Prevention and Early Intervention: California's Investment to Prevent Mental Illness from becoming Severe and Disabling

Prepared by:

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DEFINITION OF TERMS	
3M	Quarterly Assessment
AB	Assembly Bill
CF	Capital Facilities
CF-TN	Capital Facilities and Technological Needs
CMHDA	California Mental Health Directors Association
CSA	Corrections Standards Authority
CSI	Client Services Information System
CSS	Community Services and Support
CYF	Children, Youth and Families
DCR	Data Collection and Reporting System for MHSA FSP
DJJ	Division of Juvenile Justice
DMH	Department of Mental Health
DNR	Agency did not report costs
DOF	Department of Finance
EAG	Evaluation Advisory Group
ER	Emergency Room
FFP	Federal Financial Participation
FSP	Full Service Partner
FY	Fiscal Year
GSD	General System Development
IMD	Institution for Mental Diseases
IMPACT	Improving Mood--Promoting Access to Collaborative Treatment
JHC	Juvenile Halls and/or Camps
KET	Key Event Tracking
LAO	Legislative Analyst's Office
LGBTQ	Lesbian, Gay, Bi-Sexual, Transsexual/Transgender and Questioning
MH	Mental Health
MHRC	Mental Health Rehabilitation Centers
MHSA	Mental Health Services Act
MHSOAC	Mental Health Services Oversight and Accountability Commission (also OAC)
OA	Older Adults
OSHPD	Office of Statewide Health Planning and Development
PAF	Partnership Assessment Form
PEI	Prevention and Early Intervention
POQI	Performance Outcomes and Quality Improvement
RER	Revenue and Expenditure Reports
RFA	Request for Applications
RFP	Request for Proposal
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SED	Seriously Emotionally Disturbed
SGF	State General Fund
SMA	Statewide Maximum Allowance
SMHA	State Mental Health Authority
SPSS	Statistical Package for the Social Sciences
TAY	Transition-Age Youth
TN	Technological Needs
WET	Workforce Education and Training
WIC	Welfare and Institutions Code
YSS	Youth Services Survey
YSS-F	Youth Services Survey for Families

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I. Overview

Proposition 63 (2004) established the Mental Health Services Act (MHSA). The purpose and intent of the MHSA is: [1]

a) To define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care.
b) To reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.
c) To expand the kinds of successful, innovative service programs for children, adults and seniors begun in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including medically necessary psychiatric services, and other services, to individuals most severely affected by or at risk of serious mental illness.
d) To provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure. State funds shall be available to provide services that are not already covered by federally sponsored programs or by individuals or families' insurance programs.
e) To ensure that all funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public.

A. Definitions

Per California's Welfare and Institutions Code: [2]

a) The State Department of Health Care Services, in coordination with counties, shall establish a program designed to prevent mental illness from becoming severe and disabling. The program shall emphasize improving timely access to services for underserved populations.
b) The program shall include the following components:
    1) Outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.
    2) Access and linkage to medically necessary care provided by county mental health programs for children with severe mental illness, [3] and for adults and seniors with severe mental illness, [4] as early in the onset of these conditions as practicable.
    3) Reduction in stigma associated with either being diagnosed with a mental illness or seeking mental health services.
    4) Reduction in discrimination against people with mental illness.
c) The program shall include mental health services similar to those provided under other programs effective in preventing mental illnesses from becoming severe, and shall also include components similar to programs that have been successful in reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives.
d) The program shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:
    1) Suicide.

2) Incarcerations.
3) School failure or dropout.
4) Unemployment.
5) Prolonged suffering.
6) Homelessness.
7) Removal of children from their homes.

e) Prevention and early intervention funds may be used to broaden the provision of community-based mental health services by adding prevention and early intervention services or activities to these services. [5]

Outcomes represent those specified in WIC (see d, pages 1-2). [6]

For the purpose of this study, commonly-used terms are defined as follows:

- ***Seriously Emotionally Disturbed Children or Adolescents*** means minors under the age of 18 who have a mental disorder as identified in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance abuse disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms (see the text box below for further details from California's Welfare and Institution's Code). [7]
- ***Adults and Older Adults*** who have a ***Serious Mental Disorder/Serious Mental Illness*** means a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders. According to California's Welfare and Institution's Code (WIC), "This section shall not be construed to exclude persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical and mental disorder." See the text box below for further details from WIC. [8]

Seriously Emotionally Disturbed Children or Adolescents:	***Adults or Older Adults who have a Serious Mental Disorder:***
a) As a result of having the mental disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur: (i) The child is at risk of removal from home or has already been removed from the home. (ii) The mental disorder and impairments have been present for more than six months or are likely to continue for more than a year without treatment. b) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder. c) The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.	a) The person has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a substance abuse or developmental disorder or acquired traumatic brain injury pursuant to subdivision (a) of Section 4354 unless that person also has a serious mental disorder as defined in paragraph (2). b) (i) As a result of the mental disorder, the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms. (ii) For the purposes of this part, "functional impairment" means being substantially impaired as the result of a mental disorder in independent living, social relationships, vocational skills or physical condition. c) As a result of a mental functional impairment and circumstances, the person is likely to become so disabled as to require public assistance, services or entitlements.

Prevention and Early Intervention

- A ***Prevention*** or ***Early Intervention Activity*** is defined as services implemented by a county (or county-funded contractor) with intended outcomes for discreet individuals.
- A ***Prevention*** or ***Early Intervention Program*** is defined as one or more prevention or early intervention activities offered by a county (or county-funded contractor).

Prevention programs/activities are defined for the purpose of this evaluation as activities that intend positive mental health outcomes for individuals at risk of serious mental illness. 'At risk of serious mental illness' was defined for the purpose of this study as a risk factor with either a documented direct or a mediating/moderating relationship to later onset of mental illness. Evidence for risk factor status was defined as documentation in the scientific peer-reviewed literature, within the last five years, in at least three (3) articles. [9] Potential risk factors were selected and examined for evidence in the literature based upon participant recruitment and/or selection criteria reported by counties during the study data collection process and in PEI plans and the FY 2013-14 Annual Update. [10]

Early Intervention programs/activities, as defined for the purpose of this evaluation, are those that intend positive mental health outcomes for individuals with early onset of serious emotional disturbance (children/youth) or serious mental illness (adults/older adults). See the definitions in statute for serious emotional disturbance and serious mental illness on page 2.

Indirect

- An ***Indirect Activity*** is defined as a broad-based effort that counties carry out in response to specific MHSA mandates for PEI that do not provide direct service to individuals (see California's Welfare and Institutions Code, *item b*, page 1). See below (under '***Indirect'*** programs/activities) for further information.
- An ***Indirect Program*** is defined as one or more indirect activities offered by a county (or county-funded contractor).

Indirect programs/activities include:

- screening, assessment and referrals to increase access to treatment for individuals:
    - with a serious mental illness (beyond early intervention)
    - showing early signs of mental illness (early intervention)
    - showing signs of mental distress (prevention)
- outreach, education and training to people in a position to recognize signs and symptoms of mental illness
- campaigns and other efforts to reduce stigma and discrimination related to having mental illness or to seeking mental health services
- campaigns and other efforts to prevent suicide that don't focus on bringing about outcomes for individuals at risk of suicide as a consequence of untreated mental illness [11]

Out of Study Scope

Out of Study Scope programs/activities are defined for the purpose of the evaluation as programs/activities that did not meet study inclusion criteria for a prevention or early intervention program or for indirect activities consistent with MHSA purposes for PEI.

Mixed

Mixed programs/activities are defined for the purpose of the evaluation as when the same activity or activities were offered to different target populations:

A. individuals with early onset of mental illness
B. individuals defined for the purpose of this study as evidencing risk factors placing them at high risk for mental illness
C. individuals 'out of the study's scope' because they did not meet the criteria in A) or B)

In "mixed" programs/activities, counties were unable to break out the numbers served and expenditures by target population. The inability to ***separate out expenditures and/or numbers*** served by target population is the criteria for placement in the 'mixed' category.

Fiscal Year

Fiscal Year: the period of time used by the State of California for accounting purposes. It runs from July 1 – June 30.

County

The term 'county' is used to refer collectively to California's 58 counties (two of which operate in joint county partnership) and two municipalities that implemented PEI programs/activities in FY 2011-12.

B. Prevention and Early Intervention Expenditures and Activities Study

The basic distinction explored in this UCLA report are two of the key ways that MHSA funds prevent mental illness from becoming severe and disabling for individuals, which is the first-stated purpose of the PEI component per MHSA. Key ways are (1) addressing and ameliorating risk of serious mental illness (prevention) and (2) addressing early onset of mental illness (early intervention). [12] The UCLA Team was tasked with determining:

- (How much) the total amount of MHSA PEI funds spent on prevention compared to early intervention (using definitions specific to the statewide evaluation; PEI definitions are based upon the Act) [13]
- Who is being served
- (What) the kinds of programs and activities being implemented and their Intended outcomes
- (Where) by county

In addition, as is illustrated in the WIC definitions displayed on pages 1-2, the MHSA addresses other purposes for the PEI component. All of the MHSA purposes for the PEI component are designed to encourage and support early identification of risk or onset of potentially serious mental illness and facilitation of appropriate service delivery as early in onset as possible.

An Evaluation Advisory Group comprised of representatives from small, medium and large county departments of mental health provided guidance and input into the study design and recommended focus on a recent fiscal year (FY). The final study design included all 59 counties/municipalities and focused on FY 2011-12.

A Consumer Advisory Board comprised of people with lived experience as clients in the public mental health system because of a severe mental illness (or the parent of a child with a serious emotional disorder) provided

guidance and feedback about the Executive Summary and its ability to be understood by their peers. See Chapter II: Study Description for further information about the Consumer Advisory Board and the Evaluation Advisory Group.

C. Report Overview

This report, '*Prevention and Early Intervention*: *California's Investment to Prevent Mental Illness from becoming Severe and Disabling'*, contains six chapters. A brief synopsis of each chapter follows.

Chapter I, Overview, provides a brief introduction to the report and a short orientation for the reader to the contents of each chapter.

Chapter II, Study Description, presents the methodology by which PEI expenditures and programs/activities for FY 2011-12 were collected and analyzed and describes the process for review from the Evaluation Advisory Group and input from county departments of mental health.

PEI Programs/Activities are presented in Chapter III. In plain language, this section describes the diversity of PEI programs and activities implemented across the state in FY 2011-12. The chapter includes a description of the study criteria for categorizing prevention programs and activities according to recruitment and/or selection of a target population based upon being 'at risk of serious mental illness.' '*At risk of serious mental illness*' was defined for the purpose of this study as a risk factor with either a documented direct or a mediating/moderating relationship to later onset of mental illness. Evidence for risk factor status was defined as documentation in the scientific peer-reviewed literature, within the last five years, in at least three (3) articles. Early Intervention programs and activities are described by the specific mental illness the county intended to ameliorate at early onset. Chapter III also includes a discussion about 'indirect' programs/activities. Chapter III concludes with a discussion about the nature of programs/activities that were classified as 'out of the study scope' and 'mixed.'

The focus of Chapter IV is Populations Served by PEI Programs. Numbers of individuals served by age group, gender and racial-ethnic group are presented in this chapter. The information is organized by study category (prevention, early intervention, 'out of study scope', 'indirect' and 'mixed').

Chapter V addresses PEI Program Expenditures in FY 2011-12. Results are presented overall and by study category. In addition, the expected return on investment is described for a select subset of evidence-based practices implemented in FY 2011-12, utilizing national cost-benefit data from the Washington State Institute for Public Policy (WSIPP). See Chapter V for further information about criteria applied by WSIPP for inclusion in its national cost-benefit database.

Chapter VI presents a Discussion of study implications and considerations for future directions in PEI evaluation.

Appendix A contains a list of Consumer Advisory Board and Evaluation Advisory Group members and affiliations.

Appendix B lists counties participating in the statewide evaluation of PEI expenditures and activities (FY 2011-12) and documents the data collected from each county.

Appendix C contains prevention programs/activities by county (FY 2011-12).

Appendix D contains early intervention programs/activities by county (FY 2011-12).

Appendix E contains 'out of study scope' programs/activities by county (FY 2011-12).

Appendix F contains 'indirect' programs/activities by county (FY 2011-12).

Appendix G contains 'mixed' programs/activities by county (FY 2011-12).

Appendix H contains prevention program/activity expenditures by county (FY 2011-12).

Appendix I contains early intervention program/activity expenditures by county (FY 2011-12).

Appendix J contains 'out of study scope' program/activity expenditures by county (FY 2011-12).

Appendix K contains 'indirect' program/activity expenditures by county (FY 2011-12).

Appendix L contains 'mixed' program/activity expenditures by county (FY 2011-12).

Appendix M contains prevention program/activity numbers served by county (FY 2011-12).

Appendix N contains early intervention program/activity numbers served by county (FY 2011-12).

Appendix O contains 'out of study scope' program/activity numbers served by county (FY 2011-12).

Appendix P contains 'indirect' program/activity numbers served by county (FY 2011-12).

Appendix Q contains 'mixed' program/activity numbers served by county (FY 2011-12).

II. Study Description

This chapter presents the methodology by which PEI expenditures and programs/activities for FY 2011-12 were collected and analyzed and describes the process for review and input from the Evaluation Advisory Group and county departments of mental health.

A. The Statewide Evaluation

UCLA's Center for Healthier Children, Youth and Families has been contracted by the Mental Health Services Oversight and Accountability Commission to conduct a statewide evaluation of the use of PEI MHSA funds relative to the purposes specified in the MHSA for this funding (please refer back to the Definitions, pp. 1-2 for the MHSA purposes related to PEI). Because the study is based on the MHSA (rather than DMH PEI guidelines) [14] terms and definitions derive exclusively from the MHSA and do not, in many instances, conform to guideline definitions.

1. Consumer Advisory Board and Evaluation Advisory Group

A Client and Family Member Advisory Group (CAB; *see Appendix A*) reviewed the Executive Summary of this report and provided input about the readability and understandability for their peers. [15] CAB members represented individuals that have been involved in MHSA implementation in some capacity for at least two years, ensuring some familiarity with the Act and its components. CAB members have all served in the role of peer support at one time or another, either in a paid or unpaid (volunteer) position.

The Evaluation Advisory Group (*see Appendix A*) advised the evaluators on the most effective ways to document and report PEI expenditures and programs/activities. The Evaluation Advisory Group is composed of nationally recognized evaluators and evaluation and fiscal staff from small, medium and large California county mental health departments.

The Evaluation Advisory Group (EAG) initially convened for a conference call on January 22, 2013, in Anaheim. The EAG discussed the study purpose, proposed methodology and fiscal year of focus. The meeting produced two decisions:

1. *Need for Clarity from Counties regarding Prevention compared to Early Intervention:* Review of county PEI plans, Annual Updates and Revenue and Expenditure Reports revealed insufficient information for many counties:

    - Details about the nature of the activities and the intended target population necessary for UCLA to categorize activities as prevention, early intervention, or 'indirect' were often missing.

    - In many instances, programs or activities intended outcomes both for individuals at risk of and with early onset of mental illness (prevention **and** early intervention populations).

        - In the Revenue and Expenditure Report, expenditures are reported at the program level. In counties serving 'mixed' target populations under one program, there was no way to disentangle prevention and early intervention expenditures.

Because clarity was needed in order to accurately assign out expenditures by MHSA PEI purpose, the EAG determined that it would be necessary to ask counties for clarification beyond what was included in PEI plans, [16] Annual Updates [17] and Revenue and Expenditure Reports. [18] The advice of the EAG reinforced the MHSOAC operating assumption for the evaluation, which was articulated in the RFP.

2. *Interest in Reporting PEI Expenditures from a Recent Fiscal Year:* The EAG determined that focus on a recent fiscal year was most appropriate for PEI in order to ensure that all counties and most programs were fully operational. Fiscal year 2011-12 was chosen as the focus for the study. Because Revenue and Expenditure Reports had not yet been submitted for FY 2011-12 [19] (and would not be submitted in time for the study deadline), the EAG determined that it would be necessary to collect expenditure data directly from counties. In addition, the FY 2013-14 Annual Update (which provides a description of MHSA implementation in FY 2011-12) was planned for completion late in the study period and would contain information about numbers and types of persons served by PEI programs in FY 2011-12. [20] The EAG determined that because counties were already compiling FY 2011-12 PEI data for the FY 2013-14 Annual Update, the additional burden imposed by the UCLA data request would be minimized.

The EAG recognized that programs and activities must first be properly classified into prevention or early intervention (the 'indirect' and 'out of study scope' categories were added post hoc) in order to accurately report expenditures and numbers served. Following clarity regarding the evaluation categories, data could then be collected for expenditure/numbers served. Therefore, data collection was planned to occur in two phases, described below.

Note that the goal was to differentiate between target populations and programs/activities and therefore eliminate the need for a combination/mixed category. Unfortunately, not every county was able to make such a differentiation for PEI expenditures and numbers served.

Categorization of PEI Programs/Activities: Wave 1 Data Collection

In order to meet the evaluation goal to collect information about prevention and early intervention differentiated by the purposes listed in statute, [21] the UCLA team faced an immediate need to systematically categorize programs and activities across counties/municipalities in order to subsequently request expenditure data and information about populations served for specific programs and activities. Therefore, the EAG recommended as a first step documentation and verification of PEI programs and activities by county.

With the primary goal in mind of developing a standardized system of describing PEI programs and activities implemented in FY 2011-12, the Prevention and Early Intervention Plan (*PEI Plan*) and the attendant updates (*Annual Updates through FY 2011-12*) served as the basis for the initial PEI review and summary conducted by UCLA. The PEI program/activity assessment for EAG counties (who agreed to serve as pilot counties) was conducted using a systematic review and summary tool developed in consultation with MHSOAC. Called the 'Wave 1' matrix, UCLA examined PEI programs and activities for each pilot county, and, using criteria based on statute and developed in partnership with MHSOAC, grouped prevention activities separate from early intervention activities (using definitions of 'prevention' and 'early intervention' specific to this evaluation). This process was conducted through systematic review of PEI plans and annual updates.

Wave 1 Pilot Test – PEI Activities and Intended Outcomes

The Wave 1 (pilot) matrix was emailed to EAG counties on February 1, 2013. Pilot counties were instructed to refer to the definitions (intended mental health outcomes for individuals at risk of or with early onset of a potentially serious mental illness) developed consistent with statute for the purposes of this evaluation and review each tab of their Wave 1 worksheet with their PEI staff, defined as staff involved in program management and operations. Each tab represented a program or activity proposed on their PEI plan and documented in a subsequent annual update. Pilot counties were asked to correct any misclassification by moving the program/activity to the correct study classification and document the reason in the 'notes' section.

The Wave 1 (pilot) matrix contained one worksheet (tab) for each program, breaking out prevention activities and strategies separate from early intervention activities and strategies. In some cases, the PEI program consisted of one or more early intervention and/or prevention activities and strategies. Recall the key terms and related definitions developed for the purpose of this study (see Chapter 1, p. 3).

In addition, each Wave 1 pilot tab listed the seven negative outcomes documented in the MHSA that may result from untreated mental illness (see WIC Definitions, d, Chapter 1, pp. 1-2): [22]

Because the plans/updates were not developed for the purpose of providing detailed information about each program/activity, UCLA documented to the best of our ability those outcomes that each program/activity may logically be expected to impact (e.g., if a logic model were developed, the activity could easily be linked to the outcome and expected to make an impact). The Wave 1 instructions explained that county input was needed in order to determine which outcomes are intended and expected to be impacted by each program/strategy.

Wave 1 Data Collection – PEI Activities and Intended Outcomes

Pilot test results were returned by February 15, 2013 and an EAG conference call was convened to review the results on February 22, 2013. The pilot test was deemed a success and, with minor modifications to the instructions to promote clarity, the Wave 1 matrix was rolled out to the remaining counties on February 23, 2013. The EAG recommended a liberal data collection window in order to provide counties sufficient opportunity to review and respond, thus a requested return date of April 19, 2013 was communicated. UCLA offered to convene conference calls with counties in need of clarification as to the nature of the data request (six counties took advantage of this opportunity). Every county participated in Wave 1 data collection (see Appendix B), although 31 counties submitted after the deadline (52.5%). The last pending Wave 1 matrix came in on June 16, 2013.

PEI Expenditures and Populations Served: Wave 2 Data Collection

When the EAG reviewed a draft of the Wave 2 data collection matrix (expenditures and numbers served), the EAG raised an important distinction regarding programs and activities that directly target individuals and stand-alone 'indirect' types of programs and activities. Many programs and activities were not intended to provide services to individuals over time but rather for specific purposes per California's Welfare and Institutions Code: [23]

b) The program shall include the following components:
   1) Outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.
   2) Access and linkage to medically necessary care provided by county mental health programs for children with severe mental illness, [24] and for adults and seniors with severe mental illness, [25] as early in the onset of these conditions as practicable.

3) Reduction in stigma associated with either being diagnosed with a mental illness or seeking mental health services.
4) Reduction in discrimination against people with mental illness.

These 'components' as WIC so named them can be incorporated into programs and activities as part of services provided to individuals or can be the primary or sole focus of programs and activities.

Every county is required to provide, through PEI programing, to:

- promote service access and linkage to treatment (beyond early intervention for people with serious mental illness)
- conduct outreach in order to train people in key positions to recognize the signs and symptoms of potentially severe and disabling mental illness
- promote efforts to reduce stigma around mental illness
- promote efforts to reduce suicide

When screening, assessment and referrals; outreach, education and training to people in a position to recognize signs and symptoms of mental illness; efforts to reduce stigma and discrimination; and efforts to prevent suicide are incorporated into programs/activities that ***involve direct services to individuals***, these strategies were documented in one of the other PEI study categories. They are 'embedded' into programs/activities providing direct services to individuals at risk of a mental illness (prevention), with early onset of a mental illness (early intervention), or to individuals out of the study's scope because they do not meet the criteria for prevention or early intervention. For example, an early intervention program that intervenes to prevent suicide among individuals with early onset of a mental illness, or prevention programs that serve specific individuals at risk for later onset of mental illness because they are exhibiting self-harm behaviors and experiencing suicidal ideation. Direct services to prevent suicide for specific individuals at risk of or with early onset of a mental illness were categorized under prevention or early intervention programs/activities because suicide prevention is embedded into prevention or early intervention programming (respectively). Every county documented incorporation of these strategies into prevention and early intervention programs/activities.

The distinction between stand-alone 'indirect' programs/activities and the other study categories is stand-alone '***indirect' programs/activities don't involve direct services to individuals***.

Recognizing the EAG's concern that counties may not have breakouts (gender, race/ethnicity) for some stand-alone 'indirect' programs/activities (e.g., large-scale efforts such as a county-wide suicide prevention campaign), special modifications were made to the Wave 2 matrix for stand-alone 'indirect' types of programs/activities (see below).

County feedback from their Wave 1 matrix was incorporated and input into a county-specific Wave 2 matrix tailored specifically to each county's PEI programs and activities. For example some counties indicated the following:

- a particular program was not operational during FY 2011-12
- a specific activity had been phased out of a broader program during FY 2011-12
- one activity was no longer implemented and had been substituted with another activity
- intended outcomes had changed (from those initially indicated in the PEI proposal)

Specifically, the Wave 2 matrix requested:

- **PEI expenditures for FY 2011-12**
  - Out of overall expenditures: the amount expended on prevention, early intervention and stand-alone 'indirect' programs and activities
  - Actual or estimated: whether expenditure data represents actual or estimated expenditures
  - Source: of expenditure data
- **Numbers served in FY 2011-12**
  - Specific demographic groups: as well as other populations of focus such as GLBTQ, veterans, and individuals who are homeless and at risk of or suffering early onset of mental illness
    - For stand-alone 'indirect' programs/activities, counties had the option to check off demographics if data on individuals were not collected and instead report out on the number of activities / calls (e.g., a hotline) and average number attending activities (e.g., speaker's bureau engagement) or the average number of calls per month
  - An option to include number of families: The EAG recommended collecting data about numbers of families ONLY, not the number of people served within a family because this would lead to confusion between the information requested within the matrix itself. For example, a Parent-Child Interaction Therapy program serves families and a county reports the number of children and adult participants and the number of families. If then asked to report on the number of people within the family, they would essentially be duplicating the count that was just reported. Given the compressed study timeline, the EAG determined it was best to "keep it simple" and collect solid, unduplicated counts of people served by PEI.
    - For stand-alone 'indirect' programs/activities, counties had the option of checking off whether families were a focus of the program or activity
  - Actual or estimated: whether 'numbers served' data represents actual or estimated
  - Unduplicated or Duplicated Count: whether 'numbers served' data represents an unduplicated count of individuals served or a duplicated count
  - Source: of data
- **Risk factors targeted**
  - Prevention programs: See below (PEI Study Categories) for study classification criteria following data collection.
- **Specific mental illness/symptoms targeted**
  - Early intervention programs: See below (PEI Study Categories) for study classification criteria following data collection.

Wave 2 data collection matrices were requested to be returned by July 12, 2013. UCLA requested that each county schedule a brief conference call in order to review the Wave 2 request. All but four counties convened conference calls, during which the Wave 2 matrix was reviewed and questions were answered. Because only 23 (39.9%) counties were able to submit Wave 2 data by the requested due date, the deadline was extended. The deadline was extended first on a county-by-county basis and then until the end of August 2013. Reasons for delayed submission included:

- Competing reporting demands (Annual Update, Cost Report, Annual Budget)
- Staff turnover in key positions (e.g., PEI and/or MHSA coordinator)

All counties submitted a Wave 2 matrix, although in various states of completion (see Appendix B).

