

ATTACHMENT G
Focus Group & Community Forum Schedule

10/7	Janine Moore	N/A	Hulen Homeless shelter	Homeless men & women	English	12
10/7	Diana Brown	Cristy Gaudette and Cynthia Magill	Old Highway Church - Moreno Valley	Church leaders	English	18
10/8	Barbara Mitchell	Margo Alexander	DPSS - APS - Older Adults	staff	English	6
10/8	Janine Moore	Alfredo Huerta	Desert Consortium Palm Desert	Providers	English	20
10/8	Maria Jaquez	Cynthia Magill	Harmony Center	Peers/Consumers	English	13
10/8	Diana Brown	N/A	RIGHT Partnership Workshop - Moreno Valley	Service Providers	English	66
10/9	Maria Jaquez	Cynthia Magill	Cathedral City Adult Clinic	Consumers	English	14
10/9	Maria Algarin	Amanda Wilbur	MH Admin - NAMI Western Region	Family members	English	12
10/9	Barbara Mitchell	Margo Alexander	Older Adult Staff - Cathedral City	staff & community	English	5
10/9	Barbara Mitchell	Margo Alexander	Community Forum - Menifee/ Sun City	Community	English	11
10/9	Robert Lopez	Alfredo Huerta	Alzheimer's Association Group building 69- 730 Highway 111, Ste. 202, Rancho Mirage CA	Community & Providers	English	9
10/9	Maria Jaquez	Doug Tavira	GEEL Place	Consumers	English	10
10/10	Maria Jaquez	Doug Tavira	Mental Health Admin	Peers	English	4
10/15	Barbara Mitchell	Nate Ramirez	Desert Indian Wells Office on Aging Advisory Council	Council members	English	22

RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH



JERRY WENGERD, DIRECTOR

MHSA – Prevention and Early Intervention Community Survey

The Mental Health Services Act (MHSA), approved by voters in 2004 as Proposition 63, is launching its Prevention and Early Intervention (PEI) program. We want to know what you think about services to be offered and groups of people to be helped by mental illness prevention and early intervention programs in Riverside County. With your assistance, we can better plan for the needs of our community.

The prevention element of the PEI program is meant to reduce risk factors or stressors to prevent the initial onset of a mental health problem as well as promote and support the well-being of “at risk” individuals under challenging life circumstances in order to reduce suffering associated with mental health problems.

The early intervention element of the PEI program is designed to prevent a mental health problem from getting worse. These programs are directed toward people for whom a short-duration (< 1 year), relatively low-intensity intervention is appropriate to measurably improve mental health problems, avoid the need for more extensive mental health treatment or services, or prevent a mental health problem from getting worse.

For more information about the MHSA PEI program, please visit http://www.dmh.ca.gov/prop_63/MHSA/prevention_and_early_intervention/default.asp

Thank you in advance for taking a few minutes to complete the following survey. The information you provide is confidential and anonymous.

**Riverside County Department of Mental Health
MHSA – Prevention and Early Intervention (PEI)
Community Survey**

This survey is to give us ideas on how to make your community stronger and to decrease the need for mental health services by increasing awareness of emotional needs of the people who live in your community. Please help us by answering the following questions.

1. Please rate the following groups to indicate which ones you think have the greatest need for mental illness prevention and early intervention services in your community. *(Select one score per item below)*

A. Children/Youth in stressed families (children placed out-of-home, families with substance abuse, domestic violence, recent immigrant families, depression or other mental illness, etc.):

☐ Very low need ☐ Low need ☐ Moderate need ☐ High need ☐ Very High Need

B. Children/Youth at risk for failing or dropping out of school:

☐ Very low need ☐ Low need ☐ Moderate need ☐ High need ☐ Very High Need

C. People who have attempted or might attempt suicide:

☐ Very low need ☐ Low need ☐ Moderate need ☐ High need ☐ Very High Need

D. Children/Youth at risk of or experiencing juvenile justice involvement:

☐ Very low need ☐ Low need ☐ Moderate need ☐ High need ☐ Very High Need

E. People facing trauma (e.g., loss of loved one, home, and/or employment; isolation; repeated abuse, domestic violence, refugees):

☐ Very low ☐ Low ☐ Moderate ☐ High ☐ Very High

ATTACHMENT H-1
PEI Community Survey - English

need

need

need

need

Need

F. People who often do not get the mental health services they need (e.g. based on race, culture, language, age, gender, lifestyle, or beliefs):

- ☐ Very low need
 ☐ Low need
 ☐ Moderate need
 ☐ High need
 ☐ Very High Need

G. People who start to show serious signs of mental illness:

- ☐ Very low need
 ☐ Low need
 ☐ Moderate need
 ☐ High need
 ☐ Very High Need

2. Please list any additional groups of people needing mental illness prevention and early intervention services. Please specify group(s) and level of need:

3. Above, you identified groups that you think have the greatest need for mental illness prevention and early intervention services in your community. What ideas do you have about how to help those groups (early screening, education & support services to parents, resource & referral information, more training for helping professionals, work-based programs, etc.)?

4. Where would you feel comfortable going if you or a family member needed prevention or early intervention services? (You may choose more than one.)

<input type="checkbox"/>	Doctor's office	<input type="checkbox"/>	Social Services	<input type="checkbox"/>	Community organizations
<input type="checkbox"/>	School	<input type="checkbox"/>	Workplaces	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Faith-based organization	<input type="checkbox"/>	Unemployment Centers	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Another Family Member	<input type="checkbox"/>	In-Home	<input type="checkbox"/>	Other:

ATTACHMENT H-1
PEI Community Survey - English

5. Please take a moment to answer the questions below. The information you provide will remain confidential and anonymous. Your responses will assist Riverside County in determining how we can best meet the needs of the community.

Age:

- ☐ 15 and under
- ☐ 16 to 20
- ☐ 21 to 25
- ☐ 26 to 35
- ☐ 36 to 55
- ☐ 56 to 65
- ☐ Over 65

Gender:

- ☐ Male
- ☐ Female

If you represent an agency or organization, please tell us which one, and describe your role or position:

Agency:

Role/Position:

The Region of the County with which you are most involved or concerned:
(if not entire region, please specify areas)

- ☐ Mid-County
Hemet, Perris, Lake Elsinore, San Jacinto, Temecula
- ☐ Western
Norco/Corona, Moreno Valley, Riverside
- ☐ Desert
Banning, Blythe, Cathedral City, Indio
- ☐ Other

Your Race/Ethnicity?

- | | |
|--|---|
| <input type="checkbox"/> Native American – Tribal
Nation: | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White / Caucasian |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Other, please specify: |

ATTACHMENT H-1
PEI Community Survey - English

☐ Hispanic / Latino

Which of the following groups apply to you?

☐ Consumer

☐ Family Member

☐ Guardian or Foster Parent

☐ School Staff or Employee

☐ DMH Staff or Employee

☐ Community Agency

☐ Tribal Agency

☐ Another County Agency

☐ Member of the community at
Large

☐ Other, please specify:

Your primary/preferred language:

☐ English

☐ Spanish

☐ Vietnamese

☐ Filipino

☐ Sign Language

☐ Other:

6. Do you have any additional comments?

Please return survey to:

MHSA - PEI Community Survey
RCDMH – Research and Evaluation
Mail Stop: 3825
3840 Myers Street, 1st Floor
Riverside, CA 92503

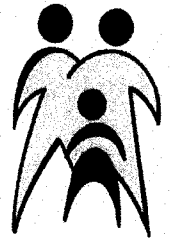
Or fax to: 951-358-7580

If you would like to be notified when the plan is complete for an opportunity to see the results of your input as well as to give additional input please provide the following information.

Name:

Address:

Email:



RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH

JERRY WENGERD, DIRECTOR

MHSA – Prevención e Intervención Temprana Encuesta para la Comunidad

El Acta de Servicios de Salud Mental (MHSA por sus siglas en Inglés), aprobada por los votantes en el 2004 como Proposición 63, está lanzando su programa Prevención e Intervención Temprana. Queremos saber qué piensa Usted en cuanto a los servicios que serán ofrecidos y de los grupos de personas con enfermedades mentales que serán ayudadas mediante los programas de Prevención a Intervención Temprana en el Condado de Riverside.

El elemento Preventivo de el PEI (Prevención e Intervención Temprana por sus siglas en Inglés) tiene el propósito de reducir los factores de riesgo o los factores estresantes para prevenir el periodo inicial de un problema de salud mental y también para promover y apoyar el bienestar de personas “en-riesgo” que están pasando por circunstancias difíciles en la vida y así poder reducir el sufrimiento asociado con problemas de salud mental.

El elemento de Intervención Temprana de el Programa PEI está diseñado para prevenir que un problema de salud mental empeore. Estos programas están dirigidos hacia personas que con una intervención de corta duración (menos de 1 año), y una intervención de intensidad relativamente baja, puedan demostrar el mejoramiento del problema de salud mental, o la prevención del empeoramiento de los mismos.

Para mayor información acerca de los programas de MHSA PEI, por favor visite

http://www.dmh.ca.gov/prop_63/MHSA/prevention_and_early_intervention/default.asp

Le agradecemos de antemano por completar la encuesta que está a continuación. La información que nos proporcione es confidencial y es anónima.

**Departamento de Salud Mental del Condado de Riverside
MHSA – Prevención e Intervención Temprana (PEI)
Encuesta a la Comunidad**

El propósito de esta encuesta es para conseguir ideas de cómo hacer que nuestra comunidad sea más saludable, y para reducir la necesidad de servicios de salud mental, intensivos aumentando el conocimiento acerca de las necesidades emocionales de las personas que viven en su comunidad. Por favor ayúdenos contestando las siguientes preguntas:

1. Por favor califique los siguientes grupos para indicarnos cual de ellos en su comunidad, usted cree que tiene más necesidad de los servicios de salud mental de Prevención e Intervención Temprana. *(Seleccione una calificación para cada grupo: A,B,C,D,F y G)*

A. Niños y Jóvenes en familias con mucho estrés. Por ejemplo: Niños (as) alojados en casas fuera de sus hogares, familias con problemas de abuso de drogas, violencia doméstica, familias recientemente emigradas, depresión u otras enfermedades mentales, etc.

