any evidence-based practice requires initial training through the developer of the model or another developer approved trainer. FAST has a national training center, which offers the initial training, ongoing consultation, and a Training of Trainers (TOT) program. RCDMH will work together with partnering agencies to identify staff members who each will be trained in the model as well as identify particular staff who will be trained as trainers. This will build capacity throughout the County, increase fidelity and effectiveness of services, and provide sustainability of the program.

   RCDMH plans a system enhancement which will utilize clinical staff to oversee the evidence-based practices implemented through the MHSA PEI plan. The clinical staff will work with team leads from the multiple FAST sites and will be the contact for any additional training needs with the developer and/or training center. There will be monthly team meetings with all practitioners of FAST in order to maintain fidelity, assist with clinical consultation, and practice skills required for implementation. The team lead clinical staff member will also assist with infrastructure stability at each site by guiding practitioners to maintain all needed materials and environment set-up. In order to assist with sustainability throughout the County, it is important that infrastructure for all of the above needs noted exist for the community and/or faith based providers we will contract with for the implementation of the FAST program. This will allow for greater adherence to the often stringent requirements of evidence-based practices as well as provide assistance to smaller organizations when turn-over impacts service delivery.

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

   In efforts to maintain the spirit and intent of the MHSA PEI community planning process through implementation, it is important to share the evaluation findings from the Early Intervention for Families in Schools project with stakeholders and community members. A comprehensive report will be provided by the FAST training center to RCDMH for each site providing the program. The report will be shared with program managers/partners involved in the project as well as to the Mental Health Board, each of the three Regional Mental Health Boards, MHSA Stakeholder Leadership Committee, and members of the Children's Committee (all of which have membership to include consumers and family members). The evaluation report will be posted on the County's MHSA PEI web page for review by all interested constituencies and the general public. This report will also be made available in hard copy upon request. In addition, executive summary reports could be disseminated more broadly to consumers and agency employees via articles in Riverside County Department of Mental Health's newsletter "What's Up in Mental Health." Documents and web pages will be translated into Spanish.

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

Date: 7/15/2009	County Name: Riverside County
Amount Requested for FY 2008/09: $327,100	Amount Requested for FY 2009/10: $327,100

Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) or contractor(s).

The Riverside County Department of Mental Health (RCDMH) will utilize the allocated funding for Training, Technical Assistance and Capacity Building in the following ways:

1. RCDMH will expand the contract with the California Institute for Mental Health (CIMH) to allow for participation in trainings related to Evidenced Based and Promising Practices that are identified in the Prevention and Early Intervention (PEI) plan for providers within the community who will be contracted to provide the services as well as appropriate department staff. This may include opportunities for "train the trainers" in order to build the department's capacity for additional trainings.
2. The PEI Community Planning Process clearly identified the desire for PEI projects to include consumer and family members to participate in all aspects of implementation and service delivery. RCDMH will offer pre-employment training to consumers and family members to provide them with recovery and wellness principles and tools and show them how to utilize their lived experiences when working with the PEI service populations. The participants of these trainings will be those who are reflective of the communities and/or culture who will be receiving PEI services in order to more effectively outreach to unserved/underserved communities.
3. Through the PEI Community Planning Process, the voice of the community was clear in their request to provide law enforcement training. RCDMH, in collaboration with the City of Riverside Police Department, has developed a mental health training program. Through the training, officers receive an overview of mental illness and mental health law, learn to recognize signs of mental illness, and learn about the stigma related to mental illness as well as ways that they can reduce stigma through their response to the individual. This funding will expand the trainings that law enforcement receives by incorporating the training into the police academies and expanding the training beyond the City of Riverside to include all law enforcement throughout Riverside County.
4. Through the Prevention and Early Intervention Community Planning Process, and in support of the implementation of the PEI plan, training for school personnel and other County and community providers is included in this plan. RCDMH will collaborate with Riverside County Office of Education and local school districts to provide Student Assistance Program training. In addition, RCDMH has developed a training which includes an overview of the signs and symptoms of mental illness. The training will also include information about referral sources. This funding will expand the implementation of this training to County and community providers, including substance abuse providers in order to increase awareness regarding mental health needs and to increase referrals to appropriate PEI programs.