PEI Study Categories

Following receipt of county Wave 2 data, analysis was conducted. Unfortunately, missing data was evident for many counties for either the risk factors targeted (prevention) and/or the specific mental illness (early intervention). Missing data necessitated an additional step in order to ensure as complete information as possible for the study:

- Follow up with counties: telephone contact was initiated by UCLA and confirmed through email. A minimum of three telephone calls and email requests were sent to counties with missing data. [26]

Based upon data from the Wave 1 and 2 matrices, PEI plans, the most recent annual update (when available), and follow up communication with counties (telephone calls, emails), supplemental information was gathered up until November 30, 2013 in order to obtain as complete information as possible.

The following five (5) study categories were developed:

Prevention programs/activities are defined for the purpose of this evaluation as activities that intend positive mental health outcomes for individuals at risk of serious mental illness. 'At risk of serious mental illness' was defined for the purpose of this study as a risk factor with either a documented direct or a mediating/moderating relationship to later onset of mental illness (see Chapter III for risk factors identified by counties during the study time period that met study criteria). Evidence for risk factor status was defined as documentation in the scientific peer-reviewed literature, within the last five years, in at least three (3) articles.

Early Intervention programs/activities, as defined for the purpose of this evaluation, are those that intend positive mental health outcomes for individuals with early onset of a serious emotional disturbance (children/youth) or serious mental illness (adults/older adults). See the definitions in statute for serious emotional disturbance and serious mental illness in Chapter I.

Stand-alone ***indirect*** programs/activities are defined as broad-based efforts that counties carry out in response to specific MHSA mandates for PEI that typically do not provide direct service to individuals (see California's Welfare and Institutions Code, *item b*). These efforts include screening, assessment and referrals; outreach, education and training to people in a position to recognize signs and symptoms of mental illness; campaigns and other efforts to reduce stigma and discrimination related to having mental illness or seeking mental health services; and campaigns and other efforts to prevent suicide. [27]

Out of Study Scope programs/activities are defined for the purpose of the evaluation as programs/activities that did not meet study inclusion criteria for a prevention or early intervention program or for stand-alone 'indirect' activities consistent with MHSA purposes for PEI. Criteria for exclusion from the study's scope were developed solely for the purpose of this evaluation.

Mixed programs/activities are defined for the purpose of the evaluation as when the same activity or activities are offered to two or more of the following target populations:

A. individuals with early onset of mental illness

B. individuals defined for the purpose of this study as evidencing risk factors placing them at high risk for mental illness
C. individuals out of the study's scope because they do not meet the criteria in A) or B)

In 'mixed' programs/activities, counties were unable to break out the numbers served and expenditures by target population. The inability to ***separate out expenditures and/or numbers*** served by target population is the criteria for placement in the 'mixed' category.

2. Criteria for Inclusion in Chapter IV – Populations Served by PEI Programs/Activities

Populations served by PEI programs/activities in FY 2011-12 are presented in several ways:

- Individuals at risk of a mental illness participating in **prevention** programs/activities
  - Unduplicated numbers served overall and by age and demographic group (gender and race/ethnicity)
- Individuals with early onset of a mental illness participating in **early intervention** programs/activities
  - Unduplicated numbers served overall and by age and demographic group (gender and race/ethnicity)
- Individuals participating in '**out of study scope**' programs/activities because they are not at risk of mental illness, or with early onset of a mental illness
  - Unduplicated numbers served overall and by age and demographic group (gender and race/ethnicity)
- Populations reached by stand-alone '**indirect**' programs/activities
  - Estimated (duplicated) count of population reached:
    - For large-scale programs such as county-wide hotlines and community-wide events that take place over time, it was difficult for counties to track whether the people calling the hotline or attending the events represented repeat callers/attendees. For example, confidentiality and technology considerations may prevent capture of telephone numbers in hotlines. Depending upon the nature of the program/activity, people at a health/wellness fair may not be inclined to sign in and provide personal information, for example. Because the stand-alone 'indirect' program/activity counts tend to represent duplicated individuals, these counts are reported separately from prevention, early intervention and 'out of study scope' numbers served and demographics.
- Populations reached by '**mixed**' programs/activities
  - Because populations/activities cannot be disentangled in 'mixed' programs/activities, numbers served cannot be considered meaningful and therefore are presented separately.

Chapter IV includes the total number served within each of the study categories of PEI programs/activities.

3. Criteria for Inclusion in Chapter V – PEI Expenditures

Monies expended on PEI programs/activities in FY 2011-12 are presented for each of the five (5) study categories:

1. Prevention programs/activities
2. Early intervention programs/activities
3. 'Out of study scope' programs/activities

4. Stand-alone 'indirect' programs/activities
5. 'Mixed' programs/activities

The total PEI expenditures for FY 2011-12 are also presented in Chapter V. PEI Programs and Activities.

III. PEI Programs and Activities

This chapter describes the diversity of PEI programs and activities implemented across the state in FY 2011-12. Programs/activities are presented for each of the five (5) study categories:

A. Prevention programs/activities
B. Early intervention programs/activities
C. 'Out of study scope' programs/activities
D. Stand-alone 'indirect' programs/activities
E. 'Mixed' programs/activities

A. Prevention Programs and Activities

Prevention programs/activities are defined for the purpose of this evaluation as activities that intend positive mental health outcomes for individuals at risk of serious mental illness. 'At risk of serious mental illness' was defined for the purpose of this study as a risk factor with either a documented direct or a mediating/moderating relationship to later onset of mental illness. Evidence for risk factor status was defined as documentation in the scientific peer-reviewed literature, within the last five years, in at least three (3) articles.

For the purpose of this study, we began with the list of potential risk factors identified by the counties as the basis for participant recruitment and/or selection criteria, and then applied the study criteria defining prevention. Therefore, the list below (developed for the purpose of this study) is not inclusive of all risk factors that may predict severe mental illness, but only those risk factors that the counties used to target participation in prevention programs/activities and that met study criteria. Risk factors identified for inclusion in the prevention category for the purpose of this study include:

- Adults/transition-age youth exposed to combat trauma [28]
- Adult/older adult Immigrants fleeing trauma, violence, war [29]
- Adult/older adult overuse of emergency room/inpatient hospitalization [30]
- Children/youth victimized by bullying [31]
- (All ages) engaging in self-harm behaviors/experiencing suicidal ideation [32]
- (All ages) cumulative impact of historical trauma (Native Americans) [33]
- (All ages) exposure to trauma as a result of domestic violence [34]
- (All ages) exposure to trauma as a result of physical abuse/sexual abuse [35]
- (All ages) social stress / social exclusion because of sexual identity (Gay, Lesbian, Bisexual, Transgender; GLBT) [36]
- (All ages) homelessness [37]
- (All ages) living in neighborhoods with high concentrations of poverty [38]
- (All ages) living in neighborhoods with high concentrations of violence [39]
- (All ages) substance misuse (alcohol and other drugs) [40]
- Children/youth exhibiting bullying behavior/aggression [41]
- Children/youth exhibiting disruptive/defiant/oppositional-defiant behaviors [42]
- Children/youth exposed to stress due to parental mental illness [43]

- Children/youth exposed to stress due to parental substance abuse [44]
- Children/youth involved in the Child Welfare system [45]
- Children/youth involved in the Criminal Justice system [46]
- Grandparents experiencing stress due to raising grandchildren due to parental absence (substance use, death, etc.) [47]
- Young children displaying defiant and /or aggressive behaviors [48]
- Young children experiencing attachment problems [49]
- Young children with disabilities, developmental delays [50]

Among the counties implementing PEI programming in FY 2011-12, prevention programs/activities were provided in 45 (76.3%) counties. Among the 45 counties, 119 prevention programs/activities were provided in FY 2011-12. Based upon the PEI study criteria, the prevention program/activity risk factors identified by counties as the basis for recruitment and/or selection (and that met the study criteria) are displayed in Table III.1. The data displayed in Table III.1 illustrate the fact that counties did limit the number of risk factors when recruiting and defining eligibility for participants. Therefore, a total is not included for the percent row because it would add to more than 100 percent.

Table III.1. Prevention Programs/Activities:
Risk Factor Related to Later Onset of Mental Illness
FY 2011-12
(Prevention Program/Activity N=119)

Risk Factor Related to Later Onset of Mental Illness	Number of Programs/ Activities	Percentage of Prevention Programs/ Activities
Adults/transition-age youth exposed to combat trauma	1	0.8%
Adult/older adult Immigrants fleeing trauma, violence, war	1	0.8%
Adult/older adult overuse of emergency room/inpatient hospitalization	1	0.8%
Children/ youth victimized by bullying	28	23.5%
(All ages) engaging in self-harm behaviors/experiencing suicidal ideation	5	4.2%
(All ages) cumulative impact of historical trauma (Native Americans)	5	4.2%
(All ages) exposure to trauma as a result of domestic violence	11	9.2%
(All ages) exposure to trauma as a result of physical abuse/sexual abuse	3	2.5%
(All ages) social stress / social exclusion because of sexual identity (Gay, Lesbian, Bisexual, Transgender)	4	3.4%
(All ages) homelessness	5	4.2%
(All ages) living in neighborhoods with high concentrations of poverty	8	6.7%
(All ages) living in neighborhoods with high concentrations of violence	7	5.9%
(All ages) substance misuse (alcohol and other drugs)	12	10.1%
Children/ youth exhibiting bullying behavior/aggression	29	24.4%
Children/youth exhibiting disruptive/defiant/oppositional-defiant behaviors	21	17.6%
Children/ youth exposed to stress due to parental mental illness	9	7.6%
Children/youth exposed to stress due to parental substance abuse	12	10.1%
Children/youth involved in the Child Welfare system	23	19.3%
Children/youth involved in the Criminal Justice system	15	12.6%
Grandparents experiencing stress due to raising grandchildren	2	1.7%
Young children displaying defiant and /or aggressive behaviors	2	1.7%
Young children experiencing attachment problems	3	2.5%
Young children with disabilities, developmental delays	2	1.7%

Although no one risk factor represents the majority of recruitment and/or selection criteria among prevention programs/activities, five emerge as the most common. All five risk factors are focused on children-youth:

- Children/youth exhibiting bullying/aggressive behavior (n=29; 24.4%)
- Children/youth victimized by bullying (n=28; 23.5%)
- Children/youth involved in the Child Welfare system (n=23; 19.3%)
- Children/youth exhibiting defiant/oppositional-defiant behavior (n=21; 17.6%)
- Children/youth involved in the Criminal Justice system (n=15; 12.6%)

The following represent a few examples of prevention programs/activities implemented in FY 2011-12. Although space limitations prevent highlighting all 119 prevention program/activities on the following pages, all 119 prevention programs/activities implemented in 2011-12 are displayed (by county) in Appendices C (programs/activities), H (expenditures) and M (numbers served).

Amador County identified children/youth at risk of mental illness due to:

- exposure to stress due to parental mental illness

In keeping with the ability to adapt successful, effective programs to meet local needs, Amador County adapted a nationally-recognized model (Aggression Replacement Training) [51] developed for youth in order to meet the needs of a broader age range (preschool-age children through teenagers, residing in homes with parents experiencing anxiety and/or depression):

<table>
<tr><th colspan="2">Amador's Aggression Replacement Training (ART)</th></tr>
<tr><td>Age Group: Children and Youth</td><td>Risk Factors: living with parents experiencing anxiety and/or depression</td></tr>
<tr><td colspan="2">Description: The Building Blocks of Resiliency program through the Amador Tuolumne Community Action Agency (ATCAA) offers Aggression Replacement Training (ART) to help increase resiliency in children and teens whose parents are experiencing anxiety and/or depression and are thus at risk of mental illness. The Amador model represents an adaptation and expansion of ART for use with preschool-age children with parents suffering from depression and/or anxiety. ART is a cognitive behavioral intervention designed to curtail aggressive behavior by means of teaching pro-social skills used to mitigate angry impulses. Participants are taught social skills by means of direct instruction, role playing and feedback.</td></tr>
<tr><td>Activities:
Screening
Social skills training
Role play
Behavioral feedback</td><td>Intended Outcomes (per the Seven Negative Outcomes from the MHSA):
Reduce the incidence of -
School failure as a consequence of untreated mental illness
Removal of children from the home as a consequence of untreated mental illness</td></tr>
<tr><td>Other Features:
Trauma-focused
Partnership with School District</td><td>Location:
Preschool
Primary and Middle School</td></tr>
<tr><td colspan="2">System Improvement Characteristics: Outreach for early recognition, access and linkage to care</td></tr>
<tr><td colspan="2">Unique Aspects: Through ART, youth develop a skill set for responding to challenging situations with social learning and cognitive behavioral strategies. ART consists of three components: skill streaming which is designed to teach a broad curriculum of pro-social behavior, anger control which is a method for empowering youth to modify their own anger responsiveness, and moral reasoning training designed to help motivate youth to employ the skills learned via the other components. ART promotes skill acquisition and performance, improves anger control, decreases the frequency of acting out behaviors, and increases the frequency of pro-social, constructive behaviors. To increase these services, ATCAA is now linking the ART program with a program called Project Success which is designed to prevent and reduce substance abuse among teens. Project Success requires a therapeutic component similar to ART so offering an integration of the two programs will increase the number of persons receiving ART services.</td></tr>
</table>

Kern County adopted a comprehensive approach to addressing the needs of children and youth at risk of mental illness due to:

- victimization by bullying
- exposure to trauma as a result of domestic violence
- bullying behavior/aggression
- exposure to stress due to parental mental illness
- exposure to stress due to parental substance abuse

Kern County implemented a county-wide Student Assistance Program (SAP) in school districts with high rates of suspension and expulsion due to substance use infractions, violence-related behaviors and other high risk behaviors:

<table>
<tr><th colspan="2">Kern's Student Assistance Programs (SAP)</th></tr>
<tr><td>Age Group: Children and Youth</td><td>Risk Factors: victimization by bullying and/or exhibiting aggressive/ bullying behaviors, residing in families impacted by mental illness, substance abuse and/or domestic violence</td></tr>
<tr><td colspan="2">Description: The Kern County program provides training and collaboration in the development and implementation of Student Assistance Programs (SAP) at school sites in order to identify and serve the academic, social or emotional needs of students at risk of a mental illness as a consequence of exposure to bullying (as perpetrators, victims, or both); parents with mental illness and/or substance abuse; and/or residing in families impacted by domestic violence. The Student Assistance Team (SAT) is charged with processing referrals received from teachers, administrators, parents and other individuals for students who are exhibiting at-risk behaviors as defined previously. SAP therapists provide short-term, on-site mental health services (screening and assessment, individual and group counseling, skills building groups (Individual Change Plan and Forward Thinking) and case management services) to students exhibiting behaviors of concern that could lead toward academic failure, suspension and expulsion. Activities also include Teaching Prosocial Skills/Aggression Replacement Training, Project Success (Schools Using Coordinated Efforts to Strengthen Students) and the Parent Project (positive parenting skills and communication).</td></tr>
<tr><td>Activities:
Screening, assessment, referral
Individual and group counseling
Skills-building groups
Case management
Aggression Replacement Training
Brief Intervention</td><td>Intended Outcomes (per the Seven Negative Outcomes from the MHSA):
Reduce the incidence of -
Suicide as a consequence of untreated mental illness
Incarcerations as a consequence of untreated mental illness
School failure/dropout as a consequence of untreated mental illness
Prolonged suffering as a consequence of untreated mental illness</td></tr>
<tr><td>Other Features:
Trauma-focused
Addresses substance use
Partnership with School District</td><td>Location:
Middle and High schools</td></tr>
<tr><td colspan="2">System Improvement Characteristics:
Access for underserved populations, outreach for early recognition, access and linkage to care, reduction in stigma</td></tr>
</table>

Nevada County implemented a range of services to address the needs of children and youth at risk of mental illness due to:

- victimization by bullying
- exhibiting bullying behavior/aggression

<table>
<tr><th colspan="2">Nevada County's Prevention and Early Intervention for at Risk Children, Youth and Families</th></tr>
<tr><td>Age Group: Children and Youth</td><td>Risk Factors: victimization by bullying and/or exhibiting aggressive/ bullying behaviors</td></tr>
</table>

Nevada County's Prevention and Early Intervention for at Risk Children, Youth and Families *(continued)*:	
Description: The Nevada County program is able to provide short-term therapy for children and youth with no insurance. In addition, high school students mentor younger students. Activities also include Teaching Prosocial Skills (curriculum). The Second Step Coordinator is working with all preschool/child care providers in the community to demonstrate/model lesson plan for two weeks, then the preschool teacher takes over the lesson plan. The Second Step Coordinator follows up with teachers from the previous year to see if they have any other questions or need additional support.	
Activities: • Screening, assessment, referral • Short-term therapy • Teaching Prosocial Skills • Mentoring	**Intended Outcomes (*per the Seven Negative Outcomes from the MHSA*):** ***Reduce the incidence of -*** • Suicide as a consequence of untreated mental illness • Incarcerations as a consequence of untreated mental illness • School failure/dropout as a consequence of untreated mental illness • Prolonged suffering as a consequence of untreated mental illness • Removal of children from the home as a consequence of untreated mental illness
Other Features: • Partnership with Big Brothers/Big Sisters • Partnership with Family Resource Centers • Partnership with School District	**Location:** • Daycare • Schools
System Improvement Characteristics: Access for underserved populations, Outreach for early recognition, Access and linkage to care, Reduction in stigma	

San Luis Obispo County implemented a Student Assistance Program to address the needs of children and youth at risk of mental illness due to:

- victimization by bullying
- engaging in self-harm behaviors/experiencing suicidal ideation
- Gay, Lesbian, Bisexual, Transgender and Questioning (GLBTQ)
- substance misuse (alcohol and other drugs)
- exhibiting bullying behavior/aggression

San Luis Obispo's Middle School Comprehensive Program	
Age Group: Children and Youth	**Risk Factors**: victimization by bullying and/or exhibiting aggressive/ bullying behaviors, engaging in substance misuse; LGBTQ; suicide Ideation/self-harm
Description: The Middle School Comprehensive Project is an integrated collaboration between schools, San Luis Obispo County Behavioral Health Department (SLOBHD) staff, and community based organizations. Six middle schools in the county operate a Student Assistance Program (SAP) on campus. Students are referred to the program when identified as at-risk based on poor attendance, academic failure, disciplinary referrals, and if the student exhibits other signs of behavioral health issues (see above). Each program contains three key team members: The Student Support Counselor, The Family Advocate, and the Youth Development Specialist. The Student Support Counselor provides individual and group counseling to the students as well as identification and referrals for more intensive behavioral health services when appropriate. The Student Support Counselor also works as a team leader to ensure all prevention and mental wellness activities are integrated, as well as meeting the needs of each specific population. The Family Advocate coordinates extended case management services to at-risk families and youth. Family Advocates provide youth and their families with access to system navigation, including job development, health care, clothing, food, tutoring, parent education, and treatment referrals. The Youth Development specialist provides evidenced-based youth development opportunities on campus, a key in building resiliency which reduces the risk of mental health issues. This team provides information outreach to the schools and parents regarding behavioral and emotional health issues, including participating in "Back to School" nights, "Open Houses," and providing a staff orientation early in the school year.	

<table>
<tr><th colspan="2">San Luis Obispo's Middle School Comprehensive Program (continued)</th></tr>
<tr><td>Activities:
Screening, assessment, referral
Tutoring
Parent education
Youth development activities
Mentoring
Support groups</td><td>Intended Outcomes (per the Seven Negative Outcomes from the MHSA):
Reduce the incidence of -
Incarcerations as a consequence of untreated mental illness
School failure/dropout as a consequence of untreated mental illness
Prolonged suffering as a consequence of untreated mental illness
Homelessness as a consequence of untreated mental illness
Removal of children from the home as a consequence of untreated mental illness</td></tr>
<tr><td>Other Features:
Partnership with Drug and Alcohol Services
Partnership with Social Services
Partnership with School District
Peers serve as mentors
Family involvement
Addresses substance use</td><td>Location:
Home
Schools
Family Resource Centers
Community-Based Agencies</td></tr>
<tr><td colspan="2">System Improvement Characteristics:
Access for underserved populations, outreach for early recognition, access and linkage to care, reduction in stigma</td></tr>
<tr><td colspan="2">Unique Aspects:
Outcome results from the county evaluation tracked SAP program participants, and include: Improved grades, attendance, school connectedness, coping skills, self-esteem, family and peer relationships and reduced violence, self-harm, suicidal ideation, disciplinary referrals, AOD use and reduced juvenile referrals to probation.

Anecdotal evidence supports outcome findings. One school experienced staff turnover in the school counselor position and reported the following during the period of time that the position was waiting to be filled:

"When we lost the behavioral health support services [SAP counselor], the inappropriate behaviors of my at-risk students increased dramatically. Suspensions more than doubled from September 2012 (n=12), when we had a behavior counselor, to October 2012 (n=31), when we lost our counselor. When compared to October 2011, when we had a counselor, the number of suspensions doubled from 16 in [October] 2011 to the 31 in [October] 2012."

The PEI Coordinator summarized, "In prevention, you often don't know the impact until the activity is taken away."</td></tr>
</table>

B. Early Intervention Programs and Activities

Early intervention programs and activities intend to promote positive mental health outcomes for individuals with early onset of a serious emotional disturbance (children/youth) or serious mental illness (adults/older adults). See the definitions in statute for serious emotional disturbance and serious mental illness in Chapter I. Counties sought to intervene early with either 'Axis I Disorders' or 'Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence.'

Early intervention programs/activities were provided in 40 (67.8%) counties. Among the 40 counties, 158 early intervention programs/activities were implemented in FY 2011-12. The number of early intervention programs/activities with recruitment and/or selection criteria based upon 'Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence' or 'Axis I Disorders' is displayed in Table III.2. Because county programs/activities focused on one diagnostic class (either Axis I Disorders or Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence), the percentage row totals 100 percent.

Table III.2. Early Intervention (EI) Programs/Activities:
Mental Illness – Focus of Early Intervention
FY 2011-12
(Early Intervention Program/Activity N=158)

Mental Illness: Focus of Early Intervention Program	Number of Programs/ Activities	Percentage of EI Programs/ Activities
Axis I Disorder	147	93.0%
Disorder Usually First Diagnosed in Infancy, Childhood or Adolescence	11	7.0%
TOTAL	**158**	**100%**

Among the 158 early intervention programs/activities, the majority focused on Axis I Disorders (n=147; 93.0%), including programs/activities that focused solely on mood disorders, psychotic disorders and anxiety disorders. Among the minority that focused on Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence (n=11; 7.0%), disorders included Conduct Disorder and Oppositional-Defiant Disorder. Additional descriptive information about the disorders counties focused early intervention efforts on in FY 2011-12 are provided in the following sections.

1. Axis I

Axis I disorders that were the focus of early intervention programming in FY 2011-12 included:

- Psychotic Disorders
- Mood Disorders
- Anxiety Disorders

Psychotic Disorders

Psychotic Disorders include Schizophrenia and other disorders as defined in the Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition (DSM-IV). Psychotic Disorders are characterized as "having psychotic symptoms as the defining feature." [52] Among Psychotic Disorders, the most commonly-targeted by early intervention efforts include:

- **Schizophrenia**: a disturbance that lasts for at least 6 months and includes at least 1 month of active-phase symptoms (i.e., two [or more] of the following: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, negative symptoms).
- **Schizophreniform Disorder**: characterized by a symptomatic presentation that is equivalent to Schizophrenia except for its duration (i.e., the disturbance lasts from 1 to 6 months) and the absence of a requirement that there be a decline in functioning.
- **Schizoaffective Disorder**: a disturbance in which a mood episode and the active-phase of Schizophrenia occur together and were preceded or are followed by at least 2 weeks of delusions or hallucinations without predominant mood symptoms. [53]

The number and percent of early intervention programs/activities for psychotic disorders is presented in Table III.3. The early intervention programs/activities summarized in Table III.3 are those solely focused on intervening early with psychotic disorders and does not include programs/activities that target psychotic disorders in addition to other Axis I disorders (see *Programs that Encompass a Range of Axis I Disorders*).

Table III.3. Early Intervention Programs/Activities:
Psychotic Disorders
FY 2011-12
(Axis I Disorder Program/Activity N=147)

Mental Illness: Focus of Early Intervention Program	Number of Programs/ Activities	Percentage of Axis I Programs/ Activities
Early Intervention: Psychotic Disorders	13	8.8%

In FY 2011-12, 13 counties (22.0% of 59 counties) implemented 13 programs or activities aimed at intervening early with psychotic disorders (8.8% of 147 programs/activities aimed at intervening early in the onset of an Axis I disorder). Among the 13 programs, ten (n=10; 76.9%) involved families and nine (n=9; 69.2%) included a role for peers in providing program activities. Roles for peers in the nine programs/activities involving people with lived experience in service provision included:

- Service navigation
- Facilitation of support groups
- Parent partner
- Mentor
- Speak at events/sharing sessions
- Assist with case management

The following represent a few examples of programs/activities intervening early with psychotic disorders. Although space limitations prevent highlighting all 13 program/activities on the following pages, all early intervention programs/activities implemented in 2011-12 are displayed (by county) in Appendices D (programs/activities), I (expenditures) and N (numbers served).