☐ Índice muy Bajo ☐ Índice Bajo ☐ Índice Moderado ☐ Índice Alto ☐ Índice muy Alto

B. Niños y Jóvenes en riesgo de fracasar en la escuela o dejar la escuela.

☐ Índice muy Bajo ☐ Índice Bajo ☐ Índice Moderado ☐ Índice Alto ☐ Índice muy Alto

C. Personas que hayan atentado o estén en riesgo de cometer suicidio:

☐ Índice muy Bajo ☐ Índice Bajo ☐ Índice Moderado ☐ Índice Alto ☐ Índice muy Alto

D. Niños y Jóvenes en riesgo de estar involucrados, o que tienen problemas con el sistema Judicial:

☐ Índice muy Bajo ☐ Índice Bajo ☐ Índice Moderado ☐ Índice Alto ☐ Índice muy Alto

ATTACHMENT H-2
PEI Community Survey - Spanish

E. Personas con un trauma (por ejemplo: la pérdida de un ser querido, el empleo o la casa; aislamiento social, abuso, violencia doméstica, refugiados)

☐ Índice muy Bajo ☐ Índice Bajo ☐ Índice Moderado ☐ Índice Alto ☐ Índice muy Alto

F. Personas que por lo regular necesitan, pero no reciben los servicios de salud mental (por ejemplo: por su religión, por su cultura, lenguaje, edad, sexo, estilo de vida o creencias):

☐ Índice muy Bajo ☐ Índice Bajo ☐ Índice Moderado ☐ Índice Alto ☐ Índice muy Alto

G. Personas que muestran señales de enfermedades mentales serias:

☐ Índice muy Bajo ☐ Índice Bajo ☐ Índice Moderado ☐ Índice Alto ☐ Índice muy Alto

2. Por favor liste otros grupos de personas que usted considera necesitan de los servicios de salud mental de Prevención e Intervención Temprana:

3. Ya identifico usted identifico los grupos que usted piensa tienen más necesidad de los servicios de salud mental de Prevención e Intervención Temprana en su comunidad. Qué ideas nos puede dar en cuanto a cómo ayudar a esos grupos. (Por ejemplo: evaluación temprana, servicios de educación y apoyo para los padres, información en cuanto a servicios disponibles y referencias, más entrenamiento para los profesionales que ayudan, programas que se podrían dar en los trabajos, etc.,).

ATTACHMENT H-2
PEI Community Survey - Spanish

- 6. Donde se sentiría mas cómodo para recibir los servicios de de Prevención e Intervención Temprana en caso de que usted o su familia tuvieran esa necesidad. (puede escoger mas de uno)**

<input type="checkbox"/>	Oficina del Doctor	<input type="checkbox"/>	Servicios Sociales	<input type="checkbox"/>	Organización Comunitaria
<input type="checkbox"/>	Escuela	<input type="checkbox"/>	Su lugar de trabajo	<input type="checkbox"/>	Otro:
<input type="checkbox"/>	Organización Religiosa	<input type="checkbox"/>	Centros de desempleo	<input type="checkbox"/>	Otro:
<input type="checkbox"/>	Casa de un familiar	<input type="checkbox"/>	Su casa	<input type="checkbox"/>	Otro:

- 5. Por favor conteste lo siguiente. La información que nos proporcione será confidencial y anónima. Sus respuestas ayudarán al Condado de Riverside a determinar en qué forma más eficiente podría ayudar con la necesidades de la comunidad.**

Edad:

- ☐ 15 o menos
- ☐ 16 a 20 años
- ☐ 21 a 25 años
- ☐ 26 a 35 años
- ☐ 36 a 55 años
- ☐ 56 a 65 años
- ☐ 65 años o mas

Sexo:

- ☐ Masculino
- ☐ Femenino

Si usted pertenece a una agencia u organización, por favor déjenos saber a qué agencia o posición tiene.

Agencia:

Cargo/Posición:

ATTACHMENT H-2
PEI Community Survey - Spanish

Cual Región del Condado está usted más interesado. (Si no es toda la región por favor especifique, cual ciudad)

- ☐ Región Central
Hemet, Perris, Lake Elsinore, San Jacinto, Temecula
- ☐ Región del Oeste
Norco/Corona, Moreno Valley, Riverside
- ☐ Región del Desierto
Banning, Blythe, Cathedral City, Indio
- ☐ Otro

¿Su Raza o procedencia étnica?

- | | |
|--|--|
| <input type="checkbox"/> Nativo Americano –
Tribu : | <input type="checkbox"/> Islas del Pacífico |
| <input type="checkbox"/> Asiático | <input type="checkbox"/> Blanco / Anglo Sajón |
| <input type="checkbox"/> Negro / Afro-Americano | <input type="checkbox"/> Otro, por favor
especifique: |
| <input type="checkbox"/> Hispano / Latino | |

¿ACuál de los siguientes grupos usted pertenece?

- | | |
|--|---|
| <input type="checkbox"/> Consumidor/Cliente | <input type="checkbox"/> Agencia Comunitaria |
| <input type="checkbox"/> Miembro de Familia | <input type="checkbox"/> Agencia de una Tribu |
| <input type="checkbox"/> Guardián o Padre de Crianza | <input type="checkbox"/> Otra Agencia del Condado |
| <input type="checkbox"/> Maestro o Empleado de la
Escuela | <input type="checkbox"/> Miembro regular de la
Comunidad |

ATTACHMENT H-2
PEI Community Survey - Spanish

- ☐ Empleado del Departamento de Salud Mental ☐ Otro, por favor especifique:

¿Su idioma preferido?:

- ☐ Inglés ☐ Vietnamés ☐ Lenguaje en señas
☐ Español ☐ Filipino ☐ Otro:

6. ¿Comentario adicional?

Por favor regrese esta encuesta a:

MHSA – PEI Community Survey
RCDMH – Research and Evaluation
Mail Stop: 3825
3840 Myers Street, 1st Floor
Riverside, CA 92503

O al Fax: 951-358-7580

Si gustaría que le avisen cuando el plan este completo, para que usted tenga oportunidad de ofrecer algunas recomendaciones adicionales, por favor complete la información siguiente:

Nombre:
Dirección:
Correo Electrónico:

ATTACHMENT I-1
Sample Flyers

The County of Riverside
Department of Public Social Services
Perris Valley Community Resource Fair

FAIR



Friday, September 12, 2008

11:00am-6:00pm

Location: Perris Valley Family Resource Center
371 Wilkerson Ave., Suite L
Perris, CA 92570

Giveaways! • Music! • Free Food! • Fun Activities!
Entertainment! • Boxing Demonstration!
Many more resources available!

Job Fair 11:00 am-4:00pm

Participating employers include-
Starcrest, Peopleschoice, and many more...

For more information call 951.443.1158

Sponsored by City of Perris, DPSS—GAIN CalWorks, Oasis Perris Youth Opportunity Center
Full Armor of God Ministries, Miller-Jones Mortuary, Prevent Child Abuse Riverside County/SHIELD

 **JEFFERY OWENS**
COMMUNITY CENTER  **Pro d**

PRESENTS

BE PROUD BOLE YOU!!!

Riverside

Lesbian & Gay Pride

Saturday, September 13th

10am - 9pm - White Park - Downtown Riverside

Featuring
on the Main Stage

 Jimmy Demar ~ Nikk Harris
Diva Denise Carter ~ Eddie Sanchez
Sheena Metal ~ Diego Diego
RoRo ~ D'Dier ~ Olga Tapia 

Food RPYA - Teen ZONE
Chapel
Vendor Booths Artist Village
PNN Dance Tent Full Bar

Pre-Sale Tickets - \$10.00 - At the Gate - \$15.00
Pre-Sale Tickets Available at:
JOCC Office, 3845 10th St. Riverside
Menagerie, 3581 University Ave., Riverside
The VIP Night Club, 3673 Merrill Ave., Riverside
Delights & Invites, 3653 Main St. Riverside
The Lark, 917 Inland Center Dr., San Bernardino
COMING SOON: Pomona, Palm Springs, Long Beach

 The Menagerie
   

myspace.com/riversidepride08 ~ www.jocc.org ~ 951.683.2032

**THE EASTERN COACHELLA VALLEY SOCIAL CHANGE COLLABORATIVE &
THE INSTITUTE FOR SOCIO-ECONOMIC JUSTICE
PODER POPULAR**

Our Originals Present

Fiesta Compesino

SAVE THE DATE!


When: Wednesday, September 24, 2008
Time: 3:00pm - 7:00pm
Location: Meca Community Park

Contact Person:
Anna Vargas
760-398-5327
fiestacompesina@gmail.com

REGISTRATION AND DETAILS TO FOLLOW

ATTACHMENT I-4
Sample Flyers

SAVE THE DATE



4th Annual Family Partnership Summit

Clinicians & Families
"Making A Difference Together"

This years theme *"INSIDE OUT"*

SPONSORED BY
RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH

October 9, 2008
8:00 am—4:30 pm
Cal Baptist University
8432 Magnolia Avenue
Riverside CA 92504

This conference is free of charge to all that attend,
Lunch is included in registration

(CE's are under review)

Limited Seating. First Come First Serve Basis

Registration Deadline—October 2nd

ATTACHMENT I-5
Sample Flyers



In November 2004, voters in the U.S. state of California passed Proposition 63, the Mental Health Services Act (MHSA).

The Riverside County Department of Mental Health is currently developing the Prevention and Early Intervention Plan with community input. We want to know your ideas about services to be offered and groups of people to be helped by Mental Health Prevention and Early Intervention programs. With your assistance, we can better plan to meet the mental health needs of your community.

"Please fill out a survey and receive a Goody-Bag"



Join us at Saint Joan of Arc's Bazaar
October 10, 11, & 12, 2008

FOR MORE INFORMATION, PLEASE CONTACT MACHI AT KERU RADIO (760) 922-8485

Community Members We Need Your Voice!!!

Riverside County Public Library
Arlington Branch
9556 Magnolia Avenue
Riverside, CA 92503

Thursday September 18, 2008
5:00-7:00 pm

Refreshments will be served. Please come and be entered to win a raffle!!

Riverside County Department of Mental Health needs your help in looking at different approaches to best help our community through Prevention and Early Intervention.

We have a new opportunity through the MHSA (Mental Health Services Act) to identify Prevention and Early Intervention strategies that can help our children, families, & community members before they need intensive services.

PLEASE COME AND LET YOUR VOICE BE HEARD.

For more information contact: Janine Moore (951) 358-3941

Miembros de la Comunidad Latina Necesitamos su Opinión

Lo invitamos a participar en un Foro Comunitario en

La Biblioteca de Riverside
Arlington Branch
9556 Magnolia Avenue
Riverside, CA 92503

Jueves 18 de Septiembre del 2008
5:00 pm -7:00 pm

**¡Habrán refrescos y la oportunidad de participar
en el sorteo de un regalo!**

**El Departamento de Salud Mental necesita de su ayuda
para buscar nuevas ideas de como proveer mejores servi-
cios a nuestra comunidad a través de la Intervención
Temprana y la Prevención.**

**Tenemos una nueva oportunidad por medio del MHSA
(Acta de Servicios de Salud Mental) de identificar estrategias
de Intervención Temprana y Prevención que podrían ayudar
a nuestros hijos, familias y miembros de la comunidad antes
de necesitar servicios intensivos de salud mental.**

**Por favor Asista y deje escuchar su Voz.
Para más información llame a: Janine Moore (951) 358-3941**

Community Members We Need Your Voice!!!

We need you to participate in a Community Forum

At the
Kay Cenicerros Senior Center
29995 Evans Road
Sun City, CA 92586

**Thursday October 9, 2008
8:00-10:00 am**

Free Breakfast will be served.