The County and its contractor(s) for these services agree to comply with the following criteria:

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.
2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services.
3) These funds shall only be used to pay for the programs authorized in WIC Section 5892.
4) These funds may not be used to pay for any other program.

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.
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.
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.

Certification

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.

Director, County Mental Health Program (original signature)

ATTACHMENTS

ATTACHMENT A

Mental Health Services Act (MHSA)
Prevention and Early Intervention
Orientation

The MHSA (formerly known as Proposition 63) was approved by California voters to provide a 1% tax on personal income over $1 million in order to expand and transform the county mental health service system. It became effective January 01, 2005.

The MHSA has five components. Each one of these components requires surveying people and organizations that are involved in mental health services including county mental health staff, community based organizations, consumers and their families, and other county and government organizations.

We are currently conducting the survey and needs assessment for the Prevention and Early Intervention (PEI) component of the MHSA. The ideas that are generated from this focus group and survey process will become the foundation for the Prevention and Early Intervention Plan that our county will submit to the State.

Per the State guidelines, an objective of PEI is to increase capacity for mental health prevention and early intervention programs. These programs need to be provided in places where mental health services are not traditionally given, such as schools, community centers, faith-based organizations, etc. The intent of PEI programs is to engage individuals before the development of serious mental illness or serious emotional disturbance or to alleviate the need for additional or extended mental health treatment.

What is Prevention?

- ✓ Prevention in mental health involves building protective factors and skills, increasing support, and reducing risk factors or stressors.
- ✓ Prevention efforts occur prior to a diagnosis for mental illness.
- ✓ Generally there are no time limits on prevention programs.

What is Early Intervention?

- ✓ Addresses a condition early in its manifestation
- ✓ Is of relatively low intensity
- ✓ Is of relatively short duration (usually less than one year)
- ✓ Has the goal of supporting well-being in major life domains and avoiding the need for more extensive mental health services
- ✓ May include individual screening for confirmation of potential mental health needs

Exception for Individuals Experiencing At Risk Mental State (ARMS) or First Onset of a Serious Psychiatric Illness with Psychotic Features. The standards of low intensity and short duration do not apply to services for these individuals. (There are identified programs that have been proven effective in reducing the risk of increased needs for services and maintenance of level of functioning.)

The State has, through a Stakeholder process, defined the following **PEI Key Community Mental Health Needs**:

- **Disparities in Access to Mental Health Services** – PEI Efforts will reduce disparities in access to early mental health interventions due to stigma, lack of knowledge about mental health services or lack of suitability of traditional mainstream services.
- **Psycho-Social Impact of Trauma on All Ages** (This refers to how the trauma is impacting the individuals level of functioning, emotionally and behaviorally.)
- **At-Risk Children, Youth and Young Adult Population** – PEI efforts will increase prevention efforts and response to early signs of emotional and behavioral health problems among specific at-risk populations.
- **Stigma and Discrimination** – PEI will reduce stigma and discrimination affecting individuals with mental health illness and mental health problems.
- **Suicide Risk** – PEI will increase public knowledge of the signs of suicide risk and appropriate actions to prevent suicide.

The State has also identified the following **PEI Priority Populations**:

- **Underserved Cultural Populations** – Those who are unlikely to seek help from any traditional mental health service whether because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc.).
- **Individual Experiencing Onset of Serious Psychiatric Illness** – Those identified by providers, including but not limited to primary health care, as presenting signs of mental illness first break, including those who are unlikely to seek help from any traditional mental health service.
- **Children/Youth in Stressed Families** – Children and youth placed out-of-home or those in families where there is substance abuse or violence, depression or other mental illnesses or lack of care giving adults (e.g., as a result of serious health condition or incarceration), rendering the children and youth at high risk of behavioral and emotional problems.
- **Trauma-Exposed** – Those who are exposed to traumatic events or prolonged traumatic conditions including grief, loss and isolation, including those who are unlikely to seek help from any traditional mental health service.
- **Children/Youth at Risk for School Failure** – Due to unaddressed emotional and behavioral problems.