According to Alameda County Behavioral Health Care Services: [54]

> Symptoms of early psychosis in TAY often go unrecognized and untreated until a psychotic break is experienced. Although the numbers of individuals experiencing psychosis in the general population is only 1-2%, many adults in the mental health system were initially diagnosed in

adolescence or young adulthood. Early intervention and treatment may have prevented their mental illness from becoming chronic or disabling. (p. 42)

In order to intervene early with psychotic disorders, Alameda County implemented the following program:

<table>
<tr><th colspan="2">Alameda's Early Intervention for the Onset of First Psychosis and Severe Mental Illness</th></tr>
<tr><td>Age Group: Transition Age Youth</td><td>SMI: Schizophrenia, Schizoaffective Disorder and Schizophreniform Disorder</td></tr>
<tr><td colspan="2">Description: The PREP (Prevention and Recovery Early in Psychosis) program is designed to identify and intervene early with transition-age youth (16-24 years) experiencing an initial episode of psychosis associated with Schizophrenia. Family members of the transition-age youth are also a focus of the intervention. An intensive outpatient model provides services such as algorithm medication management, cognitive behavioral therapy for psychosis (CBTP), individualized placement and support (IPS), assertive outreach, multi-family groups, cognitive remediation and strength-based care management services.</td></tr>
<tr><td>Activities:
Case Management
Clinical services such as Cognitive Behavioral Therapy
Substance abuse services, including Motivational Interviewing, harm reduction, psychoeducation
Crisis Intervention/Stabilization, including violence prevention, grave disability training
Supported Employment and Education: Dartmouth's Individualized Placement Services
Peer Support and Mentoring</td><td>Intended Outcomes (per the Seven Negative Outcomes from the MHSA):
Reduce the incidence of –
Suicide as a consequence of untreated mental illness
Incarcerations as a consequence of untreated mental illness
School failure/dropout as a consequence of untreated mental illness
Prolonged suffering as a consequence of untreated mental illness</td></tr>
<tr><td>Other Features:
Addresses substance use
Supportive services are provided for family members
Peer Specialist Intern assists with supporting clients and accessing community resources</td><td>Location:
School
Home
Residential programs
Community-based agencies
Hospitals
Street (outreach)</td></tr>
<tr><td>System Improvement Characteristics:
Access for underserved populations
Outreach for early recognition
Reduction in stigma</td><td>Unique Aspects:
Algorithm medication management
Cognitive behavioral therapy for psychosis (CBTP)
Individualized placement and support (IPS)</td></tr>
</table>

Fresno County took the following approach in order to intervene early with adults identified as experiencing a first onset of a mental illness with psychosis:

Fresno's First Onset Team	
Age Group: Adults	**SMI:** Psychosis
Description: The program involves a team approach, including a psychiatrist, nurse, clinicians, case managers, office assistants and a peer support specialist who collaboratively engage the person experiencing first onset of psychosis and his or her family members in appropriate and expedited mental health services. The program also includes outreach to the public about the availability of First Onset program services.	
Activities: • Screening, assessment, referral • Case management • Therapy • Medication • Family support	**Intended Outcomes (*per the Seven Negative Outcomes from the MHSA*):** ***Reduce the incidence of -*** • Suicide as a consequence of untreated mental illness • Incarceration as a consequence of untreated mental illness • Unemployment as a consequence of untreated mental illness • Prolonged suffering as a consequence of untreated mental illness • Homelessness as a consequence of untreated mental illness
Other Features: • Person with lived experience serves as peer support specialist • Supportive services are provided for family members	**Location:** • Behavioral health clinic • Community-based agencies • Hospitals
System Improvement Characteristics: • Access for underserved populations • Access and linkage to care • Reduction in stigma	**Unique Aspects:** • Pre-engagement activities prior to consent to services • Family education and support that is open to the community (reduces stigma/discrimination)

Lake County also implemented a First Break program for Transition-Age Youth and young adults:

Lake's Early Intervention Services	
Age Group: Transition-Age Youth	**SMI:** Psychosis
Description: The program involves one full-time staff person that conducts outreach to TAY in order to screen and assess for psychosis. Outreach to homeless TAY and youth involved in the criminal justice system is a priority. The intention is to enhance the ability throughout the community to identify and respond to serious mental health issues and to intervene at the earliest possible time. The program seeks to reduce severity of symptoms and/or prevent symptom progression. In addition to referral to appropriate resources, individual and family therapy is provided.	
Activities: • Screening, assessment, referral • Individual and family therapy	**Intended Outcomes (*per the Seven Negative Outcomes from the MHSA*):** ***Reduce the incidence of -*** • Suicide as a consequence of untreated mental illness • Incarceration as a consequence of untreated mental illness • Unemployment as a consequence of untreated mental illness • Prolonged suffering as a consequence of untreated mental illness • Homelessness as a consequence of untreated mental illness
Other Features: • Partnership with schools • Partnership with Probation • Partnership with Social Services • Partnership with Primary Care • Supportive services are provided for family members	**Location:** • Behavioral health clinic • Community-based agencies • Schools • Juvenile hall • Jail • Probation department

Lake's Early Intervention Services (*continued*):	
System Improvement Characteristics: • Access for underserved populations • Outreach for early recognition • Access and linkage to care	**Unique Aspects:** Working with TAY in group settings to deliver psycho-education of psychosis symptoms, the impact of illicit drugs with psychosis, rebuild community and develop socialization skills to reduce isolation.

Orange County implemented an array of services to intervene early with Transition-Age Youth experiencing first onset of a psychotic disorder:

Orange County's Center for Resiliency, Education and Wellness (OC Crew)	
Age Group: Youth, Transition-Age Youth	**SMI:** Psychosis
Description: OC Crew serves 14 – 25 year old youth and young adults that are experiencing the first onset of psychosis (with duration of less than one year). Monitoring tools include the Milestones of Recovery (MORS), WHO-5 Well-Being Index and Positive and Negative Symptom Scale (PANSS). OC CREW provides community trainings to promote mental health awareness, especially in regards to the First Episode of Psychosis and Early Warning Signs of Adolescent Mental Health Problems	
Activities: • Medication assessment, monitoring • Psychoeducation • Individual counseling • Family counseling • Multi-family groups • Socialization activities • Vocational and educational support • Opportunities for physical fitness activities • Services to address substance misuse • Wellness Recovery Action Planning (WRAP)	**Intended Outcomes (*per the Seven Negative Outcomes from the MHSA*):** ***Reduce the incidence of -*** • Suicide as a consequence of untreated mental illness • School failure as a consequence of untreated mental illness • Unemployment as a consequence of untreated mental illness • Prolonged suffering as a consequence of untreated mental illness
Other Features: • Partnership with schools • Addresses substance misuse • Supportive services are provided for family members • Peers serve as mentors	**Location:** • Behavioral health clinic • Home
System Improvement Characteristics: • Access for underserved populations • Outreach for early recognition • Access and linkage to care • Reduce stigma and discrimination	**Unique Aspects:** MORS scores show an improvement of 27 percent at post-test (compared to pre-test). Family satisfaction ratings average 9.5 out of a 10 point rating scale

San Diego County also implemented a program to intervene early with Youth and Transition-Age Youth experiencing first onset of a psychotic disorder:

San Diego's Kickstart Program	
Age Group: Youth, Transition-Age Youth	**SMI:** Psychosis
Description: Kickstart offers educational services to the communities of San Diego to help reduce misunderstandings about serious mental illness, specific to psychosis, and provides information about early treatment and how to best identify warning signs. Educational presentations are available to all members of the community including students, parents, teachers, spiritual leaders or health providers. Presentations focus on topics including: Understanding psychosis, Recognizing the early symptoms and How to make a referral to Kickstart. Youth and TAY referred to the program receive an assessment from a trained professional to determine whether an individual will benefit from further treatment or can be referred to a more appropriate program. Youth who are identified as being at high risk for a psychotic episode will continue to receive 12 – 18 months of intensive services. Services include: Family Psycho-education and Therapy, Supported Education and Employment, Occupational Therapy, Case Management and Pharmacotherapy.	

San Diego's Kickstart Program *(continued):*	
Activities: • Screening, assessment, referral • Psychoeducation • Therapy • Supported education and employment • Occupational therapy • Peer mentoring • Case management • Pharmacotherapy	**Intended Outcomes (*per the Seven Negative Outcomes from the MHSA*):** ***Reduce the incidence of -*** • Suicide as a consequence of untreated mental illness • School failure as a consequence of untreated mental illness • Incarceration as a consequence of untreated mental illness • Unemployment as a consequence of untreated mental illness
Other Features: • Partnership with schools • Partnership with Child Welfare • Supportive services are provided for family members • Services provided wherever the youth is comfortable	**Location:** • Home • School • Community-based
System Improvement Characteristics: Outreach for early recognition, access and linkage to care	

Mood Disorders

According to the DSM-IV, Mood Disorders are disorders that "have a disturbance in mood as the predominant feature." [55] Among the Mood Disorders described in the DSM-IV, the most commonly-targeted by early intervention programs and activities is Major Depressive Disorder:

> Major Depressive Disorder is characterized by one or more Major Depressive Episodes (i.e., at least 2 weeks of depressed mood or loss of interest accompanied by at least four additional symptoms of depression). [56]

Additional symptoms of depression include:

- changes in appetite or weight, sleep, and psychomotor activity;
- decreased energy;
- feelings of worthlessness or guilt;
- difficulty thinking, concentrating, or making decisions;
- recurrent thoughts of death or suicidal ideation, plans or attempts

The number and percent of early intervention programs/activities for mood disorders is presented in Table III.4 The early intervention programs/activities summarized in Table III.4 are those solely focused on intervening early with mood disorders. Table III.4 does not include programs/activities that target mood disorders in addition to other Axis I disorders (see *Programs that Encompass a Range of Axis I Disorders*).

Table III.4. Early Intervention Programs/Activities:
Mood Disorders
FY 2011-12
(Axis I Disorder Program/Activity N=147)

Mental Illness: Focus of Early Intervention Program	Number of Programs/ Activities	Percentage of Axis I Programs / Activities
Early Intervention: Mood Disorders	47	32.0%

In FY 2011-12, 27 counties (45.7% of 59 counties) implemented 47 programs or activities aimed at intervening early with mood disorders (32.0% of 147 programs/activities aimed at intervening early in the onset of an Axis I disorder). Among the 47 programs/activities addressing mood disorders, three programs/activities included families as participants in services (n=3; 6.4%). Among the programs/activities expressly intervening early with mood disorders, 17 provided roles for peers in service delivery (n=17; 36.1%). Roles for peers in the 17 programs/activities involving people with lived experience in service delivery included:

- Peer educator
- Home visitor
- Outreach
- Peer counseling
- Case management
- Mentor
- Facilitate support groups

The following represents one example program intervening early with depression. Although space limitations prevent highlighting all 47 program/activities intervening early with mood disorders, all early intervention programs/activities implemented in 2011-12 are displayed (by county) in Appendices D (programs/activities), I (expenditures) and N (numbers served).

Imperial County implemented the evidence-based "Program to Encourage Active and Rewarding Lives for Seniors" (PEARLS) [57] in order to address the needs of older adults with mood disorders:

<table>
<tr><th colspan="2">Imperial's Program to Encourage Active and Rewarding Lives for Seniors (PEARLS)</th></tr>
<tr><td>Age Group: Older Adults</td><td>SMI: Depression</td></tr>
<tr><td colspan="2">Description: PEARLS is an intervention to reduce depression symptoms and improve health-relevant quality of life among seniors. It is specifically intended for people age 60 and older suffering from depression or dysthymia. During a series of eight in-home sessions over the course of 19 weeks, trained social service workers counsel clients, using three depression reduction techniques:
1. Problem-solving treatment teaches seniors to recognize symptoms of depression, recognize problems that may cause or exacerbate depression, and to plan steps to resolve those problems
2. Social and physical activity planning
3. Planning to participate in pleasant events</td></tr>
<tr><td>Activities:
• Screening
• Home visits
• Depression management training
• Problem solving treatment
• Social and physical activity planning</td><td>Intended Outcomes (per the Seven Negative Outcomes from the MHSA):
Reduce the incidence of -
• Suicide as a consequence of untreated mental illness
• Prolonged suffering as a consequence of untreated mental illness</td></tr>
<tr><td>Other Features:
• Trauma-focused</td><td>Location:
• Home</td></tr>
<tr><td>System Improvement Characteristics:
• Access for underserved populations
• Outreach for early recognition
• Access and linkage to care
• Reduction in stigma</td><td>Unique Aspects:
This is the first time that Imperial County has offered the PEARLS program.</td></tr>
</table>

Anxiety Disorders

Although several anxiety disorders are described in the DSM-IV, the two that were the focus of early intervention efforts in FY 2011-12 are Posttraumatic Stress Disorder and Generalized Anxiety Disorder. [58]

- *Posttraumatic Stress Disorder* is characterized by the re-experiencing of an extremely traumatic event accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma.
- *Generalized Anxiety Disorder* is characterized by at least 6 months of persistent and excessive anxiety and worry.

The number and percent of early intervention programs/activities for anxiety disorders is presented in Table III.5. The early intervention programs/activities summarized in Table III.5 are those solely focused on intervening early with anxiety disorders and does not include programs/activities that target anxiety disorders in addition to other Axis I disorders (see *Programs that Encompass a Range of Axis I Disorders*). Indeed, anxiety disorders were most often addressed in combination with other Axis I disorders (e.g., depression), discussed further in the following section.

Table III.5. Early Intervention Programs/Activities:
Anxiety Disorders
FY 2011-12
(Axis I Disorder Program/Activity N=147)

Mental Illness: Focus of Early Intervention Program	Number of Programs/ Activities	Percentage of Axis I Programs / Activities
Early Intervention: Anxiety Disorders	7	4.8%

In FY 2011-12, two (2) counties of 59 counties (3.4%) implemented seven (7) programs or activities aimed at intervening early with anxiety disorders (4.8% of 147 programs/activities aimed at intervening early in the onset of an Axis I disorder). Among the seven programs intervening early with anxiety disorders, two (n=2; 28.6%) incorporated families as service recipients and two (n=2; 28.6%) included roles for people with lived experience in service delivery. Roles for peers in the two programs/activities involving people with lived experience in service provision included:

- System navigation
- Facilitate support groups

The following represents one example program intervening early with anxiety disorders. Although space limitations prevent highlighting all seven program/activities intervening early with anxiety disorders, all early intervention programs/activities implemented in 2011-12 are displayed (by county) in Appendices D (programs/activities), I (expenditures) and N (numbers served). San Bernardino County implemented a program specifically designed to meet the needs of veterans and military families:

San Bernardino's Military Services and Family Support Program	
Age Group: Children, Transition-Age Youth, Adults Older Adults	**SMI**: PTSD and Anxiety
Description: San Bernardino's Military Services and Family Support Program provides mental health, substance abuse and family counseling to active and former military service members and their families. Services are offered to assist veterans in transitioning back into community life following service abroad and PTSD assessment and treatment is provided.	
Activities: • Screening and assessment for PTSD • Home visits • Substance abuse treatment referral • Case management • Support groups • Assistance with housing and employment	**Intended Outcomes (*per the Seven Negative Outcomes from the MHSA*): *Reduce the incidence of -*** • Suicide as a consequence of untreated mental illness • Prolonged suffering as a consequence of untreated mental illness • Homelessness as a consequence of untreated mental illness • Removal of children from the home as a consequence of untreated mental illness

San Bernardino's Military Services and Family Support Program (*continued*):	
Other Features: • Trauma-focused • Addresses substance abuse • Involves the family • Partnership with the Marine Corp. and Army • Partnership with the Department of Veterans Affairs • Partnership with the National Guard	**Location:** • Home • Off-base
System Improvement Characteristics: • Access for underserved populations • Outreach for early recognition • Access and linkage to care • Reduction in stigma	**Unique Aspects:** The family chooses the service location – the clinician will come to the home if they cannot travel off-base. Many do not feel comfortable using on-base services because of concerns about confidentiality so home visits address this concern. Support groups are provided for children aged seven (7) to 12 years that are having problems in school (related to deployment). Support groups are also provided for parents and for spouses (dealing with deployment and related issues).

Programs/Activities that Encompass a Range of Axis I Disorders

Many counties developed and implemented early intervention programs and strategies designed to intervene early in the onset of a range of mental illnesses. The most common were programs and activities designed to intervene early with depression and anxiety and/or PTSD.

The number and percent of programs/activities designed to intervene early in the onset of for any DSM Axis I disorder is presented in Table III.6.

Table III.6. Early Intervention Programs/Activities:
Any Axis I Disorder
FY 2011-12
(Axis I Disorder Program/Activity N=147)

Mental Illness: Focus of Early Intervention Program	Number of Programs/ Activities	Percentage of Axis I Programs / Activities
Early Intervention: Any Axis I Disorder	80	54.4%

In FY 2011-12, 32 counties (of 59; 54.2%) implemented 80 programs or activities aimed at intervening early with Axis I disorders (54.4% of 147 programs/activities aimed at intervening early in the onset of an Axis I disorder). As noted in the introduction to this section, most common were programs and activities intervening early in the onset of depression and anxiety and/or PTSD. The breakout is as follows:

- *Depression, Anxiety and/or PTSD*: 20 counties implemented 44 programs/activities, representing the majority of the 80 programs/activities referred to above (55.0%)
- *Any Axis I Disorder and Substance Abuse*: nine (9) counties implemented 9 programs/activities (11.3% of the 80 programs/activities referred to above)
- *Other Axis I Disorders*: including any Axis I Disorder and psychosis, and Axis I Disorders in general. A total of 16 counties implemented 27 programs/activities (33.8% of the 80 programs/activities above)

Among the programs/activities seeking to intervene early with Axis I disorders (encompassing any Axis I disorder), 11 included families as service recipients (n=11; 13.4%). Among the 80 programs/activities, 37 (46.3%) involved people with lived experience in service delivery. Roles for peers in the 37 programs/activities involving people with lived experience in service provision included:

- Advocacy
- Assistance enrolling in school/applying for job
- Case management
- Counseling
- System navigation
- Facilitate support groups
- Facilitate pre-treatment groups
- Mentoring
- Outreach
- Peer counseling
- Peer education
- Translation
- Transportation
- Warm hand-off (peer handles the transition from the primary care clinician)

The following represent a few examples of programs/activities intervening early with any Axis I disorder. Although space limitations prevent highlighting all 80 program/activities on the following pages, all early intervention programs/activities implemented in 2011-12 are displayed (by county) in Appendices D (programs/activities), I (expenditures) and N (numbers served).

In order to intervene early with older adults with depression and anxiety, Alameda County implemented the widely-known IMPACT program: [59]

<table>
<tr><th colspan="2">Alameda's Mental Health Integration in Primary Care</th></tr>
<tr><td>Age Group: Older Adults</td><td>SMI: Depression and Anxiety</td></tr>
<tr><td colspan="2">Description: Promoting Access to Collaborative Treatment (IMPACT) involves collaborative care between a physician and care manager who work together in consultation with a psychiatrist, outcome measurements through use of the PHQ9 to regularly measure depressive symptoms and stepped care. Progressive steps are taken over time, depending upon whether there is improvement.
Step #1 – treatment for depression/anxiety using intervention of patient's choosing (medication or brief therapy)
Step #2 – treatment using both medication and therapy
Step #3 – referral to specialty mental health</td></tr>
<tr><td>Activities:
Screening, assessment, referral
Medication for depression
Brief therapy</td><td>Intended Outcomes (per the Seven Negative Outcomes from the MHSA):
Reduce the incidence of -
Suicide as a consequence of untreated mental illness
Prolonged suffering as a consequence of untreated mental illness</td></tr>
<tr><td>Other Features:
Partnership with primary care
Integration into primary care clinics</td><td>Location:
Primary care</td></tr>
<tr><td>System Improvement Characteristics:
Outreach for early recognition
Access and linkage to care</td><td>Unique Aspects:
Screened 1,125 older adults for depression and suicide risk</td></tr>
</table>

One example of a program designed to intervene early with children showing signs of depression and/or PTSD is Napa's Kids Exposed to Domestic Violence project:

<table>
<tr><th colspan="2">Napa's Kids Exposed to Domestic Violence (KEDS) project</th></tr>
<tr><td>Age Group: Children and Youth</td><td>SMI: Depression and PTSD</td></tr>
<tr><td colspan="2">Description: The KEDS program intervenes early with children and youth exposed to domestic violence and showing signs of depression and/or PTSD. The program seeks to increase community connections and knowledge of resources, and improve knowledge of child social and emotional development among the women in the shelter. KEDS aims to increase understanding of the adverse effects of exposure of domestic violence on children (mental health, substance abuse, bullying etc.). KEDS provides consistency in school work for children who are living in the emergency shelter. The program also provides safety planning for children who attend support groups.</td></tr>
<tr><td>Activities:
Screening, assessment, referral
Support group
Tutoring</td><td>Intended Outcomes (per the Seven Negative Outcomes from the MHSA):
Reduce the incidence of -
Homelessness as a consequence of untreated mental illness</td></tr>
<tr><td>Other Features:
Trauma-focused
Partnership with Police Department
Partnership with School District
Partnership with Housing
Partnership with Social Services
Partnership with Mental Health Service Providers
Clients of the KEDS program are primarily low income (below poverty level) Latina women and children</td><td>Location:
Administrative Office – direct services, crisis intervention
Women's shelter – tutoring, emotional support and activities for children in shelter
Outreach education presentations throughout the community, including schools, partner agencies, community events, etc.
KEDS Collaborative Meetings with partner agencies such as Family Center, Legal Aid, Community Resources for Children, District Attorney's Office</td></tr>
<tr><td colspan="2">System Improvement Characteristics:
Access for underserved populations
Outreach for early recognition
Access and linkage to care</td></tr>
<tr><td colspan="2">Unique Aspects:
The KEDS program is the first of its kind in Napa County in that the program specifically focuses on working with children that have been exposed to domestic violence. While the mother (oftentimes) is receiving services, the children are also getting the support they need (including tutoring). NEWS Staff is now also co-located at the Napa Police Department along with Napa County Child Welfare, as part of a California Office of Emergency Services Grant (NPDCEDV) aimed at identifying and responding to DV incidents where children are present. The KEDS program has become an important referral source for follow up with those families who have had Police activity to provide education and resources to those families.</td></tr>
</table>

An example of a program designed to intervene early with women showing signs of depression and/or PTSD as a result of domestic violence is San Benito's Women's PEI project:

<table>
<tr><th colspan="2">San Benito's Women's Prevention and Early Intervention Project</th></tr>
<tr><td>Age Group: Adults</td><td>SMI: Depression and PTSD</td></tr>
<tr><td colspan="2">Description: The Women's Prevention and Early Intervention program offers mental health early intervention groups at a local domestic violence shelter to help victims of intimate partner violence experiencing depression and/or PTSD. Most of the shelter's population is Latina. A women's group was developed in order to address early signs of depression and PTSD among the immigrant population. Translation is available for monolingual Spanish-speakers. The program seeks to intervene early in the onset of depression and PTSD in order to prevent further progression. In address, the Women's PEI project provides programming to address poor self-esteem and feelings of helplessness and hopelessness. San Benito provides a support network to otherwise closed family systems with little or no social support.</td></tr>
<tr><td>Activities:
Screening, assessment, referral
Support group</td><td>Intended Outcomes (per the Seven Negative Outcomes from the MHSA):
Reduce the incidence of -
Prolonged suffering as a consequence of untreated mental illness</td></tr>
</table>

San Benito's Women's Prevention and Early Intervention Project *(continued):*	
Other Features: • Trauma-focused • Addresses substance abuse • Partnership with Child Welfare • Partnership with Substance Abuse agency	**Location:** • Domestic violence shelter
System Improvement Characteristics: • Access for underserved populations • Outreach for early recognition • Access and linkage to care • Reduce stigma	**Unique Aspects:** • The Women's PEI program is a well-regarded community program for women seeking safety • Groups are held in the community to promote easy access and opportunities to develop healthy relationships • The group leader is Latina and provides supportive, culturally relevant services to promote healthy behaviors for women and their children • Linkages to other MHSA programs, Substance Abuse Program, and other county agencies have been strengthened as a result of the Women's PEI program

Los Angeles County implemented the evidence-based Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) program [60] in order to address the needs of children with PTSD:

Los Angeles' Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	
Age Group: Children	**SMI**: PTSD
Description: The Cognitive Behavioral Intervention for Trauma in Schools program is a school-based intervention designed to reduce posttraumatic stress disorder (PTSD), depression, and psychosocial dysfunction among students following exposure to traumatic life events. It is also intended to improve students' coping abilities and to improve support by peers and parents. CBITS is based on cognitive and behavioral theories of adjustment to traumatic events. It makes use of such cognitive-behavioral techniques as cognitive restructuring, development of a trauma narrative, exposure to trauma reminders, imaginal exposure, psychoeducation, relaxation, and social problem solving.	
Activities: • Cognitive-behavioral therapy • In-school service delivery by mental health professionals, working closely with school staff • 10 group sessions and 1-3 individual sessions for students • 2 psychoeducation sessions for parents • 1 educational session for teachers	**Intended Outcomes (*per the Seven Negative Outcomes from the MHSA*):** ***Reduce the incidence of -*** • Suicide as a consequence of untreated mental illness • Incarceration, School failure/dropout as a consequence of untreated mental illness • Prolonged suffering as a consequence of untreated mental illness • Homelessness as a consequence of untreated mental illness • Removal of children from the home as a consequence of untreated mental illness
Other Features: • Trauma-focused	**Location:** • School
System Improvement Characteristics: • Access for underserved populations • Outreach for early recognition • Access and linkage to care	**Unique Aspects:** CBITS is unique as a trauma treatment as it is designed for use in a group setting at school. This is particularly useful for shared trauma such as incidents of school violence. [1]

[1] Children and youth dealing with individual trauma are provided individual-level intervention (e.g., Trauma-Focused Cognitive-Behavioral Therapy) because Los Angeles County has found that sharing in a group setting works well only for shared trauma experiences.