**Please come and be entered to win a raffle!!
Riverside County Department of Mental Health needs your help in
looking at different approaches to best help our community
through Prevention and Early Intervention.**

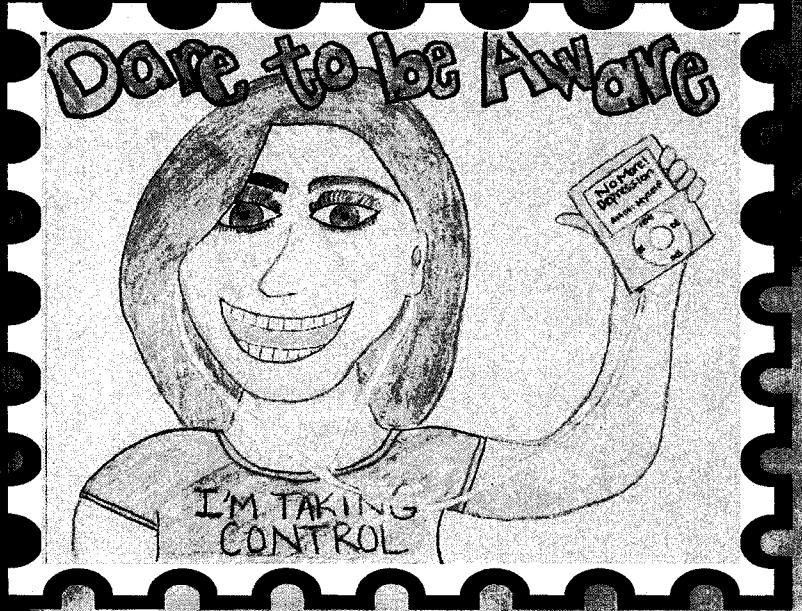
**We have a new opportunity through the MHSA (Mental Health Services
Act) to identify Prevention and Early Intervention strategies that can help
our children, families, & community members before they need intensive
services. Please come and let your voice be heard.**

FOR MORE INFORMATION CONTACT:

**Janine Moore (951) 358-3941
Diana Brown (951) 358-7363**

7th

A
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Youth Conference

November 13, 2008 Riverside Convention Center

Raising Awareness About....

Self-Mutilation
Self-Injury/Abuse

Substance
Abuse

Healthy
Relationships

Careers in
Mental
Health

Suicide

Diversity

Depression

Gang Violence

Self-Esteem

Riverside County Department of Mental Health

ATTACHMENT J-1

NAME	Representation
Becky Love	Probation
Claire Karp	Pacific Clinics
Erls Daily	RCDMH
Susan Johnson Mora	Children's Health
Tori St. Johns	Desert Sands Unified School District - SAP
Denise Miller	Desert Sands Unified School District - SAP
Jan Ryan	RCDMH - Prevention Consultant
Jim Rothblatt	RCDMH/ INCIGHT
Jackie Moot	Operation Safehouse
Chatherine Behnke	Operation Safehouse
Phil Breitenbudy	DPSS
Michelle Burroughs	First 5 Riverside
Gregg Hillis	San Jacinto Schools
Dennis Bixler	DPSS
Bob Alkire	Substance Abuse
Kenneht White	Jefferson Transitional Programs
Drew Oberjuerge	Art Works - Jefferson Transitional Programs
Larry Searles	Riverside County Office of Education
Raquel L. Marquez	Riverside County District Attorney's Office
Mariah Andrews	RCDMH
William Harris	Substance Abuse Prevention
Chris Home	RCDMH
Renee Becker	RCDMH/ Family Member
Patty Rucker	Moreno Valley Unified School District
Christina Salas	Mental Health Board
Shari Wolf	Family Member
Mary Ault	Children's Protective Services
Maria Murillo	Family Services Association
Jackie Rangel	IEHP
Phil Takacs	Banning Unified School District
Veronica Hilton	Department of Public Health
Lyla Wilson	Mt. San Jacinto NAMI
Wes Wilson	Mt. San Jacinto NAMI
Hattie Byland	Riverside Unified School District
Mary Ellen Johnson	Department of Public Social Services/ Children's Protective Services
Bryce Hulstrom	Probation
Sue Moreland	Peer Support
Robert Diaz	Riverside Unified School District
Patricia Douglas	Department of Public Health

ATTACHMENT J-2

NAME	Representation
Vicki Butler	County SELPA
Rocco Cheng	Pacific Clinics
Robert Diaz	Riverside Unified School District
Cheryl English	Victor Community Support Services TAY FSP
Anthony Escalera	Riverisde Community College - ILP
Lisa Jackson	RCDMH
Frank Jefferson-Glipa	RCDMH
Lorie Lacey-Payne	RCDMH - Family Member
Dan Mannion	Probation
Lawanda Martinez	Public Defender
Kathy McAdara	Operation Safehouse
Megan Burrah	Consumer
Ann Miller	Operation Safehouse
Maria Murillo	Family Services Association
Steve Oppenheimer	Harmony Center - TAY FSP
Benita Ramsey	VFSJM
Jan Ryan	Prevention Consultant
Jose Sanchez	TAY Harmony Peer Center
Nancy Satterwhite	DPSS Wraparound
Brenda Scott	Anka
Larry Singh	Oasis, Mentoring
Steve Steinberg	RCDMH
Wanda Street	Anka
Mark Thuve	RCDMH - Substance Abuse
Chanel Wark	Jefferson Transitional Programs
Tiffany Keeler	Art Work - Jefferson Transitional Programs
Morgan Kiel	Consumer
Bob Alkire	Substance Abuse Prevention Consultant
Matthew Fuggent	Consumer
Christine Hynek	Consumer
Phil Takas	Banning Unified School District
Melissa Rini	Consumer

ATTACHMENT J-3

NAME		Representation
Wanda Street		Community Agency - ANKA
Brande McKenzie		Consumer
Hilda Gallegos		RCDMH
Gina Cuevas		VCRC Helpline
Hal Adams		Family Member NAMI
Juanita Adams		Family Member NAMI
Don Sercombe		Riverside County Mental Health Board Member
Mary Allred		Riverside County Mental Health Board Member
Luis Zapata		RCDMH
Grace Kaelin		Family Member NAMI
Maria Jaquez		Consumer

ATTACHMENT J-4

NAME	Representation
Pat Kendrick	Department of Public Social Services/ Adult Protective Services
Rena Moncrease	Department of Public Social Services/ Adult Protective Services
Nate Ramirez	RCDMH
Harvey Stern	Golden Rainbow Senior Center
Linda Parker	RCDMH
Ed Fletcher	RCDMH
Marshiq Wilson-Martin	Office on Aging
Valerie Wheat	Office on Aging
Kei Tiggs	RCDMH
Stephanie Bryant	Department of Public Health - Nursing
Mark Thuve	Riverside County Substance Abuse
Mario Lopez	Consumer
Debbie Katz	RCDMH
Grant Gautsle	Riverside County Veterans Services
Margo Alexander	RCDMH
Barbara Mitchell	RCDMH
Vikki Nuegebauer	Office on Aging
Donna Johnston	Board of Supervisors

ATTACHMENT K-1

NAME	Representation
Veronica Hilton	Public Health
Diane Mitzenmacher	RCDMH
Marshiq Wilson-Martin	Office on Aging
Ann Miller	Operation Safehouse - TLP
Lisa Lopez	Operation Safehouse - TLP
Lue Thao	Adult Protective Services/ In-Home Supportive Services
Jim Powell	Substance Abuse
Rachel Ligtenberg	Probation
Kate Thibault	Alternatives to Domestic Violence
Ruth Kantorowicz	CAP Center
Genevieve Aparicio	CAP Center
Marc Cruz	Rainbow Pride Youth Alliance
Paula Arnett	Rainbow Pride Youth Alliance
Sandra Williams	Parents Anonymous Inc.
Amanda B. Weil	Rainbow Pride Youth Alliance
Debora Monroe-Heaps	Riverside Rape Crisis
Jodee Palmer	Inland Agency
Becky Foreman	Inland Agency
Rachaline Napier	RCDMH – Research & Evaluation
Holly Chavez	Alternatives to Domestic Violence
Anne Johnson	RARCC
Augusto Minakata	Parents Anonymous
Don Sercombe	Mental Health Board Member
Jim Milliken	Mental Health Board Member
Charity Cason	RCDMH – Research & Evaluation
April Carroll	Substance Abuse
Maggie Hawkins	Rainbow Pride Youth Alliance
Mike O'Brien	Inland Regional Center
Jim Powell	Substance Abuse
Maria Marquez	RCDMH
Irma Ficere	RCDMH
April Carroll	Substance Abuse
Lynne Marsenich	RCDMH Consultant

ATTACHMENT K-2

NAME	Representation
Jasmine Alvarez	Riverside Latino Commission
Myriam Aragon	Ethnic Services/Cultural Competency Manager
Sara Berglund	Harmony Center
Charity Cason	RCDMH – Research & Evaluation
Alison Clark	Oasis Peer Support and Resource Center
Dalmino Crispin	St. Anthony's Church
Ninfa Delgado	Riverside Community Health Foundation
Renda Dionne	Native American Outreach Consultant
Miguel Duarte	Department of Rehabilitation
Martin Ekoumou	Global Health Promoter
Alison Emery	Director of Consumer Affairs
Claudia Espinoza	Family Advocate
Jan Hawkins	Boys & Girls Club of Coachella Valley
Gloria Hernandez	Consumer Liaison
Veronica Hilton	Department of Public Health
Alfredo Huerta	RCDMH
Maria Jaquez	Consumer
Ben Jauregui	IEHP
Brandon Lee	RCDMH
Mario Lopez	RCDMH
Rosa Lopez	Riverside County Office of Education Head Start
Luke Madrigal	Executive Director Coachella-Anza Indian Tribes
Virginia Marshall	Mid-County Mental Health Board Member
Ana Melgar	Coordinador de Formacion de la Fe
Daniel Miramontes	RCDMH
(Father) Arturo Monzon-Balagat	San Antonio de Padua Catholic Church
Carla Morgenstern	Indian Child & Family Services, Temecula
Sherry Morris-Logan	Mead Valley Community Center
Carolyn Murray	University of California Riverside Psychology Department
Eddie Pesqueda	Riverside Latino Commission
Moises Ponce	RCDMH
Benita Ramsey	LGBTQ Outreach Consultant
Javier Rosales	Community Advocate
Reina Solahes	St. Anthony's Church
Leslie Soto	RCDMH
Felipe Torres	San Antonio Parish
Jennifer Vaughn-Blakely	African American Community Group

ATTACHMENT K-3

NAME	Representation
Gloria Hernandez	Consumer
Mary Crater	Community Member
Mary Allred	Mental Health Board Member
Bob Gleason	Consumer
Vikki Nuegebauer	Office on Aging
Shari Wolf	Family member
Melinda Krum	Community Member
Tiffany Keeler	Consumer
Kim Munkres	CAMFT/Marketing
Ron Stewart	Department of Public Social Services
Carl Dameron	Media Consultant
Tracy Hutchinson	Riverside Unified School District Community School
Jaclyn Jones	Staff Assistant
Benita Ramsey	RCDMH Consultant