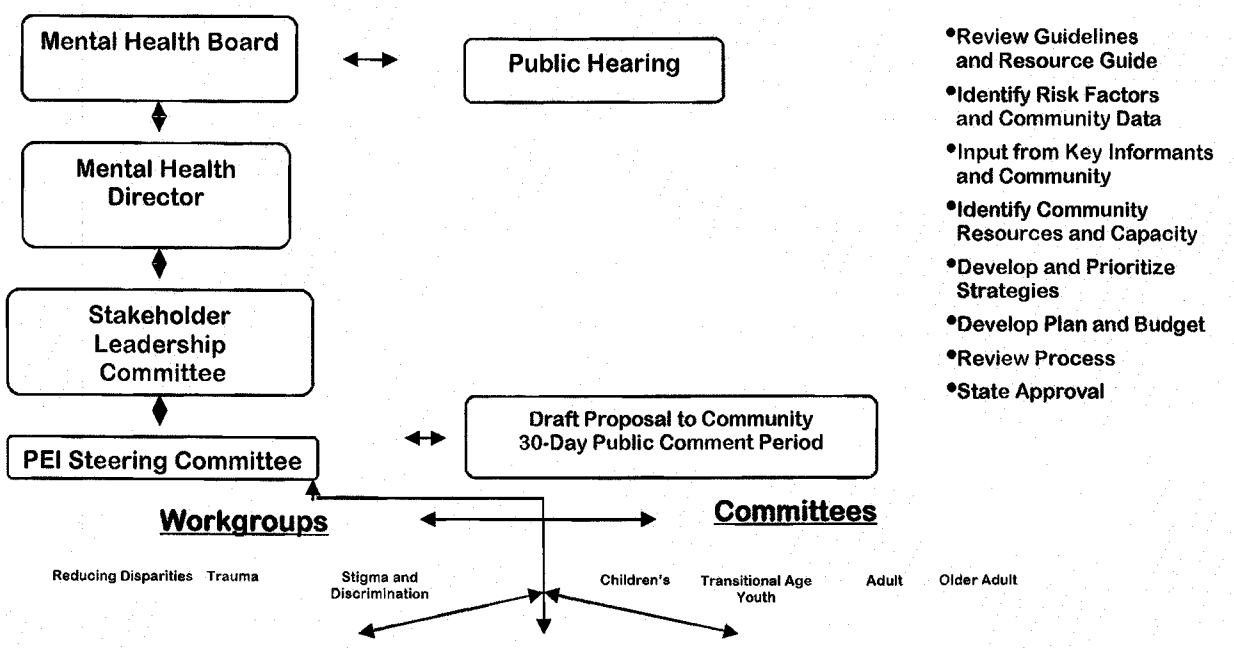
- **Children/Youth at Risk of or Experiencing Juvenile Justice Involvement** – Those with signs of behavioral/emotional problems who are at risk of or have had any contact with any part of the juvenile justice system, and who cannot be appropriately serviced through Community Supports and Services programs.

Per State guidelines, PEI plans will address all age groups and a minimum of 51% of the Plan budget must be dedicated to individuals between the ages of 0 through 25 years old. PEI funds **cannot** be used for filling gaps in treatment and recovery services for individuals who have been diagnosed with a mental illness or serious emotional disturbance and their families.