Santa Clara County implemented the evidence-based Early Detection and Intervention for the Prevention of Psychosis (EDIPP) program [61] in order to address the needs of individuals showing early indications of mental illness with psychotic features. Under the broad program effort "PEI Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features" (featuring EDIPP), Santa Clara implemented an activity focused more broadly on a range of Axis I disorders, including psychosis, PTSD and depression:

<table>
<tr><th colspan="2">Santa Clara's Prevention and Early Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features</th></tr>
<tr><td>Age Group: Transition-Age Youth, Adults Older Adults</td><td>SMI: Psychotic Disorders, PTSD, Depression</td></tr>
<tr><td colspan="2">Description: The program "PEI Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features" includes five activities: Community-Based Interventions, Multi-Family Support Groups, Peer Support Services, Benefits Assistance and Social Service Navigation and Supported Employment and/or Education. Community-Based Interventions focuses on the identification of early warning signs and Prodromal symptoms, PTSD and Depression. Services include assessment, individual support, clinical interventions, skill-building and medication as needed. Community-Based Interventions activities are conducted by clinical professionals trained in the EDIPP model and forms the core interventions aimed at achieving the "PEI Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features" project's outcomes for individuals.</td></tr>
<tr><td>Activities:
Screening, assessment
Individual counseling
Group counseling
Multi-family support groups
Skill-building activities
Medication management
System navigation
Supported employment and education</td><td>Intended Outcomes (per the Seven Negative Outcomes from the MHSA):
Reduce the incidence of -
Suicide as a consequence of untreated mental illness
School failure/dropout as a consequence of untreated mental illness
Prolonged suffering as a consequence of untreated mental illness</td></tr>
<tr><td>Other Features:
Family involvement in activities
Trauma-focused
Addresses substance abuse
Peers share lived experiences to educate regarding symptoms
Peers assist in individual and group counseling sessions
Peers assist with system navigation
Peer assistance with enrolling or re-entering school and/or with employment needs
Partnership with Primary Care physicians
Partnership with School District
Partnership with Higher Education
Partnership with Immigration
Partnership with County Parks & Recreation
Partnership with County Social Services Agency
Partnership with County Department of Alcohol and Drug Services</td><td>Location:
Community Based Organizations
Schools
Social service agencies
Vocational
Recreational
Community Colleges
Adult Education
Other community settings</td></tr>
<tr><td>System Improvement Characteristics:
Access for underserved populations
Outreach for early recognition
Access and linkage to care
Reduce stigma</td><td>Unique Aspects: One of the contractors implementing this activity (CalWORKs Health Alliance program) uses a unique screening tool to identify clients with traumatic and other mental health issues. Santa Clara County added a Peer Support component to the intervention model in order to build a network of support that is attuned to the experiences of transitional aged youth.</td></tr>
</table>

Sonoma County implemented the Crisis Assessment, Prevention, and Education Team (CAPE Team) in order to address the emerging needs of transition-age youth (TAY) showing early indications of mental illness (with a particular focus on TAY in crisis):

<table>
<tr><th colspan="2">Sonoma's Crisis Assessment, Prevention and Education Team (CAPE Team)</th></tr>
<tr><td>Age Group: Transition-Age Youth</td><td>SMI: (including but not limited to) Co-Occurring Disorders, Depression, Anxiety</td></tr>
<tr><td colspan="2">Description: The Crisis Assessment, Prevention, and Education Team (CAPE Team) is a prevention and early intervention strategy specifically designed to intervene with transition age youth ages, 16 to 25, who are at risk of or are experiencing first onset of serious psychiatric illness and its multiple issues and risk factors: substance use, trauma, depression, anxiety, self-harm, and suicide risk. The CAPE Team aims to prevent the occurrence and severity of mental health problems for transition age youth. The CAPE Team is staffed by Sonoma County Behavioral Health licensed mental health clinicians. Services are located in nine Sonoma County high schools, Santa Rosa Junior College and Sonoma State University.</td></tr>
<tr><td>Activities:
Mobile Response in schools by licensed mental health clinicians with youth who may be experiencing a mental health crisis
Consultation, Screening, and Assessment of at-risk youth in high schools and colleges
Training and Education for students, selected teachers, faculty, parents, counselors and law enforcement personnel to increase awareness and ability to recognize the warning signs of suicide and psychiatric illness
Peer-based and Family Services including increasing awareness, education and training, counseling, and support groups for at-risk youth and their families</td><td>Intended Outcomes (per the Seven Negative Outcomes from the MHSA):
Reduce the incidence of -
Suicide as a consequence of untreated mental illness
Incarcerations as a consequence of untreated mental illness
School failure/dropout as a consequence of untreated mental illness
Unemployment as a consequence of untreated mental illness</td></tr>
<tr><td>Other Features:
Family involvement in activities
Trauma-focused
Addresses substance abuse
Peers provide supportive services
Integration and Partnership with existing school and community resources including school resource officers, district crisis intervention teams, student and other youth organizations, health centers, counseling programs, and family supports including National Alliance on Mental Illness and Sonoma County Behavioral Health Division (SC-BHD).</td><td>Location:
Community College
Schools
Home</td></tr>
<tr><td>System Improvement Characteristics:
Access for underserved populations
Outreach for early recognition
Access and linkage to care
Reduce stigma</td><td>Unique Aspects:
The CAPE Team funds a Health Promotion Specialist in Student Health Services. The Health Promotion Specialist collects and analyzes data from the National College Health Assessment and other data sources; provides staff and faculty professional development activities including Question, Persuade, Refer training (QPR); organizes student outreach such as sponsoring a Mental Health Awareness Week with on campus activities and on-line mental health screening events, developing an online monthly health magazine linked to every student's home page; and participates with SC-BHD in other prevention and early intervention activities.</td></tr>
</table>

Another example is the Transition to Independence program implemented in Placer County [62] in order to address the needs of transition-age youth showing early indications of mental illness.

<table>
<tr><th colspan="2">Placer County's Transition to Independence Program (TIP)</th></tr>
<tr><td>Age Group: Transition-Age Youth</td><td>SMI: current, presenting mental health symptoms that are impacting ability to successfully transition to adulthood.</td></tr>
<tr><td colspan="2">Description: The TIP system prepares youth and young adults for their movement into adult roles through an individualized process, engaging them in their own futures planning process, as well as providing developmentally-appropriate services and supports. The TIP model involves youth and young adults, their families, and other informal key players in a process that facilitates their movement towards greater self-sufficiency and successful achievement of their goals. Young people are encouraged to explore their interests and futures as related to each of the transition domains: employment and career, education, living situation, personal effectiveness/wellbeing, and community-life functioning.

Placer uses a strength discovery tool, a life skills assessment, a "Connogram," the Wellness Recovery Action Plan (WRAP) and they engage in futures planning via a goal setting module. Placer has adapted many local tools to best fit the youth they serve and they use these tools to measure program success. Placer hosts every other month or quarterly support team meetings based on the TIP model as well.</td></tr>
<tr><td>Activities:
Screening, assessment
Individualized independent living planning
Wellness Recovery Action Plan
Multi-disciplinary team meetings
Skill-building activities</td><td>Intended Outcomes (per the Seven Negative Outcomes from the MHSA):
Reduce the incidence of -
Incarcerations as a consequence of untreated mental illness
School failure/dropout as a consequence of untreated mental illness</td></tr>
<tr><td>Other Features:
Family involvement
TAY chooses "natural supports" to be involved in TIP</td><td>Location:
Community Based Organizations
Home</td></tr>
<tr><td>System Improvement Characteristics:
Access for underserved populations
Outreach for early recognition
Access and linkage to care</td><td>Unique Aspects:
TIP involves multiple agencies and partners who work together to wrap support around a youth/young adult in order to assist with the transition from adolescence to adulthood. TIP teams are usually comprised of multiple staff who serve in a variety of roles all assisting the youth/young adult in an area of need. Unity Care (Placer's TIP contractor) developed a collaborative approach with existing community partners to be support team members. TIP is led by a Master's level TIP Facilitator and with the use of a "Connogram" she is able to help her participants identify natural supports, both formal and informal. The goal is that while the participant may not have many identified supports at the start of his/her program, these supports grow as more are identified and established. The Placer TIP team of people serves in the same role as the larger model teams. Placer's TIP program is an example of successful adaptation of the model.</td></tr>
</table>

2. Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence

Disorders usually first diagnosed in Infancy, Childhood or Adolescence that were the focus of early intervention programming in FY 2011-12 included:

- Attention Deficit and Disruptive Behavior Disorders

According to the Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition (DSM-IV): [63]

> The essential feature of Attention Deficit/Hyperactivity Disorder is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development.
>
> Some hyperactive-impulsive or inattentive symptoms that cause impairment must have been present before age 7 years.
>
> Some impairment from the symptoms must be present in at least two settings.
>
> There must be clear evidence of interference with developmentally appropriate social, academic or occupational functioning.

Conduct Disorder is characterized as: [64]

> a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated.
>
> These behaviors fall into four main groupings:
>
> - aggressive conduct that causes or threatens physical harm to other people or animals
> - nonaggressive conduct that causes property loss or damage
> - deceitfulness or theft
> - serious violations of rules
>
> The disturbance in behavior must cause clinically significant impairment in social, academic or occupational functioning.

Oppositional-Defiant Disorder is: [65]

> a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures that persists for at least 6 months and is characterized by the frequent occurrence of at least four of the following behaviors:
>
> 1. losing temper
> 2. arguing with adults
> 3. actively defying or refusing to comply with the requests or rules of adults
> 4. deliberately doing things that will annoy other people
> 5. blaming others for his or her own mistakes or misbehavior
> 6. being touchy or easily annoyed by others
> 7. being angry and resentful
> 8. being spiteful or vindictive

The behaviors must occur more frequently than is typically observed in individuals of comparable age and developmental level and must lead to significant impairment in social, academic or occupational function.

The number and percent of early intervention programs/activities for a disorder in the DSM IV category 'Attention Deficit and Disruptive Behavior Disorders' is presented in Table III.7. The early intervention programs/activities summarized in Table III.7 are those solely focused on intervening early with a disorder in the DSM IV category 'Attention Deficit and Disruptive Behavior Disorders' and does not include programs/activities that target Axis I disorders.

Table III.7. Early Intervention (EI) Programs/Activities:
Attention Deficit and Disruptive Behavior Disorders
FY 2011-12
(Early Intervention Program/Activity N=158)

Mental Illness: Focus of Early Intervention Program	Number of Programs/ Activities	Percentage of EI Programs / Activities
Early Intervention: Attention Deficit and Disruptive Behavior Disorders	11	10.0%

In FY 2011-12, two (2) counties (3.4% of 59 counties) implemented 11 programs or activities aimed at intervening early with a disorder in the DSM IV category 'Attention Deficit or Disruptive Behavior Disorders' (10.0% of 158 early intervention programs/activities). The breakout is as follows:

- *Any Disruptive Behavior Disorder*: both counties implemented four (4) programs/activities designed to intervene early with any Disruptive Behavior Disorder (36.4% of the 11 early intervention programs/activities referred to above)
- *Conduct Disorder and/or Oppositional-Defiant Disorder*: one (1) county implemented seven (7) programs/activities designed to intervene early with Conduct Disorder and/or Oppositional-Defiant Disorder (63.6% of the 11 programs/activities referred to above)

Among the programs/activities seeking to intervene early with a disorder in the DSM IV category 'Attention Deficit or Disruptive Behavior Disorders', nine (9) included families as service recipients (n=81.8.4%). Among the 11 programs/activities, only one (n=1; 9.0%) involved people with lived experience in service delivery. The designated role for people with lived experience was 'parent partner.'

C. 'Out of Study Scope' Programs and Activities

'Out of study scope' programs/activities are defined for the purpose of the evaluation as programs/activities that did not meet study inclusion criteria for a prevention or early intervention program or for indirect activities consistent with MHSA purposes for PEI. Criteria for inclusion in the study were developed solely for the purpose of this evaluation.

Review of PEI programs/activities implemented in FY 2011-12 resulted in one target population that did not meet study inclusion criteria for prevention or early intervention or for stand-alone 'indirect' activities consistent with MHSA purposes for PEI: underserved racial/cultural group, unless the underserved cultural group was explicitly identified as an '*at risk*' group due to related stressors (see *Prevention* study criteria, in Section A).

There were three counties that offered PEI-funded programs or activities that did not meet study criteria and therefore were 'out of study scope.' All served individuals defined solely as an underserved racial/cultural group without designation of risk factors supported in the scientific, peer reviewed literature related to later onset of mental illness (see *Prevention* study criteria, addressed previously in this chapter). These 'out of study scope' programs/activities were in compliance with the Department of Mental Health (DMH) *Guidelines for PEI Programs* because "Underserved Cultural Groups" was one of the designated priority PEI populations that counties could select, defined" as follows: [66]

> PEI projects address those who are unlikely to seek help from any traditional mental health service whether because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc.) and would benefit from Prevention and Early Intervention programs and interventions.

Counties were also required to select from a menu of Key Community Needs, one of which was "Disparities in Access to Mental Health Services," defined as follows:

> PEI efforts will reduce disparities in access to early mental health interventions due to stigma, lack of knowledge about mental health services or lack of suitability (i.e., cultural competency) of traditional mainstream services.

PEI Guidelines also provided the following general guidance for counties' PEI efforts:

> Programs recognize the underlying role of poverty and other environmental and social factors that impact individuals' wellness…

Table III.8 displays the number of programs/activities classified as 'out of study scope' in FY 2011-12. 'Out of study scope' programs/activities were provided in three counties (5.1%). 'Out of study scope' programs/activities were few in number (n=4; 0.9%).

Table III.8. 'Out of Study Scope' Programs/Activities:
FY 2011-12
(Total Program/Activity N=467)

Out of Study Scope	Number of Programs/ Activities	Percentage of Programs / Activities
Underserved Racial/Cultural Population	4	0.9%

D. Stand-Alone 'Indirect' Programs and Activities

Stand-alone 'indirect' programs/activities are defined as broad-based efforts that counties carry out in response to specific MHSA mandates for PEI that don't involve provision of ongoing, direct services to individuals (see WIC, page 1, *item b*). These efforts include screening, assessment and referrals; outreach, education and training to people in a position to recognize signs and symptoms of mental illness; campaigns and other efforts to reduce stigma and discrimination related to having a mental illness or to seeing mental health services; and campaigns and other efforts to prevent suicide. [67]

When screening, assessment and referrals; outreach, education and training to people in a position to recognize signs and symptoms of mental illness; efforts to reduce stigma and discrimination; and efforts to prevent suicide

are incorporated into programs/activities ***involving direct services to individuals***, these strategies were documented in one of the other PEI study categories. Every county documented incorporation of these strategies into one or more of their prevention and early intervention programs/activities.

The distinction between stand-alone 'indirect' programs/activities and the other study categories is stand-alone '***indirect' programs/activities don't involve direct services to individuals***.

Stand-alone 'indirect' programs/activities were provided in 42 counties (71.2% of 59 counties). Stand-alone 'indirect' programs/activities represented 29 percent of PEI programming (n=135). Stand-alone 'indirect' program/activity strategies are displayed in Table III.9.

Table III.9. Stand-Alone 'Indirect' Programs/Activities:
FY 2011-12
(Stand-Alone 'Indirect' Program/Activity N=135)

Stand-Alone 'Indirect' Program/Activity	Number of Programs/ Activities	Percentage of Stand-Alone 'Indirect' Programs / Activities
Access and linkage to the continuum of care	63	46.7%
Outreach, education and training (signs and symptoms of mental illness)	74	54.8%
Stigma and discrimination reduction campaign	16	11.9%
Suicide prevention campaign	23	17.0%

County programs/activities sometimes focused on more than one stand-alone 'indirect' activity. Therefore, a total is not included for the percent row because it would add to more than 100 percent. The most common stand-alone 'indirect' activity was outreach, education and training to individuals in a position to recognize the signs and symptoms of mental illness (n=74; 54.8%).

1. Access and Linkage to the Continuum of Care

Per California's Welfare and Institutions Code: [68]

b) The program shall include the following components:

2) **Access and linkage to medically necessary care** provided by county mental health programs for children with severe mental illness, [69] and for adults and seniors with severe mental illness, [70] as early in the onset of these conditions as practicable. [**emphasis added**]

The following represents one example of a stand-alone 'indirect' program/activity among the 63 stand-alone 'indirect': access and linkage to the continuum of care displayed in Table III.9. Although space limitations prevent highlighting all 63 stand-alone 'indirect': access and linkage to the continuum of care program/activities on the following pages, all stand-alone 'indirect' programs/activities implemented in 2011-12 are displayed (by county) in Appendices F (programs/activities), K (expenditures) and P (numbers served).

One stand-alone 'indirect' approach to access and linkage to the continuum of care is exemplified in Glenn County:

Glenn County's Welcoming Line
Age Group: Transition-Age Youth, Adults, Older Adults

Glenn's Welcoming Line *(continued)*:	
Description: Glenn County funds a "warm line" which is available to anyone in the community who has questions about mental health, needs linkage to mental health and related services, or needs a friendly, supportive person to speak to. The Welcoming Line is located at the MHSA Adult Wellness Center and is staffed by trained peers (people with lived experience) who also serve as Coaches and Case Managers for MHSA. The Welcoming Line is designed to improve access to underserved and unserved populations by immediately connecting the caller to an individual who is knowledgeable about resources and is willing to listen. By offering supportive, informed interaction, stability is maintained and escalation of symptoms into crisis prevented.	
Activities: • Supportive phone interaction • Information and referral	**Intended Outcomes (*per the Seven Negative Outcomes from the MHSA*):** ***Reduce the incidence of -*** • Suicide as a consequence of untreated mental illness • Prolonged suffering as a result of untreated mental illness
Other Features: • People with lived experience staff the warm line	**Location:** • Wellness center
System Improvement Characteristics: • Increase access for underserved populations • Outreach for early recognition • Increase access/linkage to care • Reduce stigma and discrimination	**Unique Aspects:** Glenn County's Welcoming Line is unique and distinct from traditional 211 information lines because it is staffed by people intimately familiar with mental illness and willing to spend the additional time on the phone necessary to walk persons in need through the steps of accessing care.

2. Outreach to Increase Recognition of and Response to Signs and Symptoms of Potentially Serious Mental Illness

Per California's Welfare and Institutions Code: [71]

b) The program shall include the following components:
   1) Outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.

The following represents one example of a stand-alone 'indirect' program/activity among the 74 stand-alone 'indirect': outreach, education and training (signs and symptoms of mental illness) displayed in Table III.9. Although space limitations prevent highlighting all 74 stand-alone 'indirect': outreach, education and training (signs and symptoms of mental illness) program/activities on the following pages, all stand-alone 'indirect' programs/activities implemented in 2011-12 are displayed (by county) in Appendices F (programs/activities), K (expenditures) and P (numbers served).

Sacramento County's Quality Child Care Collaborative (QCCC)
Age Group: Preschool-Age Children
Description: The Quality Child Care Collaborative (QCCC) is a collaboration between the Department of Behavioral Health Services, Child Action, Sacramento Office of Education, and the Warm Line Family Resource Center. The collaborative leverages First 5 funding to provide behavioral health consultations to preschools and early childcare learning environments for children ages birth to five. Consultations are designed to increase teacher awareness about the meaning of behavior to ensure the success of the child while in a childcare and/or preschool setting. Preschool teachers are educated about what to look for and how to intervene appropriately when there are early indications of disruptive behavior, attachment problems and/or impulse control issues. Referral to support and education is also available for parents. Early intervention can help identify emotional and behavioral challenges sooner, thus linking these children/families to services prior to entering kindergarten. Consultations are designed to educate teachers and increase awareness about the meaning of behavior to ensure the success of the child while in a childcare/preschool setting.

Sacramento's Quality Child Care Collaborative (QCCC) *(continued)*:	
Activities: • Outreach and education • Consultation to preschools • Support and education to parents	**Intended Outcomes (*per the Seven Negative Outcomes from the MHSA*):** ***Reduce the incidence of -*** • School failure as a result of untreated mental illness • Prolonged suffering as a result of untreated mental illness
Other Features: • Partnership with the County Office of Education • Partnership with the Children's Information and Referral Agency • Partnership with the First 5 Sacramento Commission • Partnership with the WarmLine Family Resource Center	**Location:** • Preschools
System Improvement Characteristics: • Increase access for underserved populations • Outreach for early recognition • Increase access/linkage to care	**Unique Aspects:** A specialist with early childhood offers several of the standardized assessment instruments that are designed to educate and train teachers and centers (e.g. Program for Infant Toddler Care). The team approach offers many disciplines the opportunity to weigh-in and intervene early. The Team includes Behavioral Health Consultant, Speech Therapist, Public Health Nurse, SCOE staff, Occupational Therapist, Family Resource person, and Child Action staff SCOE provides the team group reflective practice once per month and also offers reflective practice to Centers and their staff in the child care setting.

3. Stigma and Discrimination Efforts

Per California's Welfare and Institutions Code: [72]

b) The program shall include the following components:
   3) Reduction in stigma associated with either being diagnosed with a mental illness or seeking mental health services.
   4) Reduction in discrimination against people with mental illness.

In addition to the efforts of all counties to implement stigma and discrimination reduction programs and activities, the State has also taken an active role through its funding of Statewide Stigma and Discrimination Reduction. [73] Commencing in 2008, DMH administered and distributed funds with the intent to: [74]

- Reduce stigma experienced by individuals who have a mental illness, or a social, emotional or behavioral issue
- Reduce stigma experienced by parents or caregivers of children, youth, and other family members with mental illness, or a social, emotional, or behavioral issue
- Reduce stigma associated with seeking services and supports for mental health issues
- Reduce discrimination against individuals living with mental illness or social, emotional or behavioral issues

- Support and complement county level interventions that address stigma and discrimination

In 2009 DMH transferred administrative and distribution authority to the California Mental Health Services Authority (CalMHSA), which further refined the Statewide Stigma and Discrimination Reduction effort in its 2010 work plan: [75]

- Create a supportive environment for consumers, family and others that crosses a lifespan focus
- Promote awareness, accountability and change
- Increase knowledge of effective and promising programs that reduce stigma
- Uphold and advance federal and state laws to support the elimination of discriminatory practices

This report does not focus on Statewide Stigma and Discrimination Reduction efforts because a separate study is currently underway (by RAND). [76]

The following represents one example of a stand-alone 'indirect' program/activity among the 16 stand-alone 'indirect': stigma and discrimination reduction campaigns displayed in Table III.9. Although space limitations prevent highlighting all 16 stand-alone 'indirect': stigma and discrimination reduction campaigns on the following pages, all stand-alone 'indirect' programs/activities implemented in 2011-12 are displayed (by county) in Appendices F (programs/activities), K (expenditures) and P (numbers served).

An approach to stand-alone 'indirect' stigma and discrimination reduction grounded in increasing positive community visibility is exemplified in Humboldt County:

<table>
<tr><th colspan="2">Humboldt's Stigma and Discrimination Reduction Program</th></tr>
<tr><td colspan="2">Age Group: Transition-Age Youth, Adults, Older Adults</td></tr>
<tr><td colspan="2">Description: Humboldt County implemented a series of activities, including a training titled "Supporting Resiliency, Recovery & Wellness." Staff also coordinated the multi-agency "May is Mental Health Month" activities which included a film premiere, a proclamation, a walk, an art show, a barbeque, and a community workshop. Other stigma and discrimination efforts include the 3rd annual Reframe Your Brain poster contest and support of the "Seeds of Understanding Speakers Collective," a group of local individuals with lived experiences of stigma and discrimination. They have received training opportunities to support them in effectively sharing their lived experience and they are also actively participating as speakers in trainings and in other community-based settings. Humboldt County PEI staff facilitate training and speaking opportunities for the Speaker's Collective.</td></tr>
<tr><td>Activities:
Training and education
Community outreach
Speakers bureau</td><td>Intended Outcomes (per the Seven Negative Outcomes from the MHSA):
Reduce the incidence of -
Prolonged suffering as a result of untreated mental illness</td></tr>
<tr><td>Other Features:
Members of the Seeds of Understanding Speakers Collective are peer educators with lived experiences of stigma and discrimination
Partnership with the Child Abuse Prevention Council
Partnership with CalWorks</td><td>Location:
Community-based agencies
Community meeting locations</td></tr>
<tr><td>System Improvement Characteristics:
Increase access for underserved populations
Reduce stigma and discrimination</td><td>Unique Aspects:
Humboldt County staff helped organize and supported a local community gathering for the statewide "LGBTQ Reducing Disparities Project." Humboldt County was reported as having the highest turnout in the state, with 139 participants.</td></tr>
</table>

4. *Suicide Prevention Efforts*

Per California's Welfare and Institutions Code: [77]

d) The program shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:
   1) Suicide.

In addition to the efforts of all counties to prevent suicide through campaigns and other efforts, the State has also taken an active role through its funding of Statewide Suicide Prevention. [78] Commencing in 2008, DMH administered and distributed funds with the intent to: [79]

- Build a system of suicide prevention at both state and local levels.
- Provide training, technical assistance, resources and other needed supports to help Counties successfully develop and implement suicide prevention activities.
- Increase capacity and quality of local suicide prevention hotlines.
- Increase the capacity of the workforce to effectively prevent suicide.