ATTACHMENT L
Desert Consortium Attendance List

Name	Organization
Benson, Jean	Mayor, City of Palm Desert
Bornstein, Amy	Director, EXCEED, A Working Solution
Boyea, Jennifer	Riv. Co. Mental Health - Juvenile Hall Clinical Therapist
Brenneman, Bill	Manager, Mental Health Services Act (MHSA) - Riverside County
Brinkman, Michael	Riverside County Probation
Corona, Veronica	Harmony Center FSP/TAY - Mental Health
Cox, Judee	CEO Regional Access Program (RAP) Foundation
Craig, Donna	Chief Program Officer - Desert Healthcare District
Cummings, Dennis	Juvenile Hall, Asst. Director
Dingle, Pio	Riv. Co. Dept. Mental Health, Behavioral Health Specialist - Substance Abuse
Ducatte, Jim	Boys & Girls Club of Coachella Valley Foundation - CEO
Egson, Quinton	Boys & Girls Club of Coachella Valley - Chief Professional Officer
Evosevich, Jim	Palm Springs Unified School District
Funtanilla, Ray	EXCEED, Employment Specialist
Godwin, Juanita	B&G Club - Coachella Unit Director
Graham, Deanna	Environmental Prevention Specialist, CRUD/DMH
Harmon, Steve	Oasis Rehabilitation Center
Hauf, Sandra	COD Disabled Students Programs and Services (DSPS) Counselor Specialist
Hawkins, Jan	Boys & Girls Club of Coachella Valley - Director of Development
Hernandez, Manuel	Mental Health-Probation After Care Liaison
Hildebrandt, Isabel	COD, Training and Development - Workplace Learning
Hullana, E.J.	DreamCatchers Empowerment Network (Meeting facilitator)
Ison, Dave	City of Indio, Human Services Director
Leinow, Joanne	Big Brothers Big Sisters - Partnership Director
LiCalsi, Pam	Dean, Training & Development, College of the Desert
Lundquist, David	Desert Region Manager, Riverside County Dept. of Mental Health
Marrujo, Gil	DSUSD - Student Assistance Program (SAP) Facilitator
May, Judy	Riverside County Office of Education - (Works with hearing impaired)
Mejia, Leslie	University of Phoenix Coordinator/Intern
Moore, Janine	PEI Coordinator, MHSA
Muller, Denise	Student Assistance Program, DSUSD
Neal, Alonzo E.	Riverside County Resident
Nelson, Rick	EXCEED, A Working Solution - A Division of Valley Resource Center
Nix, Siah	Unit Director, B&G Club of La Quinta
Pollard, Vicki	DSUSD Student Assistance Counselor
Ramirez, Patsy	Harmony Center FSP/TAY - Mental Health Peer Support Center
Reed, Tracy	B&G Club - Indio Unit Director
Robinson, Scott	CPO, B&G Club of Cathedral City
Rothblatt, Jim	Coordinator, Incight & James O.Jesse Student Advocacy Project & Redleaf Resources
Ryan, Jan	Redleaf Resources
Soucy, Wayne	Private Consultant
St. Johns, Tori	Student Assistance Program, DSUSD
Strange, Troy	Building Horizons, Inc. - Executive Director

ATTACHMENT L
Desert Consortium Attendance List

Takacs, Philip	Student Assistance Coordinator, Banning USD
Thornton, Mary Jo	Licensed Marriage and Family Therapist
Toledo, Elizabeth	Supervisor Roy Wilson's Office, Riverside County
Trujillo, Scott	City of Indio, Human Services Supervisor - Youth
Williams, Tony	Boys & Girls Club of Coachella Valley - Director of Operations
Young, Peter	Desert Healthcare District Interim CEO

ATTACHMENT M
PEI PowerPoint Presentation for Focus Groups & Community Forums

**Foundations:
Prevention and Early Intervention**

Riverside County Department of Mental Health
Mental Health Services Act

Prepared by:
Ryan Osher, Ph.D.
Research, Evaluation, and Quality Improvement
Riverside County Department of Mental Health
Lyne Macoszek, LCSW
California Institute for Mental Health

AGENDA

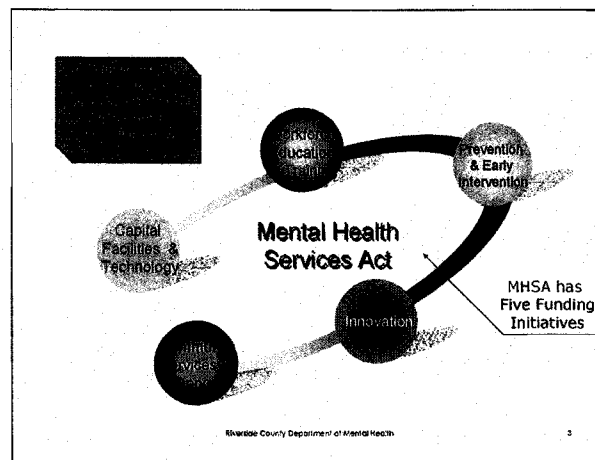
- **Summary of Initiative**
- **What is Prevention and Early Intervention?**
- **Priority Populations**
- **Request for Input**

The purpose of this presentation is to provide a foundation of information about Prevention and Early Intervention (PEI).

PEI is very different from the way the Mental Health System is used to doing things.

Riverside County Department of Mental Health

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ATTACHMENT M
PEI PowerPoint Presentation for Focus Groups & Community Forums

AGENDA

- Summary of Initiative
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Riverside County Department of Mental Health

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What is Prevention and Early Intervention?

Bottom Line:

This is not just more of what we're already doing.

True Prevention Interventions are necessary to successfully transform the Mental Health System.

Riverside County Department of Mental Health

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Important Differences From Traditional Mental Health Programs:

Decisions about who the program serves:

Traditional mental health services are primarily driven by referrals and because of extreme need for services

PEI programs do not wait for clients to come to them, the programs select populations and communities based on risk factors

How to tell if services are successful and/or complete?

In traditional programs, clients graduate when treatment goals are reached, and outcomes can be measured

For PEI programs it's difficult to tell if the program's goals are met.

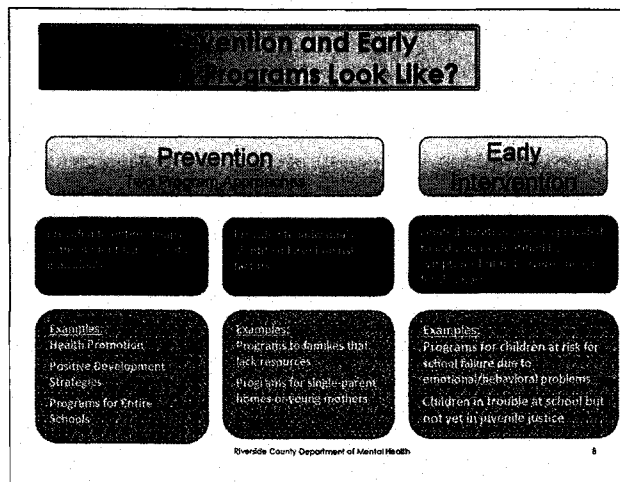
Services are typically shorter in duration.

Riverside County Department of Mental Health

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ATTACHMENT M

PEI PowerPoint Presentation for Focus Groups & Community Forums



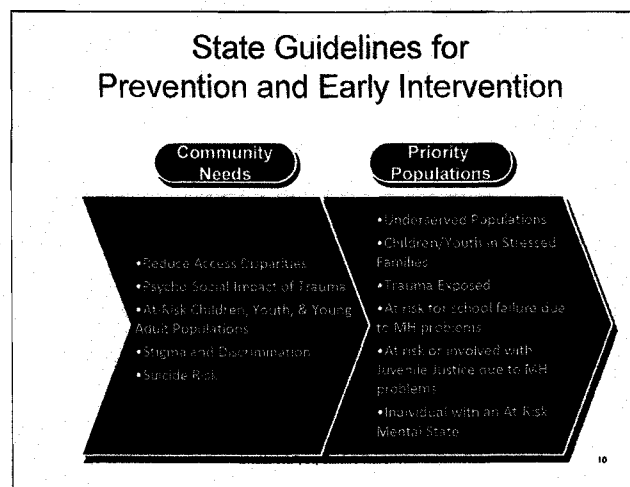
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State Requirements for Funds

- At least half of PEI funds must benefit children and young adults ages 0-25 years.



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Are Riverside County's Underserved Populations?



- Ethnic Minorities:
 - Almost every ethnic minority group is under served
 - The ethnic group with the largest number of underserved individuals is Latinos
- Compared to other counties, Riverside serves a smaller proportion of Foster Care children
- For ages 0-25, fewer girls are served than boys
 - Boys are more likely to get into trouble for fighting or getting into the juvenile justice system
 - Girls are more likely to have depression or other disorders that escape notice by parents and teachers
- For older adults, more women are served than men
- Riverside County has a rather large Deaf community that is underserved

Sources available on request.

Riverside County Department of Mental Health

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Identify Youth Exposed to Family Stress or Trauma?



- In poor neighborhoods, families have multiple sources of stress:
 - Poverty, Malnutrition, Poor Healthcare
 - High Rates of School Dropout, Poor Academic Performance
 - Exposure to Violence, Crime, Alcohol, Drugs
- Neglect / Abuse, including un-confirmed by protective services
- When parents are Mentally Ill, Abuse substances, or have Chronic / Fatal Physical Illness
- Children with parents involved in criminal justice system
- Inadequate income and/or social supports at home


Sources available on request.

Riverside County Department of Mental Health

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Which Children Are at Risk for School Failure?


Unaddressed emotional and behavioral problems plus additional risk factors such as:

- Lack of resources
- Substance use/abuse
- Low school bonding
- Depression/anxiety
- Family conflict
- Family management problems
- Dependent peers
- Instability
- School failure beginning in late elementary school

Sources available on request.

Riverside County Department of Mental Health

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What Increases Risk for Justice Involvement?


Unaddressed emotional and behavioral problems plus additional risk factors such as:

- Parents are very physical and arbitrary with discipline
- Negative peer groups
- Regular exposure to aggression, physical violence, and/or frequent sibling arguments
- Exposure to sexually explicit materials on a frequent basis
- Families that use/abuse or have favorable attitudes about alcohol and drugs
- Weapons in the home or visibly present in the neighborhood
- Family members with criminal records

Sources available on request.

Riverside County Department of Mental Health

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What Do We Know About Suicide Risk?

Who is more likely to attempt / commit suicide?

- Among American Indian/Alaska Natives ages 15-24, suicide is the leading cause of death
- Hispanic female high school students report the highest percentage of suicide attempts among all high school students
- Suicide is the leading cause of death among 15 to 24-year-olds
- The rate of suicide for adults aged 19 and older is 15.3 and 10,000
- Gay, lesbian, and transgender adolescents are more likely to attempt suicide than heterosexual peers
- Risk factors for suicide (not an exhaustive list):
 - Family history of suicide
 - Lack of social support and sense of isolation
 - Access to lethal agents and poisoning behavior
 - History of mental illness
 - Access to lethal agents


Sources available on request.

Riverside County Department of Mental Health

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How is PEI Affected By Stigma and Discrimination?

- Another focus identified in the State's Prevention and Early Intervention guidelines is the goal of reducing stigma and discrimination for mental illness
- Stigma makes it less likely that people will:
 - Recognize early signs of mental illness
 - Talk about problems, ask for help, seek treatment
- Discrimination makes it difficult for:
 - Recovery, better than positive outcomes, or possible self-confidence

Sources available on request.

Riverside County Department of Mental Health

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What Do We Know About Identifying Early Onset?

- History of prior mental health treatment
- Most common diagnoses are depression, anxiety, and ADHD
- Approximately 1/3 have been previously hospitalized
- Abuse / Use of Alcohol & Substances Higher for Youth Developing Mental Illness—especially cannabis use
- Early intervention is critical to avoid hospitalization and the loss of age appropriate role functioning

Sources available on request.