Many prevention and early intervention programs are expensive and there are many needs to be met. We cannot promise that every idea will be implemented or that everyone's needs will be met. Riverside County's needs assessment and plan development process is anticipated to take several months and will not be completed until early 2009. The final plan will go through intensive review and will include review by established MHSA committees, the Department's Cultural Competency Committee, the Mental Health Board, and will also include a public hearing.

Please feel free to go to our website at
http://mentalhealth.co.riverside.ca.us/opencms/
to complete our survey.

Prevention and Early Intervention



8/20/08

ATTACHMENT C

Riverside County Department of Mental Health
Guiding Principles for the Prevention and Early Intervention (PEI) Plan

As the planning proceeds for the PEI plan it is important to establish criteria for the evaluation of the overall plan and its strategies. Decisions about what is in the plan should address state requirements and needs as they are determined in the county. To assist in the process of determining priorities for what will be in the plan the following criteria have been established.

A. The overall PEI Plan must meet state requirements/priority areas and should meet the following criteria:

--Distribution of resources to the communities/populations in the county at highest risk of developing mental illness.

--Addresses all age groups.

--Demonstrates collaborative community based approaches including building on existing resources.

--Builds community capacity throughout the county prioritized in a manner which addresses areas of greatest need.

--Addresses the unique challenges and barriers in serving ethnically diverse communities.

B. Specific strategies/programs to be included in the PEI Plan should meet the following criteria:

--Shows evidence of effectiveness of the strategy including with ethnically diverse individuals.

--Shows greatest likelihood of positive impact on those at highest risk of mental illness.

--Expands and/or leverages other programs/resources whenever possible.

--Includes consumers and family members in planning and operation of programs and evaluation of results.

7/14/08

ATTACHMENT D
Mental Health Services Act Leadership Committee Membership List

#	First Name	Last Name	Title/Agency
1	Hal	Adams	NAMI Temecula Valley
2	Elaine	Barron	Mid-County Mental Health
3	Abbie	Blumberg	SEIU, Local 721
4	Bill	Brenneman	MHSA Manager, Mental Health
5	Christina	Brittian	Consumer, Banning
6	Deborah	Cournoyer	Senior Management Analyst
7	Donna	Dahl	Assistant Director, Mental Health
8	Georgia Ann	DeGroat	Consumer - Riverside
9	Ninfa E.	Delgadó	Community Health Foundation
10	Richard	Divine	Chair, Mental Health Board
11	Ed	Fletcher	Older Adult Services, Mental Health
12	Harry	Freedman	First 5
13	John	Gollogly	Sheriff's Department
14	Sheila	Green	Public Guardian
15	Mark	Hake	Probation
16	Susan	Harrington	Department of Public Health
17	Robin	Hastings	Supervisor's Marian Ashley Office
18	Linda	Jefferson	LIUNA
19	David	Lundquist	Desert Region Manager, Mental Health
20	Roberta	Neff	Riverside Volunteer Center
21	Patti	Polly	DPSS
22	Robin	Reid	Supervisor Jeff Stone's Office
23	Richard	Rios	CHARLEE Group Homes
24	Javier	Rosales	Community Relations Consultant
25	Mike	Sepulveda	Office of Education
26	Christine	Spence-Fischer	Family Member
27	Ed	Walsh	Office On Aging
28	Diane	Wayne	Community Health Agency

ATTACHMENT E
Mental Health Board Membership List

NAME	Representation
Hal Adams	Family Member
Mary Allred	Family Member
Christopher Brewer	Consumer
Julie Crouch	Family Member
Georgia DeGroat	Consumer
Richard Divine	Family Member
Garnet Magnus	Consumer
Shenna Moqeet	Consumer
Sarah Nunley	Public
Moses Rangel	Public
Christina Salas	Public
Donald Sercombe	Public
Sherry Skidmore	Public
Donna Johnston	Board of Supervisors Representative District 2