This report does not focus on Statewide Suicide Prevention efforts because a separate study is currently underway (by RAND). [80]

The following represents one example of a stand-alone 'indirect' program/activity among the 23 stand-alone 'indirect': suicide prevention campaigns and other efforts displayed in Table III.9. Although space limitations prevent highlighting all 23 stand-alone 'indirect': suicide prevention campaigns and other efforts on the following pages, all stand-alone 'indirect' programs/activities implemented in 2011-12 are displayed (by county) in Appendices F (programs/activities), K (expenditures) and P (numbers served).

A comprehensive stand-alone 'indirect' suicide prevention campaign implemented in FY 2011-12 is exemplified in Humboldt County:

<table>
<tr><th colspan="2">Humboldt's Suicide Prevention Program</th></tr>
<tr><td colspan="2">Age Group: Children/Youth, Transition-Age Youth, Adults, Older Adults</td></tr>
<tr><td colspan="2">Description: The Humboldt model includes local support groups such as the Community Grief Support Workgroup and Ko'l Ho Koom Mo (Working Together) Suicide Prevention Group at United Indian Health Services. Humboldt County implemented age-specific workgroups, including Suicide Prevention workgroups at three area high schools and an Older Adult Suicide Prevention Workgroup. The ASIST Interagency Training Team employs the "train the trainer" model when educating about how to Identifying warning signs for suicide and linking individuals to resources. The Question, Persuade, Refer (QPR) model is used to train and education about intervening with individuals at risk for suicide. In addition, another strategy to prevent suicide is community outreach, in person at community events and through social media.</td></tr>
<tr><td>Activities:
Assessment, referral and linkage
Training and education about the signs and symptoms
Community outreach
Social media outreach
Workgroups</td><td>Intended Outcomes (per the Seven Negative Outcomes from the MHSA):
Reduce the incidence of -
Suicide as a result of untreated mental illness</td></tr>
<tr><td>Other Features:
Partnership with School District
Partnership with Indian Health Services</td><td>Location:
School
Faith community
Primary care
Behavioral health</td></tr>
</table>

Humboldt's Suicide Prevention Program (*continued*):	
System Improvement Characteristics: • Outreach for early recognition • Access and linkage to care • Reduce stigma and discrimination	**Unique Aspects:** Inter-agency coordination and county-wide planning effort to increase community capacity to prevent suicide

E. 'Mixed' Programs and Activities

'Mixed' programs/activities are defined for the purpose of the evaluation as when the same activity or activities are offered to different target populations:

A. individuals with early onset of mental illness,
B. individuals defined for the purpose of this study as evidencing risk factors placing them at high risk for mental illness, and/or
C. individuals out of the study's scope because they do not meet the criteria in A) or B).

In 'mixed' programs/activities, counties were unable to break out the numbers served and expenditures by target population. The inability to ***separate out expenditures and/or numbers*** served by target population is the criteria for placement in the 'mixed' category.

'Mixed' programs/activities were provided in 27 counties (45.8% of 59 counties). 'Mixed' programs/activities represented 10.9 percent of PEI programming (n=51; Table III.10).

Table III.10. 'Mixed' Programs/Activities:
FY 2011-12
(Total Program/Activity N=467)

	Number of Programs/ Activities	Percentage of Programs / Activities
Mixed Programs/Activities	51	10.9%

Among the 'mixed' programs/activities, all 51 served different two or more of the following target populations:

A. individuals with early onset of mental illness,
B. individuals defined for the purpose of this study as evidencing risk factors placing them at high risk for mental illness, and/or
C. individuals out of the study's scope because they do not meet the criteria in A) or B).

Most (47) programs/activities targeted individuals in both the prevention and early intervention categories (92.2%). The remaining four (7.8%) recruited individuals solely on the basis of membership in an underserved racial/cultural group, in addition to serving a population at risk of mental illness or with early onset of a mental illness.

F. Summary

Among the counties implementing PEI programming in FY 2011-12:

- Prevention programs/activities were provided in 45 (76.3%) counties

- Early intervention programs/activities were provided in 40 (67.8%) counties
- Stand-alone 'indirect' programs/activities were provided in 42 counties (71.2%)
- 'Out of study scope' programs/activities were provided in three counties (5.1%)
- 'Mixed' programs were provided in 27 counties (45.8%)

Table III.11. Summary of PEI Categories: Number of Counties Implementing FY 2011-12

	Counties (N=59)	
	N	%
Prevention	45	76.3%
Early Intervention	40	67.8%
Indirect	42	71.2%
Out of Study Scope	3	5.1%
Mixed	27	45.8%

The data displayed in Table III.11 illustrate that the majority of counties provide prevention, early intervention, and stand-alone 'indirect' programs/activities (76.3%, 67.8% and 71.2%, respectively). 'Out of study scope' programs/activities are not the norm (5.1%).

Among counties implementing PEI programs/activities in FY 2011-12, each program/activity was documented and classified into **one** of the following categories: prevention, early intervention, stand-alone 'indirect,' 'out of study scope,' or 'mixed.' Table III.12 summarizes the number of programs/activities by category implemented in FY 2011-12. Counties implemented 467 programs/activities.

Table III.12. Summary of PEI Categories: Number of Programs/Activities FY 2011-12

	Programs/Activities (N=467)	
	N	%
Prevention	119	25.5%
Early Intervention	158	33.8%
Indirect	135	28.9%
Out of Study Scope	4	0.9%
Mixed	51	10.9%
TOTAL	**467**	**100.0%**

- Approximately one third of programs/activities focused on early intervention (n=158; 33.8%)
- Stand-alone 'indirect' programs/activities represented approximately 29 percent of PEI programming (n=135)
- Prevention programs/activities represented a quarter of PEI programming (n=119; 25.5%)
- 'Out of study scope' programs/activities were few in number (n=4; 0.9%)
- 'Mixed' programs/activities represented a minority (n=51; 10.9%)

Prevention

For the purpose of this PEI evaluation, programs/activities were classified as 'prevention' if participants were recruited on the basis of a documented risk factor(s) identified in the scientific, peer-reviewed literature as being directly related to later onset of mental illness, or contributing to later onset of a mental illness because of a

mediating or moderating influence on risk factors directly related to later onset of mental illness. Based upon the PEI study criteria, the prevention program/activity risk factors addressed by counties during the study period are displayed in Table III.13. The data displayed in Table III.13 illustrate the fact that counties did not limit the number of risk factors when recruiting and defining eligibility for participants. Therefore, a total is not included for the percent row because it would add to more than 100 percent.

Table III.13. Prevention Programs/Activities:
Risk Factor Related to Later Onset of Mental Illness
FY 2011-12
(Prevention Program/Activity N=119)

Risk Factor Related to Later Onset of Mental Illness	Number of Programs/ Activities	Percentage of Prevention Programs/ Activities
Adults/transition-age youth exposed to combat trauma	1	0.8%
Adult/older adult Immigrants fleeing trauma, violence, war	1	0.8%
Adult/older adult overuse of emergency room/inpatient hospitalization	1	0.8%
Children/ youth victimized by bullying	28	23.5%
(All ages) engaging in self-harm behaviors/experiencing suicidal ideation	5	4.2%
(All ages) cumulative impact of historical trauma (Native Americans)	5	4.2%
(All ages) exposure to trauma as a result of domestic violence	11	9.2%
(All ages) exposure to trauma as a result of physical abuse/sexual abuse	3	2.5%
(All ages) social stress / social exclusion because of sexual identity (Gay, Lesbian, Bisexual, Transgender)	4	3.4%
(All ages) homelessness	5	4.2%
(All ages) living in neighborhoods with high concentrations of poverty	8	6.7%
(All ages) living in neighborhoods with high concentrations of violence	7	5.9%
(All ages) substance misuse (alcohol and other drugs)	12	10.1%
Children/ youth exhibiting bullying behavior/aggression	29	24.4%
Children/youth exhibiting disruptive/defiant/oppositional-defiant behavior	21	17.6%
Children/ youth exposed to stress due to parental mental illness	9	7.6%
Children/youth exposed to stress due to parental substance abuse	12	10.1%
Children/youth involved in the Child Welfare system	23	19.3%
Children/youth involved in the Criminal Justice system	15	12.6%
Grandparents experiencing stress due to raising grandchildren	2	1.7%
Young children displaying defiant and /or aggressive behaviors	2	1.7%
Young children experiencing attachment problems	3	2.5%
Young children with disabilities, developmental delays	2	1.7%

Although no one risk factor represents the majority of recruitment and/or selection criteria among prevention programs/activities, five emerge as the most common. All five risk factors are focused on children-youth:

- Children/youth exhibiting bullying/aggressive behavior (n=29; 24.4%)
- Children/youth victimized by bullying (n=28; 23.5%)
- Children/youth involved in the Child Welfare system (n=23; 19.3%)
- Children/youth exhibiting defiant/oppositional-defiant behavior (n=21; 17.6%)
- Children/youth involved in the Criminal Justice system (n=15; 12.6%)

Early Intervention

For the purpose of this PEI evaluation, programs/activities were classified as 'early intervention' if participants were recruited on the basis of intervening early in the onset of a serious emotional disturbance (children/youth) or

serious mental illness (adults/older adults). See the definitions in statute for serious emotional disturbance and serious mental illness in Chapter I.

Counties sought to intervene early with either "Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence" or "Axis I Disorders." The number of early intervention programs/activities with recruitment and/or selection criteria based upon "Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence" or "Axis I Disorders" is displayed in Table III.14. Because county programs/activities focused on one diagnostic class (either Axis I Disorders or Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence), the percentage row totals 100 percent.

Table III.14. Early Intervention (EI) Programs/Activities:
Mental Illness – Focus of Early Intervention
FY 11-12
(Early Intervention Program/Activity N=158)

Mental Illness: Focus of Early Intervention Program	Number of Programs/ Activities	Percentage of EI Programs/ Activities
Axis I Disorder	147	93.0%
Disorder Usually First Diagnosed in Infancy, Childhood or Adolescence	11	7.0%
TOTAL	**158**	**100%**

Among the 158 early intervention programs/activities, the majority focused on Axis I Disorders (n=147; 93.0%), including programs/activities that focused solely on mood disorders, psychotic disorders and anxiety disorders. Among the minority that focused on Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence (n=11; 7.0%), disorders included Conduct Disorder and Oppositional-Defiant Disorder.

Stand-Alone 'Indirect'

Stand-alone 'indirect' programs/activities are defined as broad-based efforts that counties carry out in response to specific MHSA mandates for PEI that typically do not provide direct service to individuals (see California's Welfare and Institutions Code, *item b*, page 1). These efforts include screening, assessment and referrals; outreach, education and training to people in a position to recognize signs and symptoms of mental illness; campaigns and other efforts to reduce stigma and discrimination related to having mental illness or seeking mental health services; and campaigns and other efforts to prevent suicide.

When screening, assessment and referrals; outreach, education and training to people in a position to recognize the signs and symptoms of mental illness; efforts to reduce stigma and discrimination; and efforts to prevent suicide are incorporated into programs/activities ***involving direct services to individuals***, these strategies were documented in one of the other PEI study categories. For example, an early intervention program that intervenes to prevent suicide among individuals with early onset of a mental illness or prevention programs that serve specific individuals at risk for later onset of mental illness because they are exhibiting self-harm behaviors and experiencing suicidal ideation. Every county documented incorporation of the required activities (see California's Welfare and Institutions Code, *item b*, page 1) into one or more of their prevention and/or early intervention programs/activities.

The distinction between stand-alone 'indirect' programs/activities and the other study categories is stand-alone '***indirect' programs/activities don't involve direct services to individuals***. Stand-alone 'indirect' program/activity strategies are displayed in Table III.15. Because these activities can be incorporated into prevention and early intervention programs/activities or stand-alone when they don't involve direct services to individuals, the number

and percentage of stand-alone 'indirect' programs/activities shown in Table III.15 is an undercount and does not represent the full extent of implementation of these MHSA-PEI-mandated efforts.

Table III.15. Stand-Alone 'Indirect' Programs/Activities:
FY 2011-12
(Indirect Program/Activity N=135)

Stand-Alone 'Indirect' Program/Activity	Number of Stand-Alone 'Indirect' Programs/ Activities	Percentage of Stand-Alone 'Indirect' Programs / Activities
Screening, assessment and referrals	63	46.7%
Outreach, education and training (signs and symptoms of mental illness)	74	54.8%
Stigma and discrimination reduction campaign	16	11.9%
Suicide prevention campaign	23	17.0%

County programs/activities sometimes focused on more than one stand-alone 'indirect' activity. Therefore, a total is not included for the percent row because it would add to more than 100 percent. The most common stand-alone 'indirect' activity was outreach, education and training to individuals in a position to recognize the signs and symptoms of mental illness (n=74; 54.8%).

Outreach to provide training about how to recognize the early signs of potentially severe and disabling mental illnesses included the following professions in FY 2011-12:

- preschools and daycare providers
- elementary, middle and high schools
- law enforcement, judges, prosecutors, probation officers
- first responders
- social services, social welfare and child protective services

'Out of Study Scope'

Programs/activities are defined for the purpose of the evaluation as 'out of study scope' if the target population did not meet the study criteria for prevention, early intervention, or if the services did not meet the criteria for stand-alone 'indirect' programs/activities designed specifically to meet MHSA purposes defined in statute.

Review of county programs/activities determined that 'out of study scope' was provision of service solely based on being a member of an underserved racial/cultural group, unless the underserved cultural group was explicitly identified as an '*at risk*' group (see *Prevention* study criteria, defined previously). 'Out of study scope' programs/activities were few in number (n=4; 0.9%). 'Out of study scope' programs/activities are in operating compliance with DMH Guidelines because "Underserved Cultural Groups" were one of the priority PEI populations. Per guidelines published by DMH: [81]

> PEI projects address those who are unlikely to seek help from any traditional mental health service because of stigma….such as members of ethnically/racially diverse communities…
>
> Programs recognize the underlying role of poverty and other environmental and social factors that impact individuals' wellness…

Criteria for inclusion in the study were developed solely for the purpose of this evaluation.

Mixed

Among the 51 programs/activities defined for the purpose of the evaluation as 'mixed':

- The same activity or activities are offered to different target populations: a) individuals with early onset of mental illness, b) individuals defined for the purpose of this study as evidencing risk factors placing them at high risk for mental illness, and/or c) individuals out of the study's scope because they do not meet the criteria in a) or b). In 'mixed' programs/activities, counties were unable to break out the numbers served and expenditures by target population. This was the case in each of the 51 programs/activities classified as 'mixed' for the purpose of this study.
    - Most (n=47; 92.2%) of the programs/activities served individuals at risk of a mental illness and individuals with early onset of mental illness.
    - Four of the 51 'mixed' programs/activities served a target population 'out of the study scope' (7.8% of the 'mixed' programs/activities). These four programs/activities were implemented by four different counties. These four programs/activities were not classified with the 'out of study scope' programs/activities described previously because the expenditures and numbers served for the 'out of study scope' participants cannot be separated out from the prevention and/or early intervention participants reported by these three counties.
    - The inability to ***separate out expenditures and numbers*** served by target population is the criteria for placement in the 'mixed' category.

IV. Populations Served by PEI Programs/Activities

This chapter presents the numbers served by PEI programs/activities in FY 2011-12 by age, gender and racial-ethnic group. [82] Numbers served are presented by study category (prevention, early intervention, 'out of study scope', stand-alone 'indirect' and 'mixed'). A statewide summary of numbers served is provided at the end of the chapter.

A. Populations Served by Prevention Programs/Activities

Table IV.1 presents the age groups served by the 45 counties that provided prevention programs/activities in FY 2011-12.

Table IV.1. Number of Counties Providing Prevention Programs/Activities by Age Group
(N=45 Counties)
FY 2011-12

	Counties: CY		Counties: TAY		Counties: Adults		Counties: Older Adults	
	N	%	N	%	N	%	N	%
Prevention Programs/Activities	43	95.6%	31	68.9%	26	57.8%	15	33.3%

Table IV.2 shows the unduplicated number of individuals served by age group. Counties provided prevention programming to 134,797 individuals in FY 2011-12. Age group information was provided for 130,045 (96.5%) of the 134,797 individuals served by prevention programs/activities, and was missing for 4,752 individuals (3.5%).

Table IV.2. Age Groups Served by Prevention Programs/Activities: Number of Individuals by Age Group
FY 2011-12

Participants: Prevention Programs/Activities	Individuals Served	
	N	%
Children/Youth	84,405	64.9%
TAY	18,954	14.6%
Adults	24,734	19.0%
Older Adults	1,952	1.5%
TOTAL	**130,045**	**100.0%**

The majority age group served by prevention programs/activities was children/youth (n=84,405; 64.9%). [83] Adults represented the next-largest group (n=24,734; 19.0%), followed by TAY (n=18,954; 14.6%). Older adults represented only a small percentage of individuals that participated in prevention programs/activities in FY 2011-12 (n=1,952; 1.5%). In addition, counties reported serving 11,650 families. Among individuals served by prevention programs/activities, counties reported that 938 were GLBTQ and 444 were veterans. Although each of these groups represent less than one percent of those served by prevention programs/activities, not every county collects data about sexual orientation and/or veteran status.

Table IV.3 shows the unduplicated number of individuals that participated in prevention programs/activities during FY 2011-12 by gender. Because all 45 counties indicated provision of prevention programming to both males and females, a separate table displaying the number of counties serving each gender group is not provided. Information about gender was provided for 91.6 percent of the 134,797 individuals served (n=123,456). The 'other' category for gender was mainly used by counties to report participants for whom gender data was not collected

('unknown'). Not counting the 'other' category (because it was difficult to determine whether there were, indeed, any 'other' in the 'unknown' reported by counties in this category), gender data was missing for 11,341 FY 2011-12 participants in prevention programs/activities (8.4%).

Table IV.3. Prevention Programs/Activities: Number of Individuals by Gender
FY 2011-12

Participants: Prevention Programs/Activities	Individuals Served	
	N	%
Female	61,180	49.6%
Male	61,679	49.9%
Other/Unknown	597	0.5%
TOTAL	**123,456**	**100.0%**

Table IV.4 shows the number of counties that documented provision of prevention programs and activities to each race/ethnic group and Table IV.5 displays the unduplicated number of individuals served by race/ethnic group.

Table IV.4. Prevention Programs/Activities: Number of Counties by Racial/Ethnic Group
FY 2011-12

Participants: Prevention Programs/Activities	Counties (N=45)	
	N	%
Hispanic/Latino	41	91.1%
Asian	26	57.8%
Pacific Islander	15	33.3%
Black	32	71.1%
American Indian	24	53.3%
Caucasian	41	91.1%
Multirace	26	57.8%
Other	26	57.8%

Race/ethnic data was provided for 116,576 prevention program/activity participants (86.5% of the 134,797 individuals that received prevention programming in FY 2011-12). Among the 45 counties providing prevention programs/activities, the majority documented service provision to Hispanic/Latinos (41 counties; 91.1%) and Caucasians (41 counties; 91.1%). The 'other' race/ethnic category should be interpreted with caution because it largely served as documentation for 'unknown' race/ethnicity. Not counting the 'other' category (because it was difficult to determine what proportion of individuals in the 'other' category represented 'unknown'), race/ethnic data was missing for 18,221 FY 2011-12 participants in prevention programs/activities (13.5%).

Table IV.5. Prevention Programs/Activities: Number of Individuals by Racial/Ethnic Group
FY 2011-12

Participants: Prevention Programs/Activities	Individuals Served	
	N	%
Hispanic/Latino	34,078	29.2%
Asian	10,186	8.7%
Pacific Islander	815	0.7%
Black	17,747	15.2%
American Indian	3,444	3.0%
Caucasian	44,426	38.1%
Multirace	2,091	1.8%
Other	3,789	3.3%
TOTAL	**116,576**	**100.0%**

The data in Table IV.5 show that Caucasians represent the plurality of individuals participating in prevention programs/activities in FY 2011-12 (n=44,426; 38.1%), followed by Hispanic/Latinos (n=34,078; 29.2%) and African Americans (n=17,747; 15.2%). The remaining race/ethnic groups each represented less than nine percent of the total.

B. Populations Served by Early Intervention Programs/Activities

Tables IV.6 presents the age groups served by the 40 counties that provided early intervention programs/activities in FY 2011-12.

Table IV.6. Number of Counties Providing Early Intervention Programs/Activities by Age Group
(N=40 counties)
FY 11-12

	Counties: CY		Counties: TAY		Counties: Adults		Counties: Older Adults	
	N	%	N	%	N	%	N	%
Early Intervention Programs/Activities	26	65.0%	32	80.0%	30	75.0%	32	80.0%

Table IV.7 shows the unduplicated number of individuals served by age group. Age group information was provided for 225,493 (97.9%) of the 230,426 individuals served by early intervention programs/activities in FY 2011-12. Age group was missing for 4,933 (2.1%).

Table IV.7. Early Intervention Programs/Activities: Number of Individuals by Age Group
FY 2011-12

Participants: Early Intervention Programs/Activities	Individuals Served	
	N	%
Children/Youth	82,061	36.4%
TAY	40,664	18.0%
Adults	73,316	32.5%
Older Adults	29,452	13.1%
TOTAL	**225,493**	**100.0%**

Although more counties offered early intervention programming for adults and older adults when compared with children/youth (Table IV.6), the plurality age group served by early intervention programs/activities was children/youth (n=82,061; 36.4%). [84] This finding may suggest that early intervention programming for adults and older adults requires intensive programming resources to a highly-targeted group in order to interrupt the course of mental illness from progressing.

Counties reported serving 2,709 families. Among individuals served by early intervention programs/activities, counties reported that 2,111 were GLBTQ and 2,344 were veterans. Although each of these groups represent a little more than one percent of those served by early intervention programs/activities, not every county collects data about sexual orientation and/or veteran status.

Table IV.8 shows the unduplicated number of individuals served by gender. Because all 40 counties indicated provision of early intervention programming to both males and females, a separate table displaying the number of counties serving each gender group is not provided. Information about gender was provided for 79.6 percent of the 230,426 individuals served by early intervention programs/activities in FY 2011-12 (n=183,388). Gender data was missing for 47,038 (20.4%).

Table IV.8. Early Intervention Programs/Activities: Number of Individuals by Gender
FY 2011-12

Participants: Early Intervention Programs/Activities	Individuals Served	
	N	%
Female	110,419	60.2%
Male	72,564	39.6%
Other/Unknown	405	0.2%
TOTAL	**183,388**	**100.0%**

The majority gender group served by early intervention programs/activities was females (n=110,419; 60.2%). Table IV.9 documents the number of counties that reported providing early intervention programs/activities to each race/ethnic group.

Table IV.9. Early Intervention Programs/Activities: Number of Counties by Racial/Ethnic Group
FY 2011-12

Participants: Early Intervention Programs/Activities	Counties (N=40)	
	N	%
Hispanic/Latino	30	75.0%
Asian	24	60.0%
Pacific Islander	16	40.0%
Black	25	62.5%
American Indian	24	60.0%
Caucasian	32	80.0%
Multirace	21	52.5%
Other	24	40.0%

Among the 40 counties providing early intervention programs/activities, the majority documented provision of early intervention programming to Caucasians (32 counties; 80.0%), followed by Hispanic/Latinos (n=30 counties; 75.0%).

Table IV.10 shows the unduplicated number of individuals served by race/ethnic group. Information about race/ethnicity was provided for 86.1 percent of early intervention participants (n=198,444) of the 230,426 individuals served by early intervention programs/activities in FY 2011-12. Race/ethnic data was missing for 31,982 (13.9%). For counties reporting race/ethnicity, the 'other' category was largely used as a proxy for 'unknown.'

Table IV.10. Early Intervention Programs/Activities: Number of Individuals by Racial/Ethnic Group
FY 2011-12

Participants: Early Intervention Programs/Activities	Individuals Served	
	N	%
Hispanic/Latino	84,419	42.5%
Asian	8,670	4.4%
Pacific Islander	1,116	0.6%
Black	19,546	9.8%
American Indian	3,864	1.9%
Caucasian	63,218	31.9%
Multirace	1,519	0.8%
Other	16,092	8.1%
TOTAL	**198,444**	**100.0%**

The data in Table IV.10 show that Hispanic/Latinos represent the plurality of individuals participating in early intervention programs/activities in FY 2011-12 (n=84,419; 42.5%). Caucasians represent the next-largest group (n=63,218; 31.9%), followed by African Americans (n=19,546; 9.8%). The remaining race/ethnic groups each represent less than nine percent of the total.

C. Populations Served by 'Out of Study Scope' Programs/Activities

Of the three counties that provided programming to 'out of study scope' populations in FY 2011-12:

- One served children/youth and adults
- One served adults and older adults
- One served TAY, adults and older adults

Table IV.11 shows the unduplicated number of individuals served by age group. Age group information was provided for 588 (87.4%) of the 625 individuals served in FY 2011-12. Age group was missing for 37 participants (7.2%).

Table IV.11. 'Out of Study Scope' Programs/Activities: Number of Individuals by Age Group
FY 2011-12

Participants: 'Out of Study Scope' Programs/Activities	Individuals Served	
	N	%
Children/Youth	514	87.4%
TAY	4	0.7%
Adults	68	11.6%
Older Adults	2	0.3%
TOTAL	**588**	**100.0%**

Table IV.12 shows the unduplicated number of individuals served by gender. Because all three counties indicated provision of programming to both males and females, a separate table displaying the number of counties serving each gender group is not provided. Information about gender was provided for all of the 625 individuals served in FY 2011-12.