Riverside County Department of Mental Health

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AGENDA

- Summary of Initiative
- What is Prevention and Early Intervention?
- Priority Populations
- ➔ Request for Input

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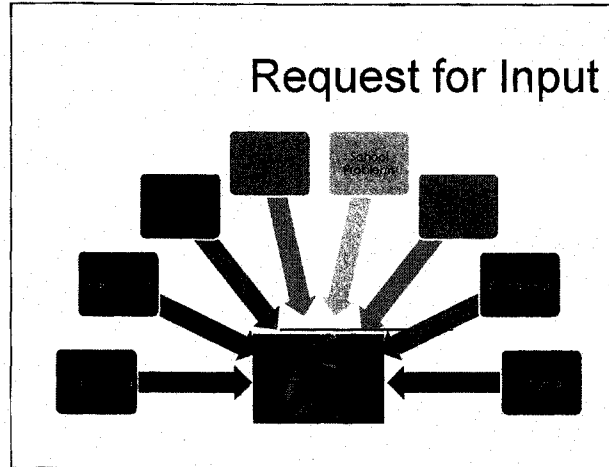
PEI is very different from the way the Mental Health System is used to doing things.

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ATTACHMENT M

PEI PowerPoint Presentation for Focus Groups & Community Forums



Request for Input

What are your ideas?

For Riverside County, what would make a difference to help prevent mental health problems?

For each idea, we need to save notes on:

The Idea	Population Targeted	What is the Goal/Benefit?

Riverside County Department of Mental Health 21

Request for Input

Now, go back and rank the ideas

Here are some ideas about which should get higher ranks.

Addresses those most at risk	<ul style="list-style-type: none"> Priority Populations Unmet Priority Needs At-Risk of Co-occurring Issues
Fixes the Most Important Problems	<ul style="list-style-type: none"> At-Risk Issues Unmet Needs In addition to priority populations, target vulnerable populations, mental health, and other issues
Impacts Lots of Priority Populations	<ul style="list-style-type: none"> At-Risk Issues Unmet Needs In addition to priority populations, target vulnerable populations, mental health, and other issues
Benefits Lots of People	<ul style="list-style-type: none"> At-Risk Issues Unmet Needs In addition to priority populations, target vulnerable populations, mental health, and other issues

Riverside County Department of Mental Health 22

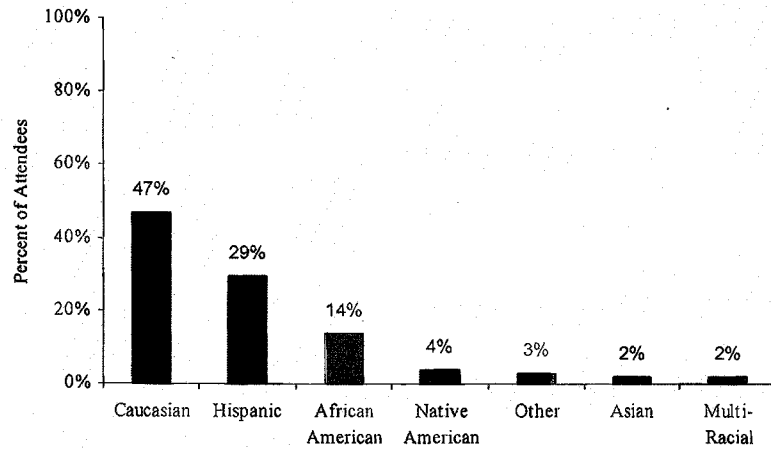
ATTACHMENT N-1 **Demographic Overview of Focus Group Participants**

Demographic information was collected from focus group participants including; gender; age; ethnicity; language; region; participant involvement and agency affiliation if any. Nine-hundred and thirty-five participants completed a demographic survey from the 1,147 that attended. Focus group participants were diverse and included: consumers, family members of consumers, mental health staff, community agencies, county agency staff, and staff from local school districts. Table 1 below represents the distribution of participants by involvement indicated on the demographic survey. Consumers or family members of consumers receiving services represented the largest proportion (32%) of focus group participants. County of Riverside employees (Mental Health and other County agencies) accounted for 23% of all focus group participants. School districts and community agencies accounted for 18% of participants.

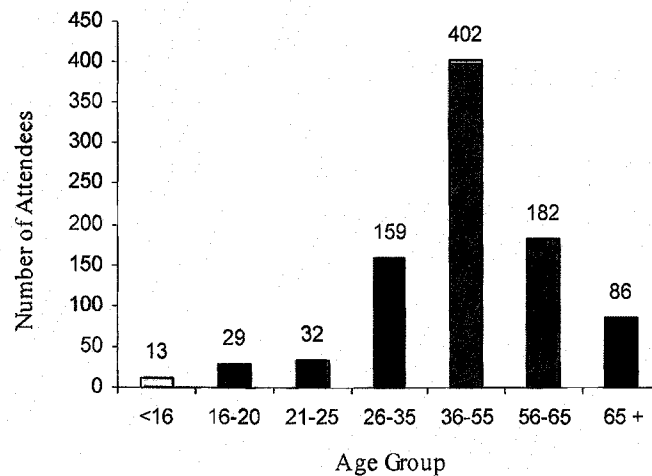
Participant Involvement	Count	Percent of Total
Consumer	146	16%
Family Member	124	13%
Guardian/Foster Parent	25	3%
Riverside Co. Mental Health staff	110	12%
Community Agency	106	11%
County Agency	101	11%
Community Member at Large	76	8%
School Staff	55	6%
Tribal Agency	3	<1
Other	116	12%
Unknown	73	8%

The following graph represents the ethnicity of focus group participants. Nearly half of the participants (47%) identified themselves as Caucasian. The next largest ethnic group represented were Hispanics at 29%. Ethnicity was unknown for 45 participants who did not indicate an ethnicity on the survey. Some attendees did not complete a demographic survey. The ethnic distribution of the focus groups was similar to the race/ethnic composition of Riverside County. Hispanics were slightly underrepresented at 29% although they make up 42 % of the population in Riverside County; however given that ethnicity was unknown for a number of participants it is possible Hispanic representation was higher. Caucasians were slightly over represented at 47% given that the Caucasian Non-Hispanic population of Riverside County was 42% in 2007 Census Bureau data. Fourteen percent of all participants identified themselves as African American which is more than twice the percentage of the African American population in Riverside County which is 6%. The majority of participants (88%) indicated English as their primary language. Spanish was indicated as the primary language for 10% of participants. Other language and American Sign Language were reported by only 1% of attendees.

ATTACHMENT N-1
Demographic Overview of Focus Group Participants

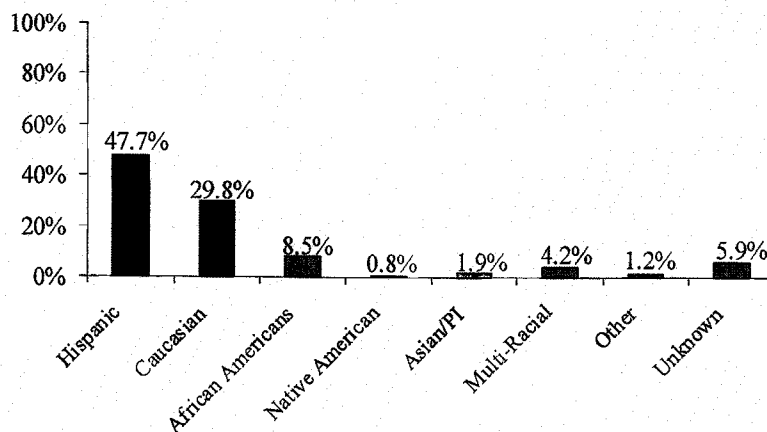


The majority (70%) of focus group participants were female while 30% of the participants were male representing more than a 2:1 ratio of female to male. Participants between the ages of 36-55 made up the largest proportion of focus group attendees who provided their age. Youth ages 25 and under represented the lowest percentage of survey participants at only 8% of the total sample.



ATTACHMENT N-2 Demographic Overview of Community Survey Participants

A majority of the surveys were completed by Hispanic / Latino individuals. Survey results were slightly over representative of Hispanics / Latinos who completed 47.7% of the surveys but representing only 42% of the county's population. African Americans were also overrepresented at 8.5% of survey respondents compared to the County population of 6%. Caucasian and Asian groups were slightly underrepresented.



The majority of respondents reported English as their preferred language. A number of respondents (11%) indicated two preferred languages. Out of those who indicated two languages the overwhelming majority (92%) spoke English and Spanish.

Language	English	Spanish	Multiple Language	Filipino	Vietnamese	American Sign Language
Percentage	72%	16%	11%	<1%	<1%	1.23%

Adults between the ages of 26-55yrs made up the largest proportion of survey respondents (51%). Transition age youth between the ages 16-25yrs were the next largest group of respondents at 25%. Transition age older adults (55-65yrs) and older adults (65+ yrs) were a smaller group of survey respondents at 10.3% and 5.8%, respectively. Youth under the age of 15 yrs were the smallest group at 7.6% of survey respondents. The majority of survey respondents (70%) were female and 30% were male representing more than a 2:1 ratio of female to male respondents.

ATTACHMENT N-2
Demographic Overview of Community Survey Participants

Affiliation

Which of the following groups apply to you?	Number
Consumer	620
Family Member	1,013
Guardian or Foster Parent	126
Member of the Community at Large	254
RCDMH Staff	127
County Agency Other than RCDMH	95
School Staff	182
Community Agency	188
Tribal Agency	8
Other	180

Survey respondents affiliation is presented in the table at left. Respondents could choose more than one group so the frequencies in the table are not unduplicated across groups. The following percentages are unduplicated: over half of the respondents (68%) indicated they were either a consumer, family member, guardian or foster parent, or member of the community at large. Fifteen percent of respondents indicated an organization or agency affiliation. Five percent of respondents indicated other affiliation and 11% percent did not indicate a response.

The Region of the County with which you are most involved or concerned?	Percentage
Desert	39.5%
Western	30.3%
Mid-County	13.6%
Other or multiple regions	7.7%
Blank	8.8%

More respondents indicated they were involved or concerned with the Desert or Western region

ATTACHMENT O-1

Report from the PEI Trauma Workgroup Facilitator: Lynne Marsenich, LCSW October 20, 2008

The trauma workgroup met four times for approximately two hours each meeting. The meeting dates were as follows:

- July 10, 2008
- August 20, 2008
- September 16, 2008
- September 23, 2008

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 and to identify strategies, programs and or practices that could be provided to the population described and to identify ideal service delivery locations. It should be noted that the group was provided with a definition of trauma and resources describing risk and protective factors as well as examples of program strategies.

Population in Need – Trauma Exposed

The population in need was described by utilizing the MHSA age categories. The "Population Table" which accompanies this report contains the results of the discussion. The group had a very hard time narrowing the population in need and it was clear each member was speaking from their perspective as service providers rather than as potential recipients of services or as informal community leaders. However there was agreement regarding populations most likely to experience disparities: undocumented, gay, lesbian, transgender youth and adults, African Americans, older adults and members of the deaf/hard of hearing community.