ATTACHMENT F
Mental Health Regional Board Membership List

NAME	Representation
Angela Arauz-Castillo	Consumer
Greg Damewood	Family Member
Enrique Giron	Family Member
Robert Fussell	Public
Michael Maquire	Consumer
Caroline Martinez	Consumer
Keith J. Oddson	Family Member
Jane Qui	Family Member
Agostino Riccardi	Public
Suzanne Robedeaux	Consumer
Francis Matthew Sengle	Consumer

NAME	Representation
Harold Adams	Family Member
Mary Allred	Family Member
Art Eisenheim	Consumer
Gloria Hernandez	Consumer
Virginia Marshall	Family Member
George Middle	Public
Donald Sercombe	Public
Horace Spears	Public
Dorothy Valenzuela	Family Member

NAME	Representation
Joseph Butts	Public
Richard Divine	Family Member
Bonnie Gilgallon	Consumer
Stanley Jessop	Consumer
Louise Jones	Public
Mark Miller	Public
Janice Quinn	Public
Christina Salas	Public
Patricia Wilhite	Family Member
Edward Wood	Consumer

ATTACHMENT G
Focus Group & Community Forum Schedule

County of Riverside - Department of Mental Health
Mental Health Services Act (MHSA)
Prevention and Early Intervention
Focus Groups

0

Date	Facilitator	Co-Facilitator	Location/Address	Participant Description	Language	Attendance
30-Jul	Janine Moore	Charity Cason	Case Management	School representatives	English	12
8/5	Janine	Dr. Dionne	Hungry Hunter Restaurant	Native American	English	12
8/11	Myriam Aragon	Alfredo Huerta	KERU	Community members	Spanish	24
8/21	Maria K.	Valai Brown	Rubidoux FRC	Community members	English	2
8/23	Maria J.	Mario L.	Western Region MH Administration	Consumers - DBSA	English	7
8/26	Maria K.	Maria G.	Rubidoux FRC	Community members	Spanish	17
8/26	Janine Moore	Renda Dionne	UCR	Native American	English	13
8/27	Diana Brown	Rachaline Napier	Van Horn/Juvenile Hall	Staff	English	9
8/28	Diana Brown	Rachaline Napier	Van Horn	Youth	English	8
9/3	Lorie-Lacey Payne	Michelle Diaz	Banning Children's	Parents	English	3

ATTACHMENT G
Focus Group & Community Forum Schedule

9/3	Janine	Claudia Espinoza	Camelot/Nami San Jacinto	NAMI members	English	34
9/3	Diana Brown	Cindy Claflin	CTS Staff Meeting	Staff	English	8
9/5	Maria Jaquez	Mario Lopez	JTP - Riverside Peer Center	Peers	English	9
9/8	Claudia Espinoza	Lucretia	NAMI - Coachella Valley	NAMI members	English	9
9/8	Maria K.	Maria G.	Moreno Valley Children's	Parents	Spanish	5
9/8	Cindy Claflin	Valai Brown	Moreno Valley Children's	Parents	English	4
9/9	Lorie-Lacey Payne	Alicia Arredondo	Mt. San Jacinto Clinic	Parents	English	3
9/9	Janine Moore	N/A	Hemet	school representatives	English	11
9/11	Margo	Fabiola Miranda	Older Adult - Hemet	Consumers	English	8
9/11	Margo	Fabiola Miranda	Older Adult - Hemet	Staff	English	8
9/11	Barbara Mitchell	Margo Alexander	Linkage/MSSP Staff - Office on Aging	Staff	English	22
9/11	Valai Brown	Cindy Claflin	CTS/ISF Van Horn	Parents	English	3
9/11	Cristy Gaudette	Lisa Guynn	Western MDFT/Wraparound	Parents	English	4
12-Sep	Maria Jaquez	Mario Lopez	Riverside Peer Center	Consumers	English	15