Table IV.12. Number of Individuals by Gender: 'Out of Study Scope'
FY 2011-12

Participants: 'Out of Study Scope' Programs/Activities	Individuals Served	
	N	%
Female	307	49.1%
Male	318	50.9%
Other/Unknown	--	0.0%
TOTAL	**625**	**100.0%**

All three counties documented providing services to Caucasians, Hispanics/Latinos, and 'other', so a separate table is not displayed. Table IV.13 shows the unduplicated number of individuals served by race/ethnic group. Information about race/ethnicity was provided for all participants (n=625; 100%).

Table IV.13. Number of Individuals by Racial/Ethnic Group: 'Out of Study Scope' FY 2011-12

Participants: 'Out of Study Scope' Programs/Activities	Individuals Served	
	N	%
Hispanic/Latino	223	35.7%
Asian	--	0.0%
Pacific Islander	--	0.0%
Black	--	0.0%
American Indian	--	0.0%
Caucasian	336	53.8%
Multirace	--	0.0%
Other	66	10.5%
TOTAL	**625**	**100.0%**

Although these programs/activities were classified as 'out of study scope' due to sole focus on 'Underserved Racial/Cultural Populations' in the absence of risk factors supported in the scientific, peer reviewed literature related to later onset of mental illness, the majority age group served was Caucasian (n=336; 53.8%). Hispanic/Latinos represented 35.7 percent of individuals served by 'out of study scope' programs/activities (n=223).

D. Populations Served by Stand-Alone 'Indirect' Programs/Activities

A note of caution is in order before reviewing the demographics presented in this section: because participant counts in stand-alone 'indirect' programs/activities are duplicated for many activities and the proportion of missing data is **75 percent or more** (depending upon the demographic category), demographic information should not be interpreted as representative of stand-alone 'indirect' program/activity participants in FY 2011-12. **The demographics represent only a small percentage of numbers served and there is no way to know if they represent the majority of program/activity participants.**

In addition, the numbers served by stand-alone 'indirect' represents a duplicated count for many activities, meaning that the same people are counted more than once. Because stand-alone 'indirect' programs/activities do not provide ongoing, direct services to individuals, obtaining participant numbers and demographics is challenging.

The Evaluation Advisory Group anticipated that tracking numbers served and demographics for stand-alone 'indirect' programs/activities would be challenging, and recommended alternate methods of data collection for stand-alone 'indirect' programs activities, to include:

- Number of trainings and average attendance
- Number of events and average attendance
- Average number of calls per month, total annual number of calls
- Total number of screenings
- Total number of referrals
- Check-off boxes for demographics

With these recommendations in mind, demographics are presented in this report for the sole purpose of facilitating discussion around data collection issues. The information should not be used to draw inferences about the populations served by stand-alone 'indirect' programs/activities due to the high percentage of missing data.

Instead, Evaluation Advisory Group recommendations in relationship to the nature of stand-alone 'indirect' activities should be considered. The most meaningful tables in this section are those that document the number of counties serving each demographic group, not counts of participants.

Tables IV.14 presents the age groups served by the 42 counties that provided stand-alone 'indirect' programs/activities in FY 2011-12. The number of counties in Table IV.14 includes counties that indicated via 'check mark' that they serve specific age groups (without providing data on numbers served).

Table IV.14. Number of Counties Providing Stand-Alone 'Indirect' Programs/Activities by Age Group
(N=42 counties)
FY 2011-12

	Counties: CY		Counties: TAY		Counties: Adults		Counties: Older Adults	
	N	%	N	%	N	%	N	%
Stand-Alone Indirect Programs/Activities	33	78.6%	34	81.0%	34	81.0%	31	73.8%

Table IV.15 shows the duplicated number of individuals served by age group. Age group data (numbers served) was provided for only 25.5 percent (n=291,709) of the reported total number served by stand-alone 'indirect' programs/activities in FY 2011-12 (n=1,143,129). Age group was missing for 851,420 (74.5%). 'Missing' doesn't include the 'unknown' reported by counties. 'Missing' refers to no age group data submitted by the county for stand-alone 'indirect' program/activity.

Given that the numbers served represent duplicate counts (the same individuals are counted more than once) and the percentage of missing data is close to 75 percent, the total number served and the demographic data breakouts must be interpreted with extreme caution.

Table IV.15. Stand-Alone 'Indirect' Programs/Activities: Number Served by Age Group
Numbers Served is a Duplicated Count-Interpret with Caution!
FY 2011-12

Participants: Stand-Alone 'Indirect' Programs/Activities	Number Served (*Duplicated Count-Participants are Counted More than Once*)	
	N	%
Children/Youth	128,352	44.0%
TAY	48,379	16.5%
Adults	90,364	31.0%
Older Adults	15,963	5.5%
Unknown (reported by county)	8,651	3.0%
TOTAL	**291,709**	**100.0%**

In addition to the age groups reported above, counties reported serving 39,391 families through stand-alone 'indirect' programs/activities.

Among the 42 counties providing stand-alone 'indirect' activities in FY 2011-12, 37 (88.1%) indicated that programs/activities were provided to males and females (mostly through the use of the 'check box' option on the Wave 2 data collection matrix, see Chapter II). Table IV.16 shows the duplicated number served by gender. Gender data was provided for only 16.3 percent (n=186,279) of the reported total number served by stand-alone 'indirect' programs/activities in FY 2011-12 (n=1,143,129). Gender was missing for 956,850 (87.3%).

Table IV.16. Stand-Alone 'Indirect' Programs/Activities: Number Served by Gender
Numbers Served is a Duplicated Count-Interpret with Caution!
FY 2011-12

Participants: Stand-Alone 'Indirect' Programs/Activities	Number Served (*Duplicated Count-Participants are Counted More than Once*)	
	N	%
Female	109,354	58.7%
Male	67,819	36.4%
Other/Unknown	9,106	4.9%
TOTAL	**186,279**	**100.0%**

As noted previously, 'other' served largely as a proxy variable for counties to report 'unknown' gender (for counties that reported gender data). The extremely high proportion of missing gender data (near 90 percent) calls for extreme caution when interpreting the results shown in Table IV.16.

Table IV.17 documents the number of counties that reported providing stand-alone 'indirect' programs/activities to each race/ethnic group. The number of counties in Table IV.16 includes counties that indicated via 'check mark' that they serve racial/ethnic groups (without providing data on numbers served).

Table IV.17. Stand-Alone 'Indirect' Programs/Activities: Number of Counties that Reported Serving each Racial/Ethnic Group
FY 2011-12

Participants: Stand-Alone 'Indirect' Programs/Activities	Counties (N=42)	
	N	%
Hispanic/Latino	36	85.7%
Asian	32	76.2%
Pacific Islander	22	52.4%
Black	33	78.6%
American Indian	29	69.0%
Caucasian	34	81.0%
Multirace	25	59.5%
Other	26	61.9%

Among the 42 counties providing stand-alone 'indirect' programs/activities, the majority documented provision of stand-alone 'indirect' programming to Hispanic/Latinos (36 counties; 85.7%) and Caucasians (34 counties; 81.0%).

Table IV.18 shows the duplicated number served by race/ethnic group. Information about race/ethnicity was provided for only 24.1 percent of 'indirect' participants (n=275,709) and was missing for 75.9 percent (n=867,420) of the reported 1,143,129 total number that participated in stand-alone 'indirect' programs/activities in FY 2011-12. For counties reporting race/ethnicity, the 'other' category was largely used as a proxy for 'unknown.'

Table IV.18. Stand-Alone 'Indirect' Programs/Activities: Number Served by Racial/Ethnic Group
Numbers Served is a Duplicated Count-Interpret with Caution!
FY 2011-12

Participants: Stand-Alone 'Indirect' Programs/Activities	Number Served (*Duplicated Count-Participants are Counted More than Once*)	
	N	%
Hispanic/Latino	118,312	42.9%
Asian	17,372	6.3%
Pacific Islander	1,142	0.4%
Black	26,406	9.6%
American Indian	4,722	1.7%
Caucasian	66,098	24.0%
Multirace	5,356	1.9%
Other	36,301	13.2%
TOTAL	**275,709**	**100.0%**

E. Populations Served by 'Mixed' Programs/Activities

The inability to separate populations served makes the 'mixed' programs/activities the equivalent of a 'black box' within PEI. Therefore, the tables presenting population data for 'mixed' programs/activities are of very limited utility.

Tables IV.19 presents the age groups served by the 27 counties with 'mixed' programs/activities in FY 2011-12.

Table IV.19. Number of Counties Providing 'Mixed' Programs/Activities by Age Group
(N=27 counties)
FY 2011-12

	Counties: CY		Counties: TAY		Counties: Adults		Counties: Older Adults	
	N	%	N	%	N	%	N	%
'Mixed' Programs/Activities	23	85.2%	16	59.3%	20	74.1%	16	59.3%

Table IV.20 shows the number served by age group. Because there is no ability to separate out by population served (and many counties could not verify that participant counts were unduplicated), these figures should be interpreted with extreme caution.

Table IV.20. Age Groups Served by 'Mixed' Programs/Activities:
Numbers Served is a Duplicated Count-Interpret with Caution!
FY 2011-12

Participants: 'Mixed' Programs/Activities	Number Served (*Duplicated Count-Participants are Counted More than Once*)	
	N	%
Children/Youth	26,634	41.2%
TAY	8,094	12.5%
Adults	26,047	40.3%
Older Adults	3,810	6.0%
TOTAL	**64,585**	**100.0%**

Age group information was provided for 64,585 (84.9%) of the 76,104 reported participants in 'mixed' programs/activities in FY 2011-12. Age group was missing for 11,519 (15.1%). Counties reported serving 6,104 families.

Among the 27 counties providing 'mixed' activities in FY 2011-12, 23 (85.2%) indicated that programs/activities were provided to males and females (including through the use of the 'check box' option on the Wave 2 data collection matrix, see Chapter II). Table IV.21 shows the number served by gender. Gender data was provided for only 67.9 percent (n=51,687) of the reported total number served by 'mixed' programs/activities in FY 2011-12 (n=76,104). Gender was missing for 24,417 (32.1%).

The high percentage of missing data means that the data in Table IV.21 should be considered in the context of how to improve data collection in order to disentangle populations and activities from the 'mixed' category. Because there is no ability to separate out by population served (and many counties could not verify that participant counts were unduplicated), these figures should be interpreted with extreme caution.

Table IV.21. Gender Served by 'Mixed' Programs/Activities:
Numbers Served is a Duplicated Count-Interpret with Caution!
FY 2011-12

Participants: 'Mixed' Programs/Activities	Number Served (*Duplicated Count-Participants are Counted More than Once*)	
	N	%
Female	29,748	57.6%
Male	21,862	42.3%
Other/Unknown	77	0.1%
TOTAL	**51,687**	**100.0%**

Table IV.22 documents the number of counties that reported providing 'mixed' programs/activities to each race/ethnic group.

Table IV.22. 'Mixed' Programs/Activities: Number of Counties that Reported Serving each Racial/Ethnic Group
FY 2011-12

Participants: 'Mixed' Programs/Activities	Counties (N=27)	
	N	%
Hispanic/Latino	22	81.5%
Asian	18	66.7%
Pacific Islander	9	33.3%
Black	19	70.4%
American Indian	18	66.7%
Caucasian	21	77.8%
Multirace	13	48.1%
Other	17	63.0%

Among the 27 counties providing 'mixed' programs/activities, the majority documented provision of 'mixed' programming to Hispanic/Latinos (22 counties; 81.5%) and Caucasians (21 counties; 77.8%).

Table IV.23 shows the number served by race/ethnic group. Information about race/ethnicity was provided for 78.4 percent of 'mixed' program/activity participants (n=59,698). For counties reporting race/ethnicity, the 'other' category was largely used as a proxy for 'unknown.' Race/ethnicity was missing for 16,406 (21.6%). Because there

is no ability to separate out by population served (and many counties could not verify that participant counts were unduplicated), these figures should be interpreted with extreme caution.

Table IV.23. 'Mixed' Programs/Activities: Number Served by Racial/Ethnic Group
Numbers Served is a Duplicated Count-Interpret with Caution!
FY 2011-12

Participants: 'Mixed' Programs/Activities	Number Served (*Duplicated Count-Participants are Counted More than Once*)	
	N	%
Hispanic/Latino	32,315	54.1%
Asian	2,122	3.6%
Pacific Islander	74	0.1%
Black	5,643	9.5%
American Indian	8,584	14.4%
Caucasian	7,858	13.2%
Multirace	1,543	2.5%
Other	1,559	2.6%
TOTAL	**59,698**	**100.0%**

F. Summary

Table IV.24 shows the number and percentage of participants in three (3) of the five (5) study categories (prevention, early intervention, and 'out of study scope'). The numbers served by prevention, early intervention and 'out of study scope' programs/activities are unduplicated counts. 'Unduplicated' means that a person is counted only once.

'Numbers served' are not presented for stand-alone 'indirect' and 'mixed' programs/activities because direct comparison cannot be made with the unduplicated counts reported for prevention, early intervention and 'out of study scope' programs/activities. For stand-alone 'indirect' programs/activities, many of the numbers represent a duplicated count, meaning that the same people are counted more than once (e.g., visitors to a website, repeat callers to a hotline). For 'mixed' programs/activities, populations served cannot be disentangled and therefore the numbers served are not meaningful.

The percentages displayed in Table IV.24 are the percentages within the categories for which there are unduplicated counts of participants.

Table IV.24. PEI Programs/Activities:
Number of Participants
FY 2011-12

	Number of PEI Participants	
	N	%
Prevention	134,797	36.8%
Early Intervention	230,426	63.0%
Out of Study Scope	625	0.2%
TOTAL	**365,848**	**100.0%**

Prevention, early intervention and 'out of study scope' programs/activities were provided to 365,848 people in FY 2011-12.

Prevention

Among the 134,797 unduplicated individuals at risk of a mental illness that participated in prevention programs /activities in FY 2011-12:

- Age group data was provided for 130,045 participants. Of these 130,045 participants, the majority age group served by prevention programs/activities was children/youth (n=84,405; 64.9%). [85] Adults were 19.0 percent of prevention program/activity participants (n=24,734), followed by transition-age youth (n=18,954; 14.6%) and older adults (n=1,952; 1.5%).
- Data on gender was provided for only 123,456 of the 134,797 individuals served by prevention programs/activities. Of these 123,456, the percentage of males and females served was approximately the same (males = 61,679; 49.9% and females = 61,180; 49.6%, respectively, with other = 597; 0.5%).
- Race/ethnic data was provided for only 86.5 percent of participants (n=116,576 of the 134,797 individuals served by prevention programs/activities). Of the 116,576 participants, the plurality ethnic group served was Caucasian (n=44,426; 38.1%), followed by Hispanic/Latino (n=34,078; 29.2%) and African Americans (n=17,747; 15.2%). The remaining racial/ethnic groups each represented nine percent or less of those served by prevention programs/activities.

Early Intervention

Early intervention programs/activities were provided to 230,426 unduplicated individuals in FY 2011-12:

- Data on age group was provided for 97.9 percent of the 230,426 participants in early intervention programs/activities (n=225,493). Of those 225,493, the plurality age group served by early intervention programs/activities was children/youth (n=82,061; 36.4%), [86] followed by adults (n=73,316; 32.5%). Transition-age youth represented 18 percent of early intervention participants (n=40,664) and older adults 13.1 percent (n=29,452).
- Data on gender was provided for 79.6 percent of the 230,426 participants in early intervention programs/activities (n=183,388). Of those 183,388, the majority gender group served by early intervention programs/activities was females (n=110,419; 60.2%). Males represented 39.6 percent of individuals served by early intervention programs/activities in FY 2011-12 (n=72,564). 'Other' represented 0.2 percent (n=405).
- Data on race/ethnicity was provided for 86.1 percent of individuals participating in early intervention programs/activities in FY 2011-12 (n=198,444). Of those 198,444, Hispanic/Latinos represent the plurality of individuals participating in early intervention programs/activities in FY 2011-12 (n=84,419; 42.5%), followed by Caucasians (n=63,218; 31.9%) and African Americans (n=19,546; 9.8%). The remaining racial/ethnic groups each represented less than nine percent.

Out of Study Scope

'Out of study scope' programs/activities were provided to 625 individuals in FY 2011-12:

- Age group data was provided for 588 of the 625 individuals participating in 'out of scope' programs/activities (87.4%). Of those 588, the majority age group served by 'out of study scope' programs/activities was children/youth (n=514; 87.4%).

- Gender was nearly evenly split between males and females (n=318; 50.9% and n=307; 49.1%). Gender data was provided for all 625 individuals.
- Although these programs/activities were classified as 'out of study scope' due to sole focus on Underserved Racial/Cultural Populations in the absence of risk factors supported in the scientific, peer reviewed literature related to later onset of mental illness, the majority age group served was Caucasian (n=336; 53.8%). Hispanic/Latinos represented 35.7 percent of individuals served by 'out of study scope' programs/activities (n=223). 'Other' represented 10.6 percent (n=66). Race/ethnic data was provided for all 625 individuals.

Stand-Alone 'Indirect'

Because participant counts in many stand-alone 'indirect' programs/activities are duplicated and the proportion of missing data is 75 percent or more (depending upon the demographic category), information summarized below represents county reports of groups served rather than demographic breakouts:

- The majority of counties reported providing stand-alone 'indirect' programs/activities to all age groups, ranging from 31 counties reporting indirect programs/activities for older adults (73.8%) to 34 counting reporting indirect programs/activities for TAY and/or adults (81.0%). Indirect programs/activities for children/youth were reported by 33 counties (78.6%).
- Among the 42 counties providing stand-alone 'indirect' programs/activities, 37 (88.1%) reported services for males and females.
- Among the counties providing stand-alone 'indirect' programs/activities, the majority documented provision of indirect programming to Hispanics/Latinos (36 counties; 85.7%) and Caucasians (34 counties; 81.0%).

Mixed

Because populations cannot be disentangled, demographic information is difficult to interpret and is therefore not summarized here.

V. PEI Program/Activity Expenditures

This chapter describes PEI expenditures overall and by study category in FY 2011-12. In addition, there is a discussion about PEI's expected return on investment (ROI) for FY 2011-12. Although not a requirement of the MHSA, the expected return on investment is described for a subset of select evidence-based practices implemented under PEI, for whom national cost-benefit data are available from the Washington State Institute for Public Policy.

A. Prevention and Early Intervention Expenditures

Among the 59 counties/municipalities, 58 (98.3%) submitted FY 2011-12 PEI expenditure data for this study. [87] Among the 58 counties that submitted FY 2011-12 PEI expenditure data, 38 (65.5%) indicated that the data submitted was based upon actual expenditures rather than estimated expenditures. A common reason noted for reporting estimated expenditures was that the FY 2011-12 Revenue and Expenditure Report was either in process or had not yet been approved at the county level or submitted to MHSOAC. [88] Table V.1 displays PEI expenditures by study category.

Table V.1. PEI Amount Expended: Overall and by Category
FY 2011-12

	Expenditures (N=58 counties)	
	N	%
Prevention	$ 40,197,494.06	12.6%
Early Intervention	$172,943,344.79	54.4%
Out of Study Scope	$ 133,614.95	<0.1%
Indirect	$ 82,134,885.35	25.8%
Mixed	$ 22,531,367.04	7.1%
TOTAL	**$317,940,706.19**	**100.0%**

Of the $317,940,706.19 that counties documented expending, early intervention represented the majority (54.4%). Stand-alone 'indirect' program/activities represented 25.8 percent of expenditures, followed by prevention programs/activities (12.6%) and 'mixed' (7.1%). Programs/activities classified as 'out of study scope' represented less than one percent.

B. Expected Net Per-Participant Monetary Benefit from Evidence-Based Practices

Per California's Welfare and Institutions Code: [89]

> c) The program shall include mental health services **similar** to those provided under other programs **effective** in preventing mental illnesses from becoming severe, and shall also include components **similar** to programs **that have been successful** in reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives. [**emphasis added**]

Clearly, the MHSA requires the use of effective programs/activities; the expectation is that MHSA funds (including PEI) will be expended on activities and programs that have shown to be successful. However:

- MHSA does not mandate any specific standards to demonstrate success or effectiveness under PEI. [90]
- Although there is much discussion in the field on the value of evidence-based practices (EBPs), there are many different definitions of EBPs and a range of evidence can be used to document that a program has been "**effective and successful**."
- Flexibility in the standard required for evidence for "successful and effective" PEI activities and programs is particularly important because there are no EBPs, by any of the definitions used in the field, for many prevention and early intervention priority areas.
- Many EBPs have not adequately been demonstrated as effective for communities of color.
- Many client-focused, family-focused and recovery-oriented practices have not yet been adequately evaluated.
- Consistency with cultural and client preferences represent critical criteria for determining whether a practice is 'evidence-based' when considering implementation in communities of color and by people with lived experience of a mental illness.

With these caveats in mind, the Washington State Institute for Public Policy (WSIPP) has compiled a list of EBPs using narrowly-defined criteria, and has conducted independent research on these EBPs to determine whether there is a return on investment. 'Return on investment' is defined as the total monetary benefit, per person over a 12 month period after typical program/activity expenses are deducted. [91]

Although this was not the focus of UCLA's PEI activities and expenditures study, information about counties that have implemented EBPs on the WSIPP list and the number of participants in WSIPP-listed EBPs in California's MHSA-funded PEI programs was readily available and it seemed a wise use of resources to examine the potential expected net per-participant monetary benefit from the WSIPP-listed EBPs through reliance upon WSIPP's national database. In order to avoid confusion when discussing cost-benefit findings, the PEI EBPs that are documented in the WSIPP national database will be referred to as '*WSIPP-documented EBPs*.' [92]

It is important to note before reviewing the results in Table V.2 that WSIPP maintains *very strict inclusion criteria* for studies documented in its national database. In order to be included in the WSIPP definition of EBP, evidence-based practices must have undergone rigorous national research. 'Rigorous' includes use of a control group. If a control group was not included in the study design, the comparison group must meet scientific standards in terms of being comparable to the intervention group. Sample sizes for both the intervention and control/comparison groups must be large enough to draw inferences and effect sizes **must** be reported in the peer reviewed journal article. These criteria were necessary in order for WSIPP to conduct ***independent analyses***, allowing WSIPP to calculate: [93]

- Annual per-person cost to deliver the program; and
- Annual cost-benefit, after the cost of delivering the program is accounted for.

If any one of the necessary criteria were missing, WSIPP could not conduct independent analyses. Because the criteria are very strict, there are ***many*** nationally-recognized evidence-based practices that are not included in WSIPP's database. Common reasons for lack of inclusion are that the practice is too new (not enough studies have been completed) and/or effect size is not included. One example of a PEI EBP that is not included in WSIPP is *IMPACT: Evidence-Based Depression Care*. IMPACT is provided as an example to be kept in mind when reviewing the findings in Table V.2: the EBPs shown ***do not represent all of the EBPs implemented under PEI***, only those using a particular definition that, in addition, are documented in the WSIPP national database. In addition, the

sophisticated, independent analytic work conducted by WSIPP in estimating cost-benefits for EBPs sets the WSIPP registry apart from other national EBP databases.

The total expected net monetary per-person benefit reported for the EBPs that met WSIPP criteria is likely an **under-estimate of the overall money-saving potential of PEI programs overall.** Findings with regard to WSIPP-documented EBPs does not address the possible net monetary per-person benefit for PEI participants in programs/activities that counties selected using other standards for evidence-based practices, promising practices or community-defined evidence.

A county's program and participants are only included in Table V.2 if the program/activity was implemented with the **same target population** reported in the WSIPP study because UCLA cannot assume similar benefits for age groups and target populations other than those included in WSIPP's analyses. [94] Only prevention and early intervention participants were included in the calculations for Table V.2:

- Because populations/activities cannot be disentangled in 'mixed' programs/activities, 'mixed' programs/activities were not included.
- 'Out of study scope' programs and activities are not included because no WSIPP-documented EBPs were implemented.

Because stand-alone 'indirect' programs/activities do not provide ongoing, direct service to individuals, no WSIPP-documented EBPs (as EBPs are defined for the purpose of this study, see previous) were provided.

Table V.2. Expected Net per Participant Monetary Benefit from PEI WSIPP-documented Evidence-Based Practices: FY 2011-12

	Expected Net Per Participant	Number of Individuals	Total (12 month period)
Evidence-Based Program/Practice documented in WSIPP	**Monetary Benefit**	**Total Number**	**Monetary Benefit**
Aggression Replacement Training	$14,846	102	$1,514,292
Brief Strategic Family Therapy	$2,601	625	$1,625,625
Cognitive-Behavioral Therapy-Based Models for Child Trauma	$9,246	9,103	$84,166,338
Cognitive-Behavioral Therapy for Adolescent Depression	$2,957	23	$68,011
Cognitive Behavioral Therapy – Adult Depression	$15,405	4,459	$68,690,895
Families and Schools Together	$851	197	$167,647
Functional Family Therapy – Youth	$26,216	1,421	$37,252,936
Incredible Years Parent Training	$408	142	$57,936
Incredible Years Parent and Child Training	$295	721	$212,695
Mentoring	$3,534	34	$120,156
Promoting Alternative Thinking Strategies (PATHS)	($134)	686	($91,924)
SafeCare	$1,399	402	$562,398
Strengthening Families	$5,805	67	$388,935
Triple P Positive Parenting Program (group)	$1,737	6,641	$11,535,417
Triple P Positive Parenting Program (individual)	$1,788	143	$255,684
TOTAL		**24,766**	**$206,527,041**

**WSIPP did not include cents in their monetary benefit calculations so they are excluded from this table*

A conservative estimate of the monetary benefit of WSIPP-validated prevention and early intervention programs and activities yields **$206.5 million** after program/activity costs are accounted for.