The group was asked to identify in what areas of the county people were most likely to be trauma exposed. There was uniformity of response with the following communities being identified: Hemet/Pass Area, Moreno Valley and the Coachella Valley. There was strong agreement that people living in neighborhoods with high rates of violence would be very likely to suffer from the psychosocial effects of trauma but the group was unable to identify specific neighborhoods. **Information from the data download should be able to identify geographic areas with high levels of violence.**

ATTACHMENT O-1

Existing Programs

Most services currently being offered to community members who have been trauma exposed are for victims of domestic violence, child abuse and sexual assault and few are preventive in nature. It is important to note that the group was unable to identify programs to assist people who live in neighborhoods where there are high levels of community violence. In addition there were no programs identified to meet the needs of specific cultural populations with the exception of services for Gay, Lesbian and Transgendered youth in the Desert region of the county. Analysis of the existing programs (see attached survey) reveals regional gaps as well as population gaps. **Specifically, the Desert region is underserved as are older adults and cultural populations of all ages.**

Recommendations

The recommendations made by the group were primarily focused on increasing access through outreach and engagement strategies. In addition recommendations tended toward broad strategies rather than specific programs or practices with one exception. Specifically, there was strong support for ensuring that traumatized individuals received treatment in the form of short-term evidence-based trauma interventions.

Strategies for improving access and decreasing stigma – move service delivery to the community

- Provide in-home services
- Family resource centers
- Offer prevention programs in faith-based organizations – churches, temples and synagogues
- Boys and Girls clubs should be utilized for delivering prevention programs
- Senior centers
- Adelanto Community Center as an example of place and programs for prevention
- Offer services to Vets and their families in organizations that serve Veterans of Foreign Wars rather than the VA
- Prevention services should be offered on school campuses
- Work with the Visiting Nurses Association to offer prevention services to older adults with serious health problems
- Provide services in ethnic specific neighborhood organizations

Outreach strategies for ensuring that programs get to the population in need

- Partner with the Latino commission in the Desert Region
- Partner with the Perinatal coalition in Riverside

ATTACHMENT O-1

- Make sure that materials are in the language of potential users and demystify mental health problems by creating a universal strategy. An example – normalize “sadness” and give examples of how sadness is expressed by different people and cultures.

Prevention Strategies

- Offer youth no cost “engaging” after school activities – located in centers on school campuses or next to campuses. Programs should be offered to youth of all ages and income levels
- Peer to peer mentorship for youth who have been trauma exposed. Examples include: Desert Safe House training for peer mentors and San Bernardino County Probation Department – youth counseling other youth who are trauma exposed and at risk to juvenile justice involvement
- Desert Samaritans for the Elderly – provide training for health care providers – recommend they add a screening tool for trauma
- Corona Parks and Recreation – Teen Zone – a model to be built upon in other areas of the county
- Corona Library provides weekly youth education programs – can add psychoeducation on trauma and prevention education on dating violence or other forms of violence likely to be experienced by children and youth
- Provide school based violence prevention programs – promote healthy relationships and appropriate gender roles
- Provide vocational training in communities where youth live. Engage community leaders and local business to offer mentoring and internship opportunities. These strategies can fulfill community service hours for probation youth and provide meaningful experiences that build on youth strength

Specific practice

- Ensure that the psychosocial impact of trauma is reduced through effective early intervention. Examples are Trauma-Focused Cognitive Behavioral Therapy and Prolonged Exposure Therapy.
- Many problems such as child abuse and substance abuse are exacerbated by previous trauma experiences.

Ensure Accountability – many members of the trauma workgroup expressed dissatisfaction with previous prevention efforts, because, from their perspective, money was given to organizations without monitoring progress or expecting outcomes. The most salient example given was after school programs that become “glorified baby sitting” and offer little in the way of meaningful and engaging activities. There was also concern that many of these programs do not hire staff with the requisite skills to provide the service and that the student to adult ratio is too high.

**Riverside County Department of Mental Health
Reducing Disparities Workgroup Initial Report
Recommendation for Reducing Disparities in Mental Health
Services for Ethnic and Cultural Groups
November 3, 2008**

Background

The Mental Health Service Act (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.

Per the State guidelines, "An objective of PEI is to increase capacity for mental health prevention and early intervention programs led by appropriately trained and supervised individuals in organizations and systems where people in the community currently go for purposes other than mental health treatment services." 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

Definitions

The Reducing Disparities Task force adopted the definitions of Disparities, underserved, unserved and inappropriately served presented by the 1999 Surgeon General Report on Mental Health, and the 2001 Supplemental that examines culture, race and ethnicity in mental health, highlighting the inequality that exist for minority groups needing mental health services; and the New Freedom Commission on Mental Health report Achieving the Promise: Transforming Mental Health Care in America.

ATTACHMENT O-2

The Surgeon General Report Supplement to Mental Health extensively documents the “striking disparities” that exist for racial and ethnic minorities in mental health. They found that “racial and ethnic minorities have less access to mental health services than do whites. They are less likely to receive needed care. When they received care, it is more likely to be poor in quality”.¹

The New Freedom Commission on Mental Health came to the conclusion that minorities are unserved, underserved or inappropriately served in the current mental health care.²

Riverside County Reducing Disparities Taskforce

The goal of the Reducing Disparities Task Force (RDTF) was to provide feedback to ensure that county mental health efforts to reduce mental health disparities are integrated into the PEI plan. Reducing disparities in mental health access, service utilization and outcomes for cultural, ethnic, and linguistic populations is one of the priorities for the Prevention and Early Intervention Planning. The Mental Health Services Act throughout its various components specifically aims to increase cultural competence and improve services to address unmet needs for unserved, underserved, and inappropriately served communities.

The Reducing Disparities Task Force provided a unique opportunity for community leaders and experts to come together to explore the current disparity issues in the county mental health system, and to benefit from each others' expertise and wisdom in strategically addressing these mental health disparities.

Group Process

- Forming of a diverse task force with representation of community leaders, community based organizations, faith based organizations, partner public agencies, mental health staff, consumers and family members.
- Based on information presented by the RCDMH Research unit and with group discussion the taskforce recommended working on recommendations on how to reduce mental health disparities among the ethnic and cultural groups where the disparity gap is higher.
- Taskforce members adopted “unserved, underserved, and inappropriately served cultural populations” as its priority population, with the understanding that it forms an umbrella for including all other identified priorities.
- Task force members divided into subgroups to address each of the identified unserved, underserved, and inappropriately served ethnic and cultural populations.
- Each of the subgroups worked on coming up with recommendations on how to reduce disparities. Although the time was limited due to PEI planning process

¹ United States Public Health Service Office of the Surgeon General (2001). Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: Department of Health and Human Services, U.S. Public Health Service.

² New Freedom Commission on Mental Health (2003). Achieving the promise: Transforming Mental Health care in America. Rockville, MD: Department of Health and Human Services.

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deadlines, each of the subgroups had an opportunity to meet, conduct focus groups, and conduct interviews with some key leaders in the community that voiced their concerns and recommendations.

- Taskforce membership reflects the diversity of the community of the community of Riverside County and included such community leaders, community based and faith based organizations, public agencies, consumers and family members, and members of the unserved, underserved, and inappropriately served ethnic and cultural populations.

Challenges and Opportunities

- Building community participation, engagement, and trust.
- Identification of community based and faith based organizations that are serving the unserved, underserved, and inappropriately served ethnic and cultural populations.
- Given the short time frame, this process was fruitful, but not exhaustive. Task members were able to involve the community due to their ongoing relationships they had established with the community. Although the community identified the need for more involvement.
- Created an ongoing process to look at disparities in mental health and provide recommendations on ethnic, cultural and linguistically appropriate strategies.

Proposed Recommendations for Reducing Mental Health Disparities

General Recommendations

I. **Create the Reducing Mental Health Disparities Committee:** This committee will be responsible for overseeing the Reduction of mental health Disparities in the County of Riverside Department of Mental Health.

- a. Members of the committee will be recognized as key partners and have active involvement and representation on all MHSA policy recommendations, program reviews, and activities that address the needs of unserved, underserved, and inappropriately served racial, ethnic, cultural communities.
- b. Members will be from racial, ethnic and cultural unserved, underserved, and inappropriately served groups representative of the community. An emphasis will be made to address regional and geographical differences among the ethnic and cultural groups, including the urban and rural communities.
- c. Reach consensus on common priorities and present recommendations regarding implementation of strategies for reducing disparities.
- d. Committee will have an active role in decision making.

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- e. Create a vehicle to provide recommendations for reducing disparities to the mental health department.

II. Increase awareness of cultural and ethnic disparities in mental health by providing information reports and data analysis on efforts taking to reduce disparities.

- Collecting ethnic and cultural data from external Sources
- Access to data that allow for measurement/analysis of disparities
- Using data to reduce mental health disparities by tailoring population specific interventions.
- Data results will be use to make funding priorities and program decisions

III. Promote mental health and combat stigma

- Allocate funding for community based and faith based organizations involvement.
- Develop mental health promotion of prevention and early intervention programs in the community, and with the community.
- Partner with community based organizations, faith based organizations, public agencies, and other non-mental health organizations to promote mental health.
- Utilize ethnic, cultural, and linguistic radio, television and newspaper media that serves Riverside County.

IV. Educate, empower, and support consumers and family members

- Provide education and training to Community Based organizations, faith based organizations, partner public agencies, advocacy agencies, and community at large on mental health prevention and early intervention.
- Funding and promoting sharing of resources with existing agencies in the community.
- Build community collaborative and partnerships.
- Change the name from mental health PEI to reflect wellness and empowerment.
- Continue inclusion of consumer and family members.

Ethnic and Cultural Specific Recommendations

Top Three Priorities³

V. Native Americans

Recommendations include A Native American Wellness Alliance (NAWA) housed across Native American organizations that serve the entire Riverside Native American Indian population. Tribal consortiums and tribal agencies within Riverside County that could be part of this alliance include Riverside San Bernardino County Indian Health Inc. (RSBCIHI), Indian Child and Family Services (ICFS), Torres Martinez Tribal TANF, Sherman Indian School and University of California Riverside- Native American Student Program. RSBCIHI and ICFS are tribal consortiums serving the entire Native American population. RSBCIHI has a behavioral health, substance abuse and health promotion department. ICFS serves Native American children and families. They have a prevention program and foster and adoption program. Noli is a tribal middle and high school (approx. 145 students) and Sherman is a boarding high school (approx. 500 students). They have students from a variety of tribes. Torres Martinez TANF has offices in Thermal, Anza, Hemet and Los Angeles. They provide job training and supportive services for welfare families. UCR has a summer program for youth to attend college exposure/enrichment classes.