ATTACHMENT G
Focus Group & Community Forum Schedule

9/12	Lorie-Lacey Payne	Jean Johnson	MDFT/Perris Clinic	Parents	English	3
9/15	Shannon McCleerey-Hooper	Debbie Katz	Banning MH	Parents	English	6
9/15	Claudia Espinoza	Eva Galvan	Temecula Mental Health Clinic	Parents	Spanish	7
9/16	Janine Moore	N/A	Betty Ford Center	school representatives	english	10
9/16	Maria Jaquez	Mario Lopez	JWC	Consumers	English	13
9/16	Diana Brown	Melissa Dovalina	at Hemet Clinic MH/ San Jacinto staff to attend	Staff	English	16
9/16	Janine Moore	Fabiola Miranda	Banning Mental Health	Staff - Parent Partners	English	18
9/17	Janine Moore	Fabiola Miranda	0-5 Program staff focus group	Staff	English	11
9/17	Diana Brown	Valai Brown	Wraparound/MDFT - Magnolia	Staff	English	10
9/17	Janine	Diana Brown	DMH/TRAC	Staff	English	10
9/17	Maria Rabago-Kidder	N/A	FACT of Corona	Parents	Spanish	6
9/17	Valai Brown	Rachel Douglas	0-5 Clinic	Parents	English	0
9/17	Janine Moore	Diana Brown	TAY Staff - Jefferson Wellness	Staff	English	6
9/18	Margo Alexander	Melissa Dovalina	Temecula Senior Center - Grandparent Raising Grandchildren	Consumers	English	5

ATTACHMENT G
Focus Group & Community Forum Schedule

9/18	Maria Gonzalez	Maria Rabago-Kidder	Mecca FRC	Parents	Spanish	4
9/18	Maria K.	Maria G.	Indio	Parents	Spanish	0
9/18	Robert Lopez	Nate Ramirez	Desert Hot Springs - FRC	Community	Spanish	0
9/18	Janine Moore	Diana Brown	Riverside Community Forum - Arlington Library	Community	English	14
9/18	Diana Brown	Maria Algarin	RCOE PPC Meeting	Parents	English	38
9/18	Barbara Mitchell	N/A	DPSS APS Administration Riverside	Staff	English	6
9/19	Valai Brown	Alicia Arredondo	Fruitvale Elem. - Hemet	Parents	English	6
9/19	Maria Jaquez	N/A	JWC - TAY	Consumers	English	5
9/22	Janine Moore	Fabiola Miranda	Perris MH	Staff	English	9
9/23	Barbara Mitchell	Margo Alexander	4063 County Circle Dr.	Public Health CHA	English	9
9/23	Cindy Claflin	Alicia Arredondo	San Jacinto Children's	Parents	English	11
9/23	Diana Brown	Shannon McCleerey-Hooper	Mead Valley Community Center	gatekeeper community forum	English	19
9/24	Melissa Dovalina	N/A	Hemet Elem.	Parents	English	8
9/24	Lorie-Lacey Payne	Cristy Gaudette	Temecula Children's	Parents	English	3

ATTACHMENT G
Focus Group & Community Forum Schedule

9/24	Janine Moore	N/A	Safe & Drugfree Schools Coordinators Meeting Substance Abuse Admin.	school representatives	English	12
9/24	Diana Brown	Cindy Claflin	ISF/MDFT	Staff	English	15
9/24	Maria Jaquez	Kent Rommereim	MHSA Admin Conference Room	Peer Support Specialists	English	12
9/24	Myriam Aragon	Anna Rodriguez	MH Admin A/B - Riverside	Deaf & Hearing Impaired	American Sign Language	7
9/24	Nate Ramirez	Robert Lopez	Cathedral City Clinic	Older Adult	English	6
9/24	Barbara Mitchell	N/A	Moreno Valley CARE Team	staff	English	4
9/25	Barbara Mitchell	Robert Lopez	St. Paul Episcopal Church - Palm Springs	LGBT Older Adult	English	19
9/25	Maria Jaquez	Moises Ponce	Mead Valley Community Center - Coffee Club	Community	Spanish	16
9/25	Alfredo Huerta	Robert Lopez	Mecca Resource Center	Parents	English	5
9/25	Robert Lopez	Nate Ramirez	Desert Hot Springs - FRC	Community	English	0
9/25	Cindy Claflin	Tina Squires	Case Management Riverside Open Doors Grp	Parents	English	2
9/26	Maria Jaquez	N/A	Hemet MH	Peers/Consumers	English	7
9/26	Hal Adams	Juanita Adams	Philips Senior Center Temecula	Consumers & Family	English	18
9/26	Ben Wilson	N/A	Cailfornia School for the Deaf - Riverside	Assessment Department - school staff	ASL/English	7