C. Summary

Among the 58 counties that submitted expenditure data, 38 (65.5%) indicated that the data submitted was based upon actual expenditures rather than estimated expenditures. Of the $317,940,706.19 that counties documented expending, Early intervention represented the majority (54.5%). Stand-alone 'indirect' program/activities represented 25.8 percent of expenditures, followed by prevention programs/activities (12.6%) and 'mixed' (7.1%). Programs/activities classified as 'out of study scope' represented less than one percent.

VI. Discussion

This chapter concludes with study implications and associated recommendations for PEI.

A. Defining Populations at Risk of a Mental Illness for Prevention Programs

Defining prevention services as intended for those at risk of a serious mental illness can be interpreted many different ways. For the purpose of this study, UCLA applied a definition grounded in the scientific, peer-reviewed literature. The study's definition led to underserved racial/cultural populations (in the absence of other risk factors) assigned to 'out of study scope' due to no documented link to later onset of mental illness. Based upon this finding, the following is recommended:

Recommendation #1: MHSOAC consider providing standard definitions for 'at risk of a mental illness,' in order for MHSOAC to ensure that appropriate populations are being served. For example, underserved cultural populations are included only when there are additional literature-documented risk factors. Guidance can be provided about the basis for the 'underserved' part of the definition, for purposes of tracking, reporting and evaluation. The PEI report findings suggest that MHSOAC may wish to examine the basis upon which 'Underserved Racial/Cultural Group' is determined, tracked over time and documented in the PEI section of the Annual Update and Three-Year Plan.

B. Data Limitations Reported by Counties with 'Mixed' Priority Populations

For the purpose of this study, nearly half of the counties (n=27; 45.8%) were unable to document the numbers served and expenditures by target population within a program/activity. Because of the inability to disentangle numbers served and/or expenditures by target population, these programs/activities were classified into a 'mixed' category.

Although nearly half of the counties reported an inability to separate numbers served and/or expenditures for priority populations for at least one program/activity, the actual number of programs/activities that fell into the 'mixed' category was relatively small (n=51; 10.9%) in comparison to the overall total number of programs/activities implemented in FY 2011-12 (n=467). Reasons for data limitations reported by the 27 counties with one or more programs/activities classified as 'mixed' included:

- Program/contractor was only required to report the total number of persons served under their contract and not track persons served by priority population:
    - For example, if a school district entered into a contract with the county to deliver a Student Assistance Program, the district may have only been required to report the *total number* of students referred and/or assessed, but not assessment results (how many were in need of prevention versus early intervention), nor the number referred on to counseling, family therapy, etc.
- County mental health data systems are set up to track individuals that have been diagnosed with a mental illness (for billing purposes). Therefore, only individuals receiving early intervention services could be tracked using traditional county data systems.
    - Unless the county already developed an add-on management information system (MIS) or separate MIS to specifically track PEI participants and priority population status (at risk of mental

illness or with early onset), participant records may be located at the program/activity site and in a format not compatible with an electronic database (e.g., paper and pencil notes in a case file).

Given the new draft PEI regulations and the existing requirement for outcomes-based planning, clear identification and reporting about the population for whom outcomes are intended will be critical. With this in mind, the following recommendations are suggested:

Recommendation #2: MHSOAC consider clearly defining 'program' and 'activity.' The PEI report findings suggest that MHSOAC may wish to examine the basis upon which 'program' is determined, tracked over time and documented. Reporting at the 'activity' level may be more meaningful, particularly when a 'program' includes many activities.

Recommendation #3: MHSOAC consider piloting a statewide PEI process and outcome monitoring system. Through an RFP process, the MHSOAC can support a collaborative process in partnership with the counties, whereby a PEI process and outcome monitoring system is piloted. Considerations for the 'process' part of the system include (these are examples, a consultative process with counties should be the basis for developing an RFP):

- Priority population (at risk of a mental illness and the basis of risk status; with early onset of a mental illness and the specific serious mental illness)
- Type of program/activity
- Program/activity name
- Entry and exit dates
- Service receipt (i.e., date of service, amount of service, type of service using standard codes to be developed in consultation with counties)

Considerations for the 'outcome' part of the system include:

- Seven negative outcomes defined in statute
- Other outcomes defined through a logic model or similar logical process

Other considerations include methods for documenting provision of stand-alone 'indirect' programs/activities. The results of the pilot study can be used to determine if the PEI pilot system can be adopted statewide.

Should the MHSOAC design a statewide PEI performance monitoring system in the future, county input related to challenges will be useful in terms of identifying, in advance, potential pitfalls and areas where technical assistance and training will be needed. In addition, examination of data collection systems developed by counties successfully tracking and evaluating PEI efforts will enhance and inform any statewide effort. [95]

This recommendation is offered in lieu of revising Annual Update reporting because the Annual Update already asks for a breakout of prevention and early intervention numbers served by program. The information returned varies widely, depending upon the county. A qualitative reporting format does not easily lend itself to systematic tracking of numbers served, particularly when those numbers served must be broken down by activity. [96]

This recommendation is also offered in lieu of revising Revenue and Expenditure (RER) report instructions (i.e., to document expenditures at the activity level). RER revision is unnecessary if PEI participants are tracked systematically in an MIS that includes the following information:

- Priority population status (at risk of mental illness or early onset)
- Age group
- Program/activity entry and exit dates
- Gender
- Race/ethnicity

With this information, annualized expenditure per PEI participant can be calculated using methodology applied by UCLA to arrive at the annualized expenditure per Full Service Partnership participant. [97]

C. 'Evidence-Based Practices' Implemented under PEI

Given the exciting findings from the WSIPP-documented EBPs implemented in FY 2011-12 under PEI, the following recommendations are offered:

Recommendation #4: MHSOAC consider supporting a study of evidence-based, promising and community-defined practices that involves using research evidence standards more common to EBPs (i.e., standards currently defined in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices - NREPP). [98] NREPP uses very specific standardized criteria to rate interventions and the evidence supporting their outcomes. These six standardized criteria can be built into PEI evaluation RFP design: [99]

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For feasibility considerations, UCLA recommends focusing on a particular subset of:

- early intervention practices
- prevention practices

For example, peer-to-peer education and peer support could be the focus of a cross-county evaluation in order to determine potential effectiveness as stand-alone practices, or as a mediator (in combination with other practices). The potential result of MHSOAC-supported evaluation (depending upon the findings) could be nomination of one or more PEI models of peer-to-peer education and peer support to NREPP as EBPs.

The practices to be evaluated should be those in which counties have expressed enthusiasm and willingness to participate. Narrowing the focus to a limited number of practices avoids the potential pitfall of spreading evaluation resources too thin. Success in documenting the outcomes of one subset of practices in each priority area may generate excitement and enhance future opportunities for evaluation collaboration.

UCLA is not recommending a study of cost-effectiveness at this time because foundational evaluation research must first be completed before the next step of examining costs and benefits.

Recommendation #5: MHSOAC consider supporting a study of current practices, for which there is only research evidence, be tested for consistency with client and cultural preferences. For example, participants in any of the WSIPP-documented EBPs could be surveyed in order to determine if the EBP focuses on empowerment, recovery and resiliency (client-focus), and if the EBP's values and teachings are consistent with the values and teachings of their culture (this is an over-simplification of complex concepts for example purposes; any RFP must, by necessity, lay out the nuance of client-focused practices and cultural competence).

UCLA recommends that such a study be designed as a participatory evaluation in order to ensure the participation of people with lived experience in the design, data collection, interpretation and presentation of results.

Recommendation #6: (Longer-term) Should MHSOAC invest in a statewide PEI performance monitoring system, it will then be possible to dedicate (future) resources to the evaluation of outcomes and examination of cost-offsets and cost-benefits of *promising* PEI practices, in order to add to the knowledge base about "what works" in Prevention and Early Intervention. Given UCLA's experience with the FSP Data Collection and Reporting System (DCR) and the amount of time needed for counties to adopt the DCR, analysis of any PEI performance monitoring system data (in combination with RER data) should occur only after a minimum of five years has passed, making use of the most recent two fiscal years. This time period is recommended in order to allow sufficient time for counties to adapt to the PEI performance monitoring system, provide training and technical assistance on its use, and ensure timely input of accurate data.

End Notes

[1] Mental Health Services Act (2011, amended after AB 100). Retrieved on September 26, 2013 from: http://www.dmh.ca.gov/prop_63/mhsa/docs/MHSAafterAB100.pdf

[2] Per the Mental Health Services Act, Section 4. Part 3.6 (commencing with Section 5840) is hereby added to Division 5 of the Welfare and Institutions Code, to read: Part 3.6 Prevention and Early Intervention Programs.

[3] As defined in Section 5600.3.

[4] Ibid.

[5] (f) In consultation with mental health stakeholders, and consistent with guidelines from the Mental Health Services Oversight and Accountability Commission, pursuant to Section 5846, the Department shall revise the program elements in Section 5840 applicable to all county mental health programs in future years to reflect what is learned about the most effective prevention and early intervention programs for children, adults, and seniors.

[6] Ibid.

[7] California Welfare and Institutions Code (WIC), Division 5. Community Mental Health Services, Part 2. The Bronzan-McCordquodale Act (5600 – 5623.5).

5600.3. To the extent resources are available, the primary goal of the use of funds deposited in the mental health account of the local health and welfare trust fund should be to serve the target populations identified in the following categories, which shall not be construed as establishing an order of priority…

[8] Ibid.

[9] Limiting the literature review to potential risk factors documented and reported by counties was necessary because an exhaustive literature search and review for all antecedents of mental illness was beyond the scope of this evaluation, and not necessary in order to answer the study question of whether county programs/activities were recruiting populations at risk for later onset of mental illness.

[10] The FY 2013-14 Annual Update documents MHSA implementation during FY 2011-12. FY 2011-12 is the year of focus for the PEI evaluation study.

[11] The study differentiates between broad suicide prevention efforts that don't target specific individuals, as opposed to an early intervention program that could intervene to prevent suicide among individuals with early onset of a mental illness or prevention programs that serve specific individuals at risk for later onset of mental illness because they are exhibiting self-harm behaviors and experiencing suicidal ideation.

[12] California Department of Mental Health (2010, January). *Mental Health Services Act Expenditure Report, Fiscal Year 2010 – 2011*. Sacramento, CA.

[13] Not the DMH PEI guidelines.

[14] California Department of Mental Health (2007, September). *Proposed guidelines: Prevention and Early Intervention component of the three-year program and expenditure plan*. DMH Notice 07-19. Sacramento, CA. Retrieved on September 26, 2013 from: http://www.dmh.ca.gov/dmhdocs/docs/notices07/07_19_Enclosure1.pdf

[15] Unfortunately, the timing of Executive Summary final approval for release to the CAB for review occurred during the holidays (between December 20th and New Year's). The timing resulted in feedback returned from only half of the CAB members. The CAB members listed in Appendix A are those that were able to review and provide feedback on the Executive Summary. An additional three CAB members were not available because of the holidays.

[16] Ibid.

[17] California Department of Mental Health (2010, October). *Proposed guidelines for the Mental Health Services (MHSA) fiscal year 2011/12 annual update to the three-year program and expenditure plan*. DMH Notice 10-21. Sacramento, CA. Retrieved on September 26, 2013 from: http://www.dmh.ca.gov/dmhdocs/docs/notices10/10-21.pdf

[18] California Department of Mental Health (2010, November). *Implementation of the annual Mental Health Services (MHSA) revenue and expenditure report for fiscal year 2009/10*. DMH Notice 10-26. Sacramento, CA. Retrieved on September 26, 2013 from: http://www.dmh.ca.gov/dmhdocs/docs/notices10/10-26.pdf

and

California Department of Mental Health (2011, December). *Amendment of the annual Mental Health Services Act (MHSA) revenue and expenditure report for fiscal years 2008-09 and 2009-10*. DMH Notice 11-16. Sacramento, CA. Retrieved on September 26, 2013 from: http://www.dmh.ca.gov/dmhdocs/docs/notices11/11-16.pdf

[19] Guidance was released for the FY 2011-12 RER by the Department of Health Care Services on August 23, 2013. PEI wave 2 data collection was scheduled to conclude on August 31, 2013.

MHSD Information Notice 13-17. Mental Health Services Act (MHSA) Revenue and Expenditure Report for FY 2011-12.

[20] http://www.mhsoac.ca.gov/docs/FY2013-14MHSAAnnualUpdateInstructionsFINAL.pdf

Guidance was released for the FY 2013-14 Annual Update by MHSOAC in November of 2012. Counties posted their FY 2013-14 Annual Updates publically between April and December 2013, although some counties have not yet publically posted theirs.

[21] Per the Mental Health Services Act, Section 4. Part 3.6 (commencing with Section 5840) is hereby added to Division 5 of the Welfare and Institutions Code, to read: Part 3.6 Prevention and Early Intervention Programs.
[22] Ibid.
[23] Ibid.
[24] As defined in Section 5600.3.
[25] Ibid.
[26] Additional documentary sources of information to supplement missing data also because available during/after Wave 2 data collection: the FY 2012-13 and/or 2013-14 Annual Update was released for many counties. The FY 2013-14 Annual Update documented MHSA implementation (including PEI) during FY 2011-12, the year of focus for the PEI evaluation study.
[27] The study differentiates between broad suicide prevention efforts that don't target specific individuals, as opposed to an early intervention program that could intervene to prevent suicide among individuals with early onset of a mental illness or prevention programs that serve specific individuals at risk for later onset of mental illness because they are exhibiting self-harm behaviors and experiencing suicidal ideation.
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[29] Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. *Lancet, 365*, 9-15.

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[68] Per the Mental Health Services Act, Section 4. Part 3.6 (commencing with Section 5840) is hereby added to Division 5 of the Welfare and Institutions Code, to read: Part 3.6 Prevention and Early Intervention Programs.

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[76] Results from the statewide study are forthcoming. Contact CalMHSA for further details: http://calmhsa.org/contact-us/ The strategic plan for the statewide evaluation is available at: http://calmhsa.org/wp-content/uploads/2011/11/Statewide-PEI-Evaluation-Strategic-Plan-FINAL-rev2-11-09-12.pdf

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[78] California Department of Mental Health (2008). *DMH Information Notice No. 08-25*. Assignment of Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds for PEI Statewide projects. Retrieved on September 15, 2013 from: http://www.dmh.ca.gov/dmhdocs/docs/notices08/08-25.pdf

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[80] Results from the statewide study are forthcoming. Contact CalMHSA for further details: http://calmhsa.org/contact-us/ The strategic plan for the statewide evaluation is available at: http://calmhsa.org/wp-content/uploads/2011/11/Statewide-PEI-Evaluation-Strategic-Plan-FINAL-rev2-11-09-12.pdf

[81] Ibid. Quoted pp. 5, 9.

[82] The three counties that did not submit data on PEI numbers served in FY 11-12 were small counties: Plumas, Mendocino and Siskiyou. Plumas County experienced turnover in its MHSA Director during the data request time period. As the time frame for closing out data collection drew near, a new director was hired, who responded immediately to the data request and provided expenditure data but was unable to provide data about numbers served from her predecessor. Plumas County is revamping their PEI program and data collection system related to PEI and expects to be fully responsive to MHSOAC requests in the future.

Mendocino County also experienced turnover in its MHSA Coordinator position, which inhibited their ability to submit data on the numbers of individuals served by PEI efforts in FY 11-12.

Siskiyou contracted out PEI services in FY 2011-12 and the contractor did not provide the requested information about numbers served. No data re: numbers served were reported in the FY 2013-14 Annual Update.

[83] California Department of Mental Health (2010). *DMH Information Notice No. 10-04.* Clarification and modifications to Enclosures for the Proposed Guidelines for the Mental Health Services Act (MHSA) Fiscal Year 2010/11 Annual Update to the Three-Year Program and Expenditures Plan. Quoted p. 4. Sacramento, CA. Retrieved on September 15, 2013 from: http://www.dmh.ca.gov/dmhdocs/docs/notices10/10-04.pdf

> Consistent with the PEI Guidelines, the County must include in its annual update programs that address all age groups, and a minimum of 51 percent of the County's total PEI funds must be used to serve individuals who are under 25 years of age. Small counties are exempt from these requirements.

Small counties: As defined in Title 9 of the California Code of Regulations section 3200.260.

California Code of Regulations (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2, Definitions. 3200.260. Small County. "Small County" means a county in California with a total population of less than 200,000, according to the most recent population by the California State Department of Finance.

[84] Ibid.

[85] Ibid.

[86] Ibid.

[87] Tehama did not submit PEI expenditure data for FY 11-12.

[88] Guidance was released for the FY 2011-12 RER by the Department of Health Care Services on August 23, 2013. PEI wave 2 data collection was scheduled to conclude on August 31, 2013.

MHSD Information Notice 13-17. Mental Health Services Act (MHSA) Revenue and Expenditure Report for FY 2011-12.

[89] (f) In consultation with mental health stakeholders, and consistent with guidelines from the Mental Health Services Oversight and Accountability Commission, pursuant to Section 5846, the Department shall revise the program elements in Section 5840 applicable to all county mental health programs in future years to reflect what is learned about the most effective prevention and early intervention programs for children, adults, and seniors.

[90] The MHSA mandates use of practices that have been shown to be effective and successful. It does not mandate a specific way to demonstrate the programs are effective and successful. DMH PEI Guidelines provide a range of acceptable evidence that counties could use to document the basis for their choice of PEI programs. There are MANY different definitions for EBPs. Some are so broad that they probably would be a common-sense (to many but not all) way of demonstrating that a program was effective and successful. Other definitions of EBPs are so narrow that many (but not all) would argue they could rarely (if ever) be applied usefully to a public health prevention and early intervention program. Many communities of color argue that not only are EBPs not available for effective practices for their communities but the ways that EBPs are demonstrated (scientific, peer-reviewed academic journals, random assignment, fidelity of replication, western definitions of mental health and mental illness) are incompatible with their cultural values.

[91] The expended amount is not included because programmatic costs were factored into the WSIPP analyses and subtracted from the monetary benefit.

[92] Expected net per participant monetary benefit was drawn from two WSIPP briefs:

Washington State Institute for Public Policy, (2012, April). *Return on investment: Evidence-based options to improve statewide outcomes* (Document No. 12-04-1201). Olympia, WA: Author.

Washington State Institute for Public Policy, (2004, September). *Benefits and costs of prevention and early intervention programs for youth (Document No. 04-07-3901).* Olympia, WA: Author.

[93] Washington State Institute for Public Policy, (2013). *Benefit-Cost Technical Manual: Methods and User Guide.* (Document No. 13-10-1201b). Olympia, WA: Author. Retrieved on January 3, 2014 from: http://www.wsipp.wa.gov/TechnicalManual/WsippBenefitCostTechnicalManual.pdf

[94] For example, Amador and Los Angeles counties also offered Aggression Replacement Training (ART) but their numbers served are not included in the ROI calculation because the WSIPP study only focused on youth involved in the juvenile justice system and this was not the target population for either the Amador or the Los Angeles county ART.

[95] Counties noted that electronic records systems scheduled to come online in 2013-14 and 2014-15 should help ameliorate the data tracking and reporting problem. However, electronic records systems (for most counties) were simply not in place in FY 2011-12. Counties noted that they await guidance from MHSOAC in terms of what data tracking and reporting requirements will be expected so that they can program electronic records systems accordingly. Indeed, many inquired about the need to break down numbers served and demographics to the activity level.

[96] A solution suggested by counties is for MHSOAC to clearly communicate PEI reporting expectations related to breakouts of activities (for example, will the study definition of prevention and early intervention be the standard instead of the DMH guidelines they originally relied upon?). Reporting expectations for numbers of persons served and demographics required for the Annual Update have focused on the broader 'Program' and have not, to date, required breakouts at the activity level (or defined 'activity' as distinct from 'Program' in any operational manner that counties can apply consistently). Should breakouts of activities be the expectation for future reporting, this should be clearly communicated and a standard required reporting template included in future annual updates that can be included in county agreements with contractors. Definitions of 'program' and 'activity' should be operationalized and the definitions should be clearly communicated to counties, who in turn can include this language in contractual requirements.

[97] For a description of UCLA's methodology applied to Full Service Partnership participants, see: http://mhsoac.ca.gov/Meetings/docs/Meetings/2012/Nov/OAC_111512_Tab4_MHSA_CostOffset_Report_FSP.pdf

[98] http://nrepp.samhsa.gov/

[99] http://www.nrepp.samhsa.gov/ReviewQOR.aspx#ROM

Appendix A

Consumer and Evaluation Advisory Board Members and Affiliations

Consumer Advisory Group Members

1. (*anonymous, per request*): Transition-Age Youth, PEI program participant, Humboldt County
2. Boylan, Art: Parent (child/youth), Los Angeles
3. Wilder, Ike: Community Worker, Hollywood Wellness Center, Los Angeles County Department of Mental Health

Evaluation Advisory Group Members

4. Austin, Jason: Orange County Health Authority
5. Erselius, Keith: Orange County Health Authority
6. Hahn-Smith, Steve: Contra Costa Health Services Department
7. Hannigan, Jamie: Shasta County Mental Health
8. Innes-Gomberg, Debbie: Los Angeles County Department of Mental Health
9. Lawrenz, Mark: Orange County Health Authority
10. Phillips, Kimari: Orange County Health Authority
11. Plancarte-García, Leticia (Lety): Imperial County Behavioral Health Services
12. Sells, Susan: Calaveras County Mental Health
13. Swanson-Hollinger, David: Ventura County Mental Health
14. Thompson, Christa: Amador County Behavioral Health
15. Yan Qian, Jenny: Orange County Health Authority
16. Yates, Brian: American University, Expert Consultant

Appendix B

County Participants: Statewide Evaluation of PEI Expenditures and Activities

Exhibit B.1
County/Municipality participation in the PEI Expenditure and Activities Study
Fiscal Year 2011-12
1=participated; 0=did not participate

Counties/Municipalities	Wave 1	Wave 2	
		Expenditures	Numbers Served
Alameda	1	1	1
Alpine	1	1	1
Amador	1	1	1
Berkeley City	1	1	1
Butte	1	1	1
Calaveras	1	1	1
Colusa	1	1	1
Contra Costa	1	1	1
Del Norte	1	1	1
El Dorado	1	1	1
Fresno	1	1	1
Glenn	1	1	1
Humboldt	1	1	1
Imperial	1	1	1
Inyo	1	1	1
Kern	1	1	1
Kings	1	1	1
Lake	1	1	1
Lassen	1	1	1
Los Angeles	1	1	1
Madera	1	1	1
Marin	1	1	1
Mariposa	1	1	1
Mendocino	1	1	0
Merced	1	1	1
Modoc	1	1	1
Mono	1	1	1
Monterey	1	1	1
Napa	1	1	1
Nevada	1	1	1
Orange	1	1	1
Placer	1	1	1
Plumas	1	1	0
Riverside	1	1	1
Sacramento	1	1	1

Counties/Municipalities	Wave 1	Wave 2	
San Benito	1	1	1
San Bernardino	1	1	1
San Diego	1	1	1
San Francisco	1	1	1
San Joaquin	1	1	1
San Luis Obispo	1	1	1
San Mateo	1	1	1
Santa Barbara	1	1	1
Santa Clara	1	1	1
Santa Cruz	1	1	1
Shasta	1	1	1
Sierra	1	1	1
Siskiyou	1	1	0
Solano	1	1	1
Sonoma	1	1	1
Stanislaus	1	1	1
Sutter-Yuba	1	1	1
Tehama	1	0	1
Tri City	1	1	1
Trinity	1	1	1
Tulare	1	1	1
Tuolumne	1	1	1
Ventura	1	1	1
Yolo	1	1	1
TOTAL	**59**	**58**	**56**

Appendix C

Prevention Programs/Activities by County (FY 2011-12)

	Risk Factor Related to Later Onset of Mental Illness																					
Prevention Program/Activity	**Adults/TAY exposed to combat trauma**	**Adult/older adult Immigrants fleeing to trauma, violence, war**	**Adult/older adult overuse of emergency room/inpatient hospitalization**	**Children/ youth victimized by bullying**	**(All ages) engaging in self-harm behaviors/experiencing suicidal ideation**	**(All ages) exposure to historical trauma (Native Americans)**	**(All ages) exposure to trauma as a result of domestic violence**	**(All ages) exposure to trauma as a result of physical abuse/sexual abuse**	**(All ages) Gay, Lesbian, Bisexual, Transgender**	**(All ages) homelessness**	**(All ages) living in neighborhoods with high concentrations of poverty**	**(All ages) living in neighborhoods with high concentrations of violence**	**(All ages) substance misuse (alcohol and other drugs)**	**Children/ youth exhibiting bullying behavior/aggression**	**Children/youth exhibiting disruptive/defiant/oppositional-defiant behavior**	**Children/ youth exposed to stress due to parental mental illness**	**Children/youth exposed to stress due to parental substance abuse**	**Children/youth involved in the Child Welfare system**	**Children/youth involved in the Criminal Justice system**	**Grandparents experiencing stress due to raising grandchildren due to parental absence (substance use, death, etc.)**	**Young children displaying defiant and /or aggressive behaviors**	**Young children experiencing attachment problems**	**Young children with disabilities, developmental delays**
Amador's Intervention for Anxiety & Depression: Aggression Replacement Training																✓						
Amador's Youth Empowerment Program																		✓				
Amador's Respite and Support for Parenting Grandparents (PEARLS)																				✓		
Berkeley's Be A Star										✓							✓					✓
Berkeley's Community Education/Supports							✓	✓														
Calaveras' Strengthening Families																		✓				
Calaveras' Grandparents Project																				✓		
Colusa's Prevention and Early Intervention for Preschool/Early Second Step														✓	✓							
Colusa's Friday Night Live Mentoring				✓										✓								
Del Norte's Strengthening Families and Parent Support											✓								✓			
Del Norte's Reach for Success						✓																
El Dorado's Primary Intervention Project				✓										✓	✓							
El Dorado's Incredible Years														✓				✓				
Imperial's Nurturing Parent Program							✓										✓					
Inyo's PATHS Pre-school				✓										✓								
Inyo's Parent-Child Interaction Therapy															✓			✓				
Kern's Student Assistance Program				✓			✓							✓		✓						