The top three areas the Native American Wellness Alliance would provide services include:

- Culturally tailored, evidence based parenting. Indian Child and Family Services has culturally tailored and evaluated an evidence based program within the Riverside County American Indian community. The SPIRIT Incredible Years Program is a 15 week in home parenting program for children ages 0-11 years old. ICFS is not fully funded to deliver this program to families needing prevention services. With the NAWA, ICFS could provide this program to TANF families and RSBCIHI clients. Both tribal organizations have requested these services. In addition, ICFS could motivate referred families to engage in clinic and TANF services that are recommended and would be beneficial. For example, RSBCIHI has stated they would like to use ICFS' in home SPIRIT parenting program. ICFS conducts an Indian Family Wellness Assessment (IFWA) as part of these services. A menu of options is generated for each family based on their unique needs. RSBCIHI is interested in ICFS assessing families for interest in stress management services which the clinic could then provide. Additionally, the IFWA could be

³ Only the three top priorities are presented in this document. For the list of all the recommendations for each ethnic and cultural specific group contact the Riverside County Department of Mental Health Cultural Competency Program. Aragon_m@co.riverside.ca.us

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expanded to be a comprehensive motivational interviewing family assessment tool linked to referral sources for Native American families throughout the county.

- School drop out prevention program. This program would be two fold focusing on college exposure and culturally tailored substance abuse/gang reduction prevention education. Both Noli and Sherman have substance abuse prevention programs but limited funding. There is a need for funding cultural programs that educate and promote a substance free/gang free lifestyle. Noli has stated they could benefit from money for staffing, transporting kids, program supplies and materials, taking youth to conferences and food for youth events. In addition UCR has a summer program for Native American youth to live on campus for a week. Youth are exposed to college enrichment activities and a substance free lifestyle. The Native American Student Program Director stated funding to expand the length of time these students are on campus, up to a month, would be beneficial.
- Traditional Healing blended with Mainstream education regarding stress reduction, substance abuse and mental health disorders. Establishing a network of traditional healing resources through the Tribal organizations is an important component of a prevention program for Native Americans. There is a lack of culturally appropriate service in the county for Native American clients. Funding NAWA could help to reduce this disparity. ICFS could hire cultural providers to conduct ceremonies, run sweat lodges and be involved in cultural activities. At weekly cultural meetings education could be provided about prevention of mental health disorders and stress reduction. RSBCIHI could provide services for stress reduction. The Behavioral Health Department at RSBCIHI has recently set up bio feedback machines to aid in reducing stress and is targeting this as an area they want to expand. NOLI and Sherman could provide these types of services to their students, using ICFS and RSBCIHI as a resource in addition to their own resources. Native American college students at UCR could be involved in providing prevention messages and mentorship for youth involved in these programs.

Native Americans have disproportionately high rates of child neglect, substance abuse and mental health programs. They also have high rates of school drop-out. Intervening early in parenting services, substance abuse prevention and school drop-out are top priorities for these youth. All the Tribal programs listed above are currently under-funded and the Tribal organizations/consortiums are overburdened and don't work together in ways to maximize service to the Native American Community. Establishing a Native American Wellness Alliance from within the community focusing on parenting, school drop out, which includes substance abuse and gang violence prevention and traditional healing, would be an innovative prevention program strengthening the Native American community in Riverside County. Costs for each priority are estimated to range from

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\$100,000-\$300,000 annually depending on the extent of services. (Note: This is a rough estimate).

Three focus groups and five interviews were conducted with the Behavioral Health Director of RSBCIHI, school counselor of NOLI Indian School and Executive Director of ICFS. The Board Chairman of RSBCIHI and ICFS and Torres Martinez TANF staff at the Anza site attended focus groups.

VI. African American

African Americans live, work and play in a social and economic environment of inequality that includes greater exposure to racism and discrimination, violence, and poverty, all of which take a toll on mental health and leads to mistrust of Mental Health Systems. Annelle Primm, M.D states, deep-seated racism in the United States sets in motion a "vicious cycle" whose psychological and biological consequences have a crushing impact on health status. Depression and all its sequels are an inevitable and particularly devastating part of this cycle." In community focus groups, African American Community members echoed her sentiment in vivid language expressing their mistrust and suspicion of Department of Mental health and system given the history of mistreatment and inadequate care by government entities. Dr. Primm further shares in a speech to the Congressional Black Caucus, "When we have a mental illness like depression, we are very likely not aware that we are ill, we tend to stay away from psychiatrists and mental health professionals because of the stigma, we may stay away from physicians... because we are uninsured, but even if we happen to get in the door of some health provider, we are less likely to be diagnosed at all, we receive inferior or inadequate treatment, or, worse, our symptoms are misunderstood, and we are diagnosed with schizophrenia." Disparities exist in both access to and quality of mental health care for African Americans Examples of these disparities include: the underutilization of psychiatric services by persons from African Americans, problems in treatment engagement and retention of persons, the over diagnosis of schizophrenia among African Americans, the inappropriate use of antipsychotic medications among African Americans (and the use of these medications at higher dosages among African Americans), According to the 2001 Surgeon General's report on mental health, "the prevalence of mental disorders was believed to be higher among African Americans than among Whites, and African Americans were more likely than Whites to use the emergency room for mental health problems. African Americans with depression were less likely to receive treatment than Whites (16 percent compared to 24 percent). Only 26 percent of African Americans with diagnosed generalized anxiety disorder received treatment for their disorder, compared with 39 percent of Whites with a similar diagnosis... For certain disorders (e.g., schizophrenia and mood disorders), errors in diagnosis are made more often for African Americans than for whites." Increasing evidence suggests that, in clinical settings, African Americans are less likely than whites to

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receive evidence-based care in accordance with professional treatment guidelines.

- Development of Community Based Youth & Family Optimal Wellness programs directed by and delivered by African American community based providers in a community setting. The Youth & Family Optimal Wellness after school program will promote resilience in African American children and youth. The program will be delivered in a culturally appropriate method and connect children/youth to positive role models and mentors. Based on the Self Enhancement Inc. (Oregon community based program), the Youth & Family Optimal Wellness resilience development program focuses on the strengths of the African-American community and deals directly with the deleterious effects of racism. African-American children, vulnerable victims of racism, are at significantly increased risk of Incarceration, School failure, Victimization by violent crime, Teen pregnancy, Reliance on social programs, Poverty.

The Youth & Family Optimal Wellness PEI Project consists of a 12-week daily, intensive community-based program, followed by on-going weekly interventions, and tracking until adulthood. It is designed in two phases. The first phase is an intensive 12-week multimodal after-school program. The second phase involves weekly follow up, community and family engagement and leadership promotion. Students, ages 5 through 11, will work with health care educators, tutors and African-American professionals Monday through Friday. Through age appropriate African-American History education, bibliotherapy and story telling activities, exercise and health education, conflict resolution skills training and academic tutoring, the participants will gain academic competence, a sense of African-American identity, and the confidence that they can address life's challenges successfully within the African-American community and develop allies outside the community.

- Long term investment in African American community partnership with DMH & MSHA 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.
- Faith based outreach and education component such as PEWS Project

PEWS (Programs for Emotional Wellness and Spirituality) was established in 2005, PEWS educates African American clergy, lay staff and church communities to better recognize mental illness and how to link parishioners to mental health services when needed. PEWS also works to address the negative attitudes surrounding mental illness in the African

American community. Although the Black Church taught religious doctrine and scriptures, it also taught Blacks how to contend with difficulties and adjust to life in a society that did not value or honor them or their heritage. The Black Church was a haven from societal injustices and a place where African Americans acquired skills, knowledge, and values through the church's educational programs. The belief and faith that one can rise above personal struggles, adversity, racism, and poverty is a familiar refrain that echoes throughout the African American church today. These beliefs have been inculcated through a variety of educational programming in the church. Two studies in 1994 and 1995 correlated religious involvement in the African American community with health status and reduced depression. PEWS (Programs for Emotional Wellness and Spirituality) have produced two short award-winning educational videos, *Anything But Crazy: African Americans, Emotional Wellness and Spirituality*, and *Getting to the Other Side: African Americans and Co-Occurring Disorders*. The program's most recent initiative is assisting historically black churches to develop mental health ministries to promote emotional wellness and help identify and assist those in need of mental health services. PEWS has been the recipient of Mental Health America's Betty Humphrey Cultural Competency Award, and has been featured on National Public Radio as well as in *Positive Community Magazine*, *The (Newark) Star Ledger*, *Mental Health Monthly*, and the recently published book *Black Pain*, among other publications.

VII. Latino/ Hispanic

- Develop and fund a Promotores de Salud (Health Promoters) program. The community member and leader involved in the PDS program engage in extensive outreach and prevention and early intervention community activities and community institutions' programs (Health Fairs, Community Fiestas, Academic, Legal, Social and Faith-Based programs). PDS services would help in the elimination of stigma by breaking the silence about mental health issues among the underserved/unserved Latino/Hispanic population throughout the Riverside County.
- Develop and fund "Accessibility to MH Services Program."- Latino/Hispanic communities are among the most underserved/unserved populations in the Riverside County. Accessibility to MH services is critical but often not a reality to this community due to lack of transportation services, literature translated into their language or due to immigration concerns. This program could create a system where these concrete needs are appropriately met so that MH services are within reach for those in need (e.g. One-Stop MH Mobile Out-reach Unit, purchase transportation vans, provide gas-vouchers, etc.).

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- Increase funding to support and integrate Mental Health activities with local cultural community activities. Latinos/Hispanics are known to be family-oriented and highly involved in the local cultural, family-oriented activities or Fiestas, There needs to be additional funds allocated to support these events and to provide stipends for consumers and family members actively involved in the development and implementation of these events.

VIII. Asian American

- Develop resources in different languages that are simple and understandable.
- Greater outreach to the Asian community at community centers, faith/spiritual groups, cultural festival and fairs, adult schools, etc.
- Integrate Mental Health into useful and relevant topics such as stress management, stress relief, well-being, wellness, etc. and not such much on MH services. Help to build "better" family relationships.

IX. Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ)

- 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. The Rainbow Youth Leadership and Resiliency PEI Project addresses the isolation and invisibility of sexual minority youth. Many LGBTQI youth experience a hostile and unhealthy climate in schools and communities that is marked by violence, bullying, neglect and invisibility. Many are severely isolated and are at disproportionate risk for a range of problems including: suicide, violence, dropping out of school, substance abuse, HIV/AIDS and other STDs, incarceration, teen pregnancy, reliance on social programs, lack of medical insurance, unemployment or underemployment, poverty, and rejection from family and friends. (Special focus on High School Gay Straight Student Alliances, Rainbow Pride Youth Alliance, Bienestar Human Services Youth programs, Brothers United youth adult outreach, and Gay Associated Youth). (See attachment for more details)

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- Implementation of a culturally competent Peer Based Community Mental Health Outreach Worker program designed to provided a targeted outreach and engagement campaign in the LGBTQI community in natural community settings (Pride Organizations, Open and Affirming Congregations, Health Fairs, HIV/AIDS programs, Depression screening, support groups, and targeted treatment slots). A special focus will place on LGBT seniors (Golden Rainbow Senior Center, Transgender Community (Trans-Soul) and Young Men of Color (Brothers United). Numerous studies have shown that LGBT individuals are exposed to higher levels of daily stress because of stigmatization, isolation from family and society, and discrimination. High levels of stress, in addition to contributing to physical illness, also may precipitate the development of certain types of mental illnesses. There is evidence of higher rates of depression, anxiety, and suicide in LGBT individuals. With the lack of social support, it is not surprising that LGBT individuals have higher rates of mental health care utilization than heterosexuals.
- Develop specific support to LGBT people through LGBT Organizations. Provide direct funding to support a community collaboration between the County Department of Mental Health, the Jeffrey Owen Center, Desert Pride Center, Golden Rainbow Senior Center, Gay Associated Youth, Rainbow Pride Youth Alliance, P-Flag, Transgender-Soul, and the open and affirming faith community (UFCSJC, FCC, UU) to support a targeted Anti-Stigma Campaign directed at addressing the dual stigma of mental illness within the LGBTI community.