ATTACHMENT G
Focus Group & Community Forum Schedule

9/29	Cindy Claflin	Maria Murillo	FACT of Corona	Parents	English	0
9/29	Nate Ramirez	Robert Lopez	Oasis Outpatient - Stepping Stones	Consumers	English	8
9/29	Maria Jaquez	N/A	Blaine Street clinic	Consumers	English	5
9/30	Janine Moore	Cindy Claflin	Corona community Forum - Foundation for community Family Health	Adults - Community	English	28
9/30	Diana Brown	N/A	Corona community Forum - Foundation for community Family Health	Youth - Community	English	12
9/30	Maria Jaquez	N/A	Corona community Forum - Foundation for community Family Health	Adults - Community	Spanish	6
9/30	Robert Lopez	Nate Ramirez	SMART program Wellness & Recovery Clinic	Consumers	English	8
10/1	Diana Brown	Cynthia Magill	TRAC - DPSS Admin	Social Workers	English	28
10/1	Janine Moore	N/A	RUSD Office	District Staff	English	11
10/1	Janine Moore	N/A	MH Admin	MH Board	English	7
10/1	Alfredo Huerta	Robert Lopez	Mecca North-Shore Branch Library	Community Forum	bi-lingual	19
10/1	Diana Brown	Fabiola Miranda	FACT of Corona	Staff	English	9
10/1	Dr. Carolyn Murray	Benita Ramsey	Cesar Chavez Center - Bobby Bonds Park - Riverside	African American Community	English	17
10/1	Maria Jaquez	N/A	The Place	Peers/Consumers	English	12

ATTACHMENT G
Focus Group & Community Forum Schedule

10/2	Robert Lopez	Nate Ramirez	Banning Clinic	Consumers	English	9
10/2	Ben Wilson	N/A	CSDR - Counseling Department	Staff	ASL/English	8
10/2	Diana Brown	Janine Moore	Gatekeeper Key leaders - Sun City/Menifee at Kay Ceniceros Senior Center	Community Leaders & Service Providers	English	12
10/2	Margo Alexander	N/A	Jessie O. James Grandparent Raising Grandchildren Palm Springs	Consumers	English	4
10/3	Diana Brown	Fabiola Miranda	Family Resource Center - Perris	Community members	English	2
10/3	Maria Jaquez	N/A	Family Resource Center - Perris	Community members	Spanish	7
10/3	Margo Alexander	N/A	Older Adult/SMART Riverside	Staff	English	9
10/3	Ben Wilson	N/A	CODIE - Riverside	Community Agency & Consumers	ASL/English	6
10/6	Margo Alexander	N/A	Office on Aging - Moreno Valley	OoA Leadership	English	10
10/6	Maria Jaquez	Mario Lopez	Main Street Clinic - Corona	Peers/Consumers	English	3
10/6	Janine Moore	Diana Brown	Adolescent Family Services	Public health leadership	English	33
10/7	Barbara Mitchell	Margo Alexander	Wellness Group - Riverside	Consumers	English	7
10/7	Mario Lopez	Maria Jaquez	Perris Peer Center	Peers/Consumers	English	12
10/7	Mario Lopez	Maria Jaquez	Temecula Peer Center	Peers/Consumers	English	0