	Risk Factor Related to Later Onset of Mental Illness																					
Prevention Program/Activity	**Adults/TAY exposed to combat trauma**	**Adult/older adult Immigrants fleeing to trauma, violence, war**	**Adult/older adult overuse of emergency room/inpatient hospitalization**	**Children/ youth victimized by bullying**	**(All ages) engaging in self-harm behaviors/experiencing suicidal ideation**	**(All ages) exposure to historical trauma (Native Americans)**	**(All ages) exposure to trauma as a result of domestic violence**	**(All ages) exposure to trauma as a result of physical abuse/sexual abuse**	**(All ages) Gay, Lesbian, Bisexual, Transgender and Questioning**	**(All ages) homelessness**	**(All ages) living in neighborhoods with high concentrations of poverty**	**(All ages) living in neighborhoods with high concentrations of violence**	**(All ages) substance misuse (alcohol and other drugs)**	**Children/ youth exhibiting bullying behavior/aggression**	**Children/youth exhibiting disruptive/defiant/oppositional-defiant behavior**	**Children/ youth exposed to stress due to parental mental illness**	**Children/youth exposed to stress due to parental substance abuse**	**Children/youth involved in the Child Welfare system**	**Children/youth involved in the Criminal Justice system**	**Grandparents experiencing stress due to raising grandchildren due to parental absence (substance use, death, etc.)**	**Young children displaying defiant and /or aggressive behaviors**	**Young children experiencing attachment problems**	**Young children with disabilities, developmental delays**
Lake's Wellness and Recovery Centers						✓				✓												
Lake's Older Adult Outreach and Prevention: Friendly Visitor Program					✓																	
Lake's Prevention Mini-Grants				✓										✓								
Lassen's Supporting Lassen's Families																	✓	✓				
Los Angeles' Family Education and Support Project - Caring for Our Families											✓					✓						
Los Angeles' Family Education and Support Project - Mindful Parenting																✓		✓				
Los Angeles' At-Risk Family Services Project - Parent-Child Interaction Therapy															✓							
Los Angeles' At-Risk Family Services Project - Reflective Parenting Program																					✓	
Los Angeles' At-Risk Family Services Project - UCLA Ties Transition Model																		✓				
Los Angeles' Improving Access for Underserved Populations - GLBT CHAMPS: Comprehension HIV & At-Risk Mental Health Services									✓													
Marin's Across Ages Mentoring											✓				✓							
Mariposa's SMILE				✓										✓								
Mariposa's Girl Talk/ Boys Rock				✓										✓								
Merced's Skill Building in Children - Caring Kids															✓							
Merced's Skill Building in Children - Second Step															✓							

Prevention Program/Activity	Risk Factor Related to Later Onset of Mental Illness																						
	Adults/TAY exposed to combat trauma	Adult/older adult Immigrants fleeing to trauma, violence, war	Adult/older adult overuse of emergency room/inpatient hospitalization	Children/ youth victimized by bullying	(All ages) engaging in self-harm behaviors/experiencing suicidal ideation	(All ages) exposure to historical trauma (Native Americans)	(All ages) exposure to trauma as a result of domestic violence	(All ages) exposure to trauma as a result of physical abuse/sexual abuse	(All ages) Gay, Lesbian, Bisexual, Transgender and Questioning	(All ages) homelessness	(All ages) living in neighborhoods with high concentrations of poverty	(All ages) living in neighborhoods with high concentrations of violence	(All ages) substance misuse (alcohol and other drugs)	Children/ youth exhibiting bullying behavior/aggression	Children/youth exhibiting disruptive/defiant/oppositional-defiant behavior	Children/ youth exposed to stress due to parental mental illness	Children/youth exposed to stress due to parental substance abuse	Children/youth involved in the Child Welfare system	Children/youth involved in the Criminal Justice system	Grandparents experiencing stress due to raising grandchildren due to parental absence (substance use, death, etc.)	Young children displaying defiant and /or aggressive behaviors	Young children experiencing attachment problems	Young children with disabilities, developmental delays
Merced's Skill Building in Children - Middle School Mentoring				✓				✓					✓	✓				✓					
Merced's Integrated Mental Health in Primary Care Settings - Hmong Community Program		✓																					
Modoc's Developing Youth and Family Assets - Primary Intervention Program												✓						✓					
Modoc's Developing Youth and Family Assets - Strengthening Families																		✓	✓				
Mono's School Counseling Program - Brief Intervention				✓		✓							✓	✓									
Monterey's Children & Youth At Risk of or Experiencing Juvenile Justice Involvement Project																			✓				
Napa's Court and Community Supported SAP Project																			✓				
Napa's American Canyon Home Visitation Program											✓		✓										
Nevada's Prevention and Early Intervention for at Risk Children, Youth and Families				✓										✓									
Orange's School Based Services - School-Based School Readiness Program Expansion - Connect the Tots										✓													
Orange's Parent Education & Support - Positive Parenting Program - Triple P																			✓				
Orange's Prevention Services - Children of Substance Users and Mentally Ill Parents																✓	✓						
Orange's Prevention Services - PEI Services for Parents and Siblings of Youth in the Juvenile Justice System																			✓				

Prevention Program/Activity	Risk Factor Related to Later Onset of Mental Illness																					
	Adults/TAY exposed to combat trauma	Adult/older adult Immigrants fleeing to trauma, violence, war	Adult/older adult overuse of emergency room/inpatient hospitalization	Children/ youth victimized by bullying	(All ages) engaging in self-harm behaviors/experiencing suicidal ideation	(All ages) exposure to historical trauma (Native Americans)	(All ages) exposure to trauma as a result of domestic violence	(All ages) exposure to trauma as a result of physical abuse/sexual abuse	(All ages) Gay, Lesbian, Bisexual, Transgender and Questioning	(All ages) homelessness	(All ages) living in neighborhoods with high concentrations of poverty	(All ages) living in neighborhoods with high concentrations of violence	(All ages) substance misuse (alcohol and other drugs)	Children/ youth exhibiting bullying behavior/aggression	Children/youth exhibiting disruptive/defiant/oppositional-defiant behavior	Children/ youth exposed to stress due to parental mental illness	Children/youth exposed to stress due to parental substance abuse	Children/youth involved in the Child Welfare system	Children/youth involved in the Criminal Justice system	Grandparents experiencing stress due to raising grandchildren due to parental absence (substance use, death, etc.)	Young children displaying defiant and /or aggressive behaviors	Young children experiencing attachment problems	Young children with disabilities, developmental delays
Orange's Prevention Services - Transition Services																		✓	✓				
Placer's Ready for Success - Incredible Years															✓								
Placer's Ready for Success - Functional Family Therapy																			✓				
Placer's Ready for Success - Positive Indian Parenting (PIP)/Families of Tradition																		✓					
Placer's Ready for Success -Teaching Pro-Social Skills				✓								✓		✓									
Placer's Ready for Success - Life Skills Training/Youth Council														✓									
Placer's Ready for Success - Parent Project/Family Counseling																			✓				
Placer's Ready for Success - Tahoe Advancement Program: Adventure Risk Challenge (ARC)															✓								
Placer's Bye Bye Blues: Native Culture Camp/Community Counseling						✓																	
Plumas' Family Therapy																			✓				
Riverside's Parent Education and Support - Parent-Child Interaction Therapy													✓										
Riverside's Parent Education and Support - Parenting for At-Risk Families																		✓					
Riverside's Parent Education and Support - Safe Care																		✓					
Riverside's Early Intervention for Families in School - Families and Students Together				✓									✓	✓									
Riverside's Early Intervention for Families in School - Public School Collaborative for Middle School Students				✓									✓	✓									

Prevention Program/Activity	Risk Factor Related to Later Onset of Mental Illness																					
	Adults/TAY exposed to combat trauma	Adult/older adult Immigrants fleeing to trauma, violence, war	Adult/older adult overuse of emergency room/inpatient hospitalization	Children/ youth victimized by bullying	(All ages) engaging in self-harm behaviors/experiencing suicidal ideation	(All ages) exposure to historical trauma (Native Americans)	(All ages) exposure to trauma as a result of domestic violence	(All ages) exposure to trauma as a result of physical abuse/sexual abuse	(All ages) Gay, Lesbian, Bisexual, Transgender and Questioning	(All ages) homelessness	(All ages) living in neighborhoods with high concentrations of poverty	(All ages) living in neighborhoods with high concentrations of violence	(All ages) substance misuse (alcohol and other drugs)	Children/ youth exhibiting bullying behavior/aggression	Children/youth exhibiting disruptive/defiant/oppositional-defiant behavior	Children/ youth exposed to stress due to parental mental illness	Children/youth exposed to stress due to parental substance abuse	Children/youth involved in the Child Welfare system	Children/youth involved in the Criminal Justice system	Grandparents experiencing stress due to raising grandchildren due to parental absence (substance use, death, etc.)	Young children displaying defiant and /or aggressive behaviors	Young children experiencing attachment problems	Young children with disabilities, developmental delays
Riverside's Underserved Populations: Guiding Good Choices, Incredible Years - Spirit						✓												✓					
Sacramento's Strengthening Families - HEARTS for Kids (formerly known as In-home Support Services for Foster Youth)																		✓					
Sacramento's Strengthening Families - Independent Living Program (ILP) 2.0 (formerly known as Building Life Skills and TAY)										✓								✓					
San Benito's Children and Youth PEI - HYA El Joven Noble				✓											✓								
San Benito's Children and Youth PEI - HYA Youth Support Services															✓								
San Bernardino's School Based Initiatives - Student Assistance Program				✓									✓	✓									
San Bernardino's School Based Initiatives - Preschool PEI Program														✓									
San Bernardino's Community-Based Initiatives - Crossroads Education Class Program													✓	✓									
San Bernardino's Systems Enhancement Initiatives -Child and Youth Connection Program																			✓				
San Diego's Veterans and Families Outreach and Education	✓																						
San Diego's South Region Point of Engagement							✓					✓				✓							
San Diego's South Region Trauma-Exposed Services - Triple P																		✓					
San Diego's Central Region Community Violence Services												✓											
San Diego's Triple P							✓										✓						

Prevention Program/Activity	Risk Factor Related to Later Onset of Mental Illness																					
	Adults/TAY exposed to combat trauma	Adult/older adult Immigrants fleeing to trauma, violence, war	Adult/older adult overuse of emergency room/inpatient hospitalization	Children/ youth victimized by bullying	(All ages) engaging in self-harm behaviors/experiencing suicidal ideation	(All ages) exposure to historical trauma (Native Americans)	(All ages) exposure to trauma as a result of domestic violence	(All ages) exposure to trauma as a result of physical abuse/sexual abuse	(All ages) Gay, Lesbian, Bisexual, Transgender and Questioning	(All ages) homelessness	(All ages) living in neighborhoods with high concentrations of poverty	(All ages) living in neighborhoods with high concentrations of violence	(All ages) substance misuse (alcohol and other drugs)	Children/ youth exhibiting bullying behavior/aggression	Children/youth exhibiting disruptive/defiant/oppositional-defiant behavior	Children/ youth exposed to stress due to parental mental illness	Children/youth exposed to stress due to parental substance abuse	Children/youth involved in the Child Welfare system	Children/youth involved in the Criminal Justice system	Grandparents experiencing stress due to raising grandchildren due to parental absence (substance use, death, etc.)	Young children displaying defiant and /or aggressive behaviors	Young children experiencing attachment problems	Young children with disabilities, developmental delays
San Diego's Co-Occurring Disorders - Screening Community Based Alcohol and Drug Services (ADS) Programs													✓										
San Diego's Elder Multi-cultural Access and Support Services			✓																				
San Francisco's School Based Youth-Centered Wellness Promotion - K-12 School Based Services				✓										✓	✓								
San Francisco's Holistic Wellness Promotion in a Community Setting												✓											
San Francisco's TAY Multi-Service Center										✓													
San Francisco's Trauma and Recovery Services																	✓						
San Joaquin's Empowering Youth and Families - MH for Youth at risk of Juvenile Justice														✓									
San Joaquin's Empowering Youth and Families - Comprehensive Youth Outreach and Early Intervention														✓									
San Joaquin's Empowering Youth and Families - Comprehensive Family Support Programs														✓									
San Luis Obispo's School-Based Student Wellness Project -Positive Development Program														✓	✓								
San Luis Obispo's School-Based Student Wellness Project -Student Wellness Strategy				✓	✓		✓		✓				✓	✓									

Prevention Program/Activity	Risk Factor Related to Later Onset of Mental Illness																					
	Adults/TAY exposed to combat trauma	Adult/older adult Immigrants fleeing to trauma, violence, war	Adult/older adult overuse of emergency room/inpatient hospitalization	Children/ youth victimized by bullying	(All ages) engaging in self-harm behaviors/experiencing suicidal ideation	(All ages) exposure to historical trauma (Native Americans)	(All ages) exposure to trauma as a result of domestic violence	(All ages) exposure to trauma as a result of physical abuse/sexual abuse	(All ages) Gay, Lesbian, Bisexual, Transgender and Questioning	(All ages) homelessness	(All ages) living in neighborhoods with high concentrations of poverty	(All ages) living in neighborhoods with high concentrations of violence	(All ages) substance misuse (alcohol and other drugs)	Children/ youth exhibiting bullying behavior/aggression	Children/youth exhibiting disruptive/defiant/oppositional-defiant behavior	Children/ youth exposed to stress due to parental mental illness	Children/youth exposed to stress due to parental substance abuse	Children/youth involved in the Child Welfare system	Children/youth involved in the Criminal Justice system	Grandparents experiencing stress due to raising grandchildren due to parental absence (substance use, death, etc.)	Young children displaying defiant and /or aggressive behaviors	Young children experiencing attachment problems	Young children with disabilities, developmental delays
San Luis Obispo's School-Based Student Wellness Project -Middle School Comprehensive Program				✓	✓		✓		✓					✓									
San Mateo's Community Interventions for School Age and Transition Age Youth				✓	✓		✓		✓				✓										
Santa Barbara's Early Childhood Mental Health Services																✓							
Santa Barbara's PEI Services for Children and TAY- School-Based Support for Children and Adolescents													✓										
Santa Clara's Primary Care/Behavioral Health Integration for Adults and Older Adults- Outreach to Older Adults					✓								✓										
Santa Cruz' Culturally Specific Parent Education & Support							✓										✓						
Sierra's Student Assistance Program				✓			✓								✓								
Solano's PEAK program																		✓			✓	✓	✓
Solano's School-Aged - Educational Liaison to Juvenile Probation Multi-Disciplinary Teams														✓					✓				
Sonoma's Early Childhood Prevention and Early Intervention Project - System of Care for 0-5							✓										✓						
Sonoma's Early Childhood Prevention and Early Intervention Project - Triple P & Parent Education and Early Intervention for Children							✓										✓						
Sonoma's School Based Programs -Middle and High SAP				✓																			

Prevention Program/Activity	Risk Factor Related to Later Onset of Mental Illness																					
	Adults/TAY exposed to combat trauma	Adult/older adult Immigrants fleeing to trauma, violence, war	Adult/older adult overuse of emergency room/inpatient hospitalization	Children/ youth victimized by bullying	(All ages) engaging in self-harm behaviors/experiencing suicidal ideation	(All ages) exposure to historical trauma (Native Americans)	(All ages) exposure to trauma as a result of domestic violence	(All ages) exposure to trauma as a result of physical abuse/sexual abuse	(All ages) Gay, Lesbian, Bisexual, Transgender and Questioning	(All ages) homelessness	(All ages) living in neighborhoods with high concentrations of poverty	(All ages) living in neighborhoods with high concentrations of violence	(All ages) substance misuse (alcohol and other drugs)	Children/ youth exhibiting bullying behavior/aggression	Children/youth exhibiting disruptive/defiant/oppositional-defiant behavior	Children/ youth exposed to stress due to parental mental illness	Children/youth exposed to stress due to parental substance abuse	Children/youth involved in the Child Welfare system	Children/youth involved in the Criminal Justice system	Grandparents experiencing stress due to raising grandchildren due to parental absence (substance use, death, etc.)	Young children displaying defiant and /or aggressive behaviors	Young children experiencing attachment problems	Young children with disabilities, developmental delays
Stanislaus' Adverse Childhood Experience Intervention - Expanded Child Sexual Abuse Prevention and Early Intervention								✓															
Stanislaus' Adverse Childhood Experience Intervention - Aggression Replacement Training (ART)														✓					✓				
Stanislaus' Adverse Childhood Experience Intervention -Youth Leadership and Resiliency													✓						✓				
Stanislaus' Adverse Childhood Experience Intervention - Children are People											✓						✓						
Sutter-Yuba's Community Prevention Team - Substance counseling (early use) for traumatized youth																	✓						
Sutter-Yuba's Community Prevention Team - Second Step (English and Spanish)				✓								✓											
Sutter-Yuba's Community Prevention Team - Strengthening The Infant /Parent Relationship																						✓	
Sutter-Yuba's Community Prevention Team- Peer Leaders Uniting Students (PLUS)				✓								✓							✓				
Sutter-Yuba's Expand Mentoring Program - Friday Night Live				✓											✓								
Sutter-Yuba's Expand Mentoring Program – Big Brothers/Big Sisters																	✓						
Tehama's Nurturing Parent Program				✓																			

Prevention Program/Activity	Risk Factor Related to Later Onset of Mental Illness																					
	Adults/TAY exposed to combat trauma	Adult/older adult Immigrants fleeing to trauma, violence, war	Adult/older adult overuse of emergency room/inpatient hospitalization	Children/ youth victimized by bullying	(All ages) engaging in self-harm behaviors/experiencing suicidal ideation	(All ages) exposure to historical trauma (Native Americans)	(All ages) exposure to trauma as a result of domestic violence	(All ages) exposure to trauma as a result of physical abuse/sexual abuse	(All ages) Gay, Lesbian, Bisexual, Transgender and Questioning	(All ages) homelessness	(All ages) living in neighborhoods with high concentrations of poverty	(All ages) living in neighborhoods with high concentrations of violence	(All ages) substance misuse (alcohol and other drugs)	Children/ youth exhibiting bullying behavior/aggression	Children/youth exhibiting disruptive/defiant/oppositional-defiant behavior	Children/ youth exposed to stress due to parental mental illness	Children/youth exposed to stress due to parental substance abuse	Children/youth involved in the Child Welfare system	Children/youth involved in the Criminal Justice system	Grandparents experiencing stress due to raising grandchildren due to parental absence (substance use, death, etc.)	Young children displaying defiant and /or aggressive behaviors	Young children experiencing attachment problems	Young children with disabilities, developmental delays
Tri-Cities' Family Well-Being				✓												✓						
Tulare's Children and Youth in Stressed Families - Family Interaction Program (FIP)															✓	✓						
Tulare's Children and Youth in Stressed Families - In-Home Parent Education Program (IHPE; Formerly known as Family Services Integration Program)															✓			✓				
Tulare's Children and Youth in Stressed Families - Safe Care Program																		✓				
Tulare's Children at Risk of School Failure - Preschool Expulsion Reduction Program																					✓	
Tulare's Children at Risk of School Failure - Primary Intervention Program (e.g., K-3 Early Intervention Program)																		✓				
Tuolumne's Early Childhood Education Project - Parent Education Classes (ICES - Nurturing Parenting)											✓						✓	✓				
Tuolumne's Early Childhood Education Project - Parent Counseling/Coaching Support (ICES - Nurturing Parenting and Bilingual Education)											✓								✓			
Tuolumne's School Based Violence Prevention Projects - Bullying Prevention Program				✓																		

	Risk Factor Related to Later Onset of Mental Illness																						
Prevention Program/Activity	**Adults/TAY exposed to combat trauma**	**Adult/older adult Immigrants fleeing to trauma, violence, war**	**Adult/older adult overuse of emergency room/inpatient hospitalization**	**Children/ youth victimized by bullying**	**(All ages) engaging in self-harm behaviors/experiencing suicidal ideation**	**(All ages) exposure to historical trauma (Native Americans)**	**(All ages) exposure to trauma as a result of domestic violence**	**(All ages) exposure to trauma as a result of physical abuse/sexual abuse**	**(All ages) Gay, Lesbian, Bisexual, Transgender and Questioning**	**(All ages) homelessness**	**(All ages) living in neighborhoods with high concentrations of poverty**	**(All ages) living in neighborhoods with high concentrations of violence**	**(All ages) substance misuse (alcohol and other drugs)**	**Children/ youth exhibiting bullying behavior/aggression**	**Children/youth exhibiting disruptive/defiant/oppositional-defiant behavior**	**Children/ youth exposed to stress due to parental mental illness**	**Children/youth exposed to stress due to parental substance abuse**	**Children/youth involved in the Child Welfare system**	**Children/youth involved in the Criminal Justice system**	**Grandparents experiencing stress due to raising grandchildren due to parental absence (substance use, death, etc.)**	**Young children displaying defiant and /or aggressive behaviors**	**Young children experiencing attachment problems**	**Young children with disabilities, developmental delays**
Tuolumne's School Based Violence Prevention Projects - Challenge Days				✓																			
Tuolumne's Ventura's Triple P Program																	✓						
TOTAL (programs/activities)	**1**	**1**	**1**	**28**	**5**	**5**	**11**	**3**	**4**	**5**	**8**	**7**	**12**	**29**	**21**	**9**	**12**	**23**	**15**	**2**	**2**	**3**	**2**
Percent (of the 119 prevention programs/activities)	**0.8**	**0.8**	**0.8**	**23.5**	**4.2**	**4.2**	**9.2**	**2.5**	**3.4**	**4.2**	**6.7**	**5.9**	**10.1**	**24.4**	**17.6**	**7.6**	**10.1**	**19.3**	**12.6**	**1.7**	**1.7**	**2.5**	**1.7**

Appendix D

Early Intervention Programs/Activities by County (FY 2011-12)

County	Report Classification	Program/Activity
Alameda	Psychosis	Early Intervention on the Onset of First Psychosis & SMI among TAY
Butte	Psychosis	Mobile TAY Project
Fresno	Psychosis	First Onset Consumer and Family Support
Lake	Psychosis	Early Intervention Services
Mendocino	Psychosis	Early Onset, Early Intervention, TAY
Orange	Psychosis	Early Intervention Services - First Onset Services and Supports
Sacramento	Psychosis	Integrated Health and Wellness - Sacramento Early Diagnosis and Preventative Treatment (SacEDAPT) (formerly Assessment and Treatment of Onset Psychosis)
San Bernardino	Psychosis	Systems Enhancement Initiatives -Community Wholeness and Enrichment Program
San Diego	Psychosis	First Break of Mental Illness - Kickstart Program
San Francisco	Psychosis	Early Intervention and Recovery for Young People with Early Psychosis
San Mateo	Psychosis	Youth/Transition Age Youth Identification and Early Referral
Stanislaus	Psychosis	Adverse Childhood Experience Intervention - Early Psychosis Intervention-LIFE Path (PIER Model)
Ventura	Psychosis	Early Signs of Psychosis Intervention -PIER
# of counties =13	**# programs/activities = 13**	

County	Report Classification	Program/Activity
Alameda	Depression	Mental Health Integration for Older Adults In Primary Care (IMPACT)
Butte	Depression	Integrated Primary Care and Mental Health
Calaveras	Depression	Grandparents Project
Contra Costa	Depression	Building Connections in Underserved Cultural Communities - YMCA of the East Bay - One Family at a Time: Building Blocks for Kids
Contra Costa	Depression	Supporting Older Adults - Support Groups & System Navigation
El Dorado	Depression	Home Delivered Meals Wellness Outreach Program for Older Adults
Fresno	Depression	Peri-Natal PEI
Imperial	Depression	Trauma-Exposed Individuals -Program to Encourage Active and Rewarding Lives for Seniors (PEARLS)
Inyo	Depression	Older Adult PEI Services
Lake	Depression	Postpartum Depression Screening and support
Los Angeles	Depression	At-Risk Family Services Project - Group Cognitive Behavioral Therapy for Major Depression
Los Angeles	Depression	Trauma Recovery Services - Depression Treatment Quality Improvement (DTQI)
Los Angeles	Depression	Trauma Recovery Services - (Individual) Cognitive Behavioral Therapy for Depression
Los Angeles	Depression	Early Care and Support for Transition-Age Youth - Interpersonal Psychotherapy for Depression (ITP)