X. Deaf and Hard of Hearing

- Education: Educate the Deaf (including any related consumers and family members) about MH, respect about deaf community, elimination of stigma about deaf and MH, signs of mental illness. Education about abuse, emotional, various parts of abuse. Education about risk factors that might lead to anger. Educate community about how particular behavior patterns lead to MH problems (anger, DV, substance abuse).
- Forums to educate Deaf community about MH programs. Greater outreach into the Deaf community (and related family members) to gain participation, e.g., establishing a Task Force.
- Accommodation: Deaf and HH communication accommodation to provide effective communication. (Use the appropriate wording to

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be more inclusive of all communities.) Example, video phones, Telecommunications Device for the Deaf (TDD), Teletype machines (TTYs), effective communication (making sure to provide not just interpreting services but also Real Time Captioning (RTC), etc.

XI. Homeless

There are 4508 homeless adults and children on a given day in Riverside County, of which 30% have been diagnosed with mental illness, 47% have a substance abuse problem, and 25% have been a victim of assault while living on the street. Mental health issues among the homeless become even more complex due to a myriad of barriers. Not only are there language, cultural, housing, and transportation issues, but there is a factor of competing needs. Homeless individuals and families are faced with immediate needs of where they will sleep, what will they eat, where will they shower and mental health needs are more often than not, seen as less of an immediate priority. In addition it is challenging to provide any type of follow up care/treatment due to the transient nature of this population.

The Homeless Work Group of the Reducing Disparities Taskforce met and discussed the needs, methods, and services that are needed to make any progress in providing mental health care to the homeless. What became clear was that there is no mechanism in place for the prevention of mental health issues. There are services in place for severe cases but we have failed to assist individuals and families in prevention and support areas. The Work Group discussed different ways to engage homeless communities to develop effective strategies to reduce the mental health disparities among this population.

Conversations were also held with homeless service providers in which they stated that the stigma related to receiving treatment in a mental health facility is still a barrier to overcome. They also confirmed that transportation is an issue to access services and that many are turned away for services because their case is not severe enough. They also added that wait time to be seen, lack of insurance and the transferring of cases from county to county create additional barriers.

The top three recommendations were:

- Increase homeless outreach teams that include using peer support approaches with an emphasis on prevention and intervention strategies.
- Take the time to build relationships with community homeless serving organizations and identify central providers – where a variety of health and human services can be provided in a “one stop” center and all individuals would be assessed and case managed. This would in turn lessen the barriers of transportation, stigma, and follow up treatment, wait time, medication compliance, and where preventive approaches could be included.

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- Identify different specialized homeless populations and develop specific strategies to work with these populations. **Example:** Veterans, parolees, substance abuse, immigrants, etc.

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**Riverside County Department of Mental Health
Reducing Stigma and Discrimination Workgroup Initial Report
Recommendations for Reducing Stigma and Discrimination in Mental
Health
November 4, 2008**

Background

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. Per the State guidelines, "An objective of PEI is to increase capacity for mental health prevention and early intervention programs led by appropriately trained and supervised individuals in organizations and systems where people in the community currently go for purposes other than mental health treatment services." 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.

Riverside County Reducing Stigma and Discrimination Workgroup (RSDW)

One of the community needs identified by the State is the reduction of stigma and/or discrimination against people with mental illness as well as reducing stigma associated with either being diagnosed with a mental illness or seeking mental health services. The goal of the Reducing Stigma and Discrimination workgroup (RSDW) is to identify strategies to reduce mental health stigma and discrimination and provide feedback to ensure that county mental health Anti Stigma efforts are integrated into the PEI planning process.

What is Stigma?

Stigma refers to attitudes and beliefs that motivate individuals to fear, reject and avoid those who are labeled, diagnosed or perceived to have a serious mental illness – often anyone who is seen as “different.”

What is Discrimination?

Discrimination occurs when people and societies *act* upon their feelings of rejection and discomfort with mental illness by depriving those associated with it the rights and life opportunities that are afforded to all other people.

Simply put **stigma** refers to an attitude. **Discrimination** is the behavior created by that attitude.

Consumers experience stigma as a mark of shame, disgrace or disapproval that sets its bearer apart from others. It makes them a target of scorn, censure, ridicule, or condemnation, constrains their opportunities and limits their options. The experience of stigma exerts a powerful influence on a person's identity and leads to the assumption of social roles that, over time, become central to the way in which the individual is viewed and, ultimately, views themselves. Any condition that deviates from what a given society considers 'normal', including mental illness, may become a target of social stigma. Consequently, stigmatized conditions vary across cultures and over time. In this culture, the stigma of mental illness has endured for centuries.

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Three types of stigma have been identified:

- ✓ **"Health-Related Stigma"** can lead to exclusion, rejection, blame or devaluation of the individual affected by stigmatized conditions at a time when they are most in need of inclusion, acceptance and compassion. Negative social judgments about the conditions themselves can have significant implications for social and health policy.
- ✓ **"Self Stigma"** describes the process by which individuals internalize negative attitudes about their own condition - concluding that they are unworthy of anything other than poor treatment. They come to expect rejection, and they receive it – an experience which then reinforces the original expectation. In response, they develop coping strategies which often include secrecy and withdrawal.
- ✓ **"Courtesy Stigma"** describes the stigma-by-association experienced by those who are closely associated with stigmatized people. Families, friends and mental health professionals – all of whom may experience courtesy stigma – may be seen by the rest of society, as "normal yet different", by virtue of their affiliation. To protect themselves against the negative social judgment implicit in that label, close associates - including mental health professionals - may distance themselves from the stigmatized person, thus reinforcing the "us/them" dichotomy of which people with mental illness are so acutely aware. Some theorists suggest that chronic under-funding of psychiatric services and research is, at least in part, a manifestation of courtesy stigma on the part of policy makers

Stigma demonstrates a lack of understanding, compassion and knowledge of mental illness and the people it affects. Much discrimination, on the other hand, is illegal – a fundamental abridgement of the civil rights of people who are fully entitled to the same rights as all other citizens of the United States. Historically, stigma has been a key factor in why mental health problems are poorly funded (U.S. Department of Health and Human Services, 1999), and here in California, "mental health programs are the chronic losers in budget debates" (Little Hoover Commission, 2000, p. i). However, in November of 2004 California voters approved Proposition 63, entitled the Mental Health Services Act (MHSA), making California the first state in the country to levy a special tax to finance mental health services. The Act will not replicate old ways of doing business, but is designed to leverage funding to *transform* the old system to deliver client

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driven, youth-and family-oriented services that reflect best and most effective practices and that clearly demonstrate outcomes and accountability.

The Reducing Stigma and/or Discrimination Workgroup provided a unique opportunity for community leaders, consumers, family members, media experts, public and private agencies to come together to explore issues of Stigma and Discrimination in the county mental health system and the community at large. The diverse forum allowed participants to benefit from each others' expertise and wisdom in strategically developing recommendations to reduce stigma and discrimination.

Group Process

- Workgroup membership reflects the diversity of the community such community leaders, community based and faith based organizations, private sector consumers and family members, and members of the underserved ethnic and cultural populations.
- Based on expert presentations on existing stigma and anti discrimination campaigns along with group discussions, the taskforce recommended working on recommendations on how to reduce stigma and/or discrimination against people with mental illness.
- The Reducing Stigma and/or Discrimination Workgroup identified seven key groups as having power to change stigma and support adoption of the recovery model. Workgroup members divided among themselves according to strategies and interest: Public Information and awareness campaign professional, public information and awareness campaign -youth and media campaign to work on recommendations.
- Although the time was limited due to PEI planning process datelines, each of the subgroups had an opportunity to meet, conduct interviews with some key leaders in the community that voiced their concerns and recommendations.
- Created an ongoing process to look at Stigma and Discrimination in mental health and provide recommendations on Ethnic, cultural and linguistically appropriate strategies.

Guiding Principles and Approaches

The Anti-Stigma and Discrimination Plan will look to the following fourteen principles and approaches for the development of an effective Stigma and Discrimination Plan in Riverside County.:

1. Communicate a clear, simple and enduring vision which includes:
 - a. Reducing stigma is a shared responsibility – every person can make a difference.
 - b. Recovery is the priority focus – it builds a sense of promise and hope.
 - c. Changing attitudes about stigma is not enough – need for focus on reducing discrimination.
2. People with experience of mental illness must play a leadership role – RSDW will include them in program development and in determining message.
3. Focus efforts on promoting rights and reducing discrimination.
4. Target changing both attitudes and behaviors by developing evidence-informed educational resources and training activities.
5. Create multi-sector partnerships(Public Agencies, Private Sector, Media, Consumers, Community based Organizations, Faith based organization, Family, etc)
6. Target “high impact groups”-create messages that are target specific. (youth, senior, LGBT)
7. Work with media leaders to educate them on issues related to stigma and mental illness with the goal of improving public understanding of issues around stigma and discrimination.
8. An effective regional anti-stigma and anti-discrimination strategy will require a multi-pronged approach focused on specific target groups who have power and influence to support or impede recovery for people with experience of mental illness. It is crucial to engage the target communities in informing program development and delivery to ensure the greatest impact.
9. Repeated direct peer-based contact with people who have experienced mental illness reduces negative stereotypes. It also provides a message of hope by demonstrating the capacity for recovery.
10. By providing evidence-based education, about the impact of discrimination, people of influence are challenged to reconsider their beliefs and change their actions in a positive way

Proposed Recommendations for Reducing Stigma and/or Discrimination

General Recommendations

- I. **Create the Reducing Stigma and Discrimination Committee:** This committee will be responsible for overseeing the Reduction of Stigma and Discrimination in the County of Riverside Department of Mental Health.
 - a. Members of the committee will be recognized as key partners and have active involvement and representation on all MHSA policy recommendations, program reviews, and activities that address Stigma and/or Discrimination.
 - b. Members will be community leaders, community based and faith based organizations, private sector, consumers and family members, and members of the underserved ethnic and cultural populations. An emphasis will be made to address regional and geographical differences among the ethnic and cultural groups.
 - c. Reach consensus on common priorities and present recommendations regarding implementation of strategies for Reducing Stigma and/or Discrimination.
 - d. The Reducing Stigma and Discrimination Committee will have an active role in decision making.
- II. **Increase Awareness of Stigma and/or Discrimination** in mental health by providing information reports, best practices and data analysis on current initiatives taken to reduce disparities.
 - a. Access to data that allow for measurement/analysis of change.
 - b. Using Data to reduce Stigma and/or Discrimination by tailoring population specific interventions.
 - c. Data results will be use to make funding priorities and program decisions
- III. **Promote Mental Health and combat stigma**
 - a. Allocate funding for community and faith based organizations involvement.
 - b. Develop Mental Health Promotion of Prevention and Early Intervention Programs in the community.
 - c. Partnering with Community Based Organizations and other non-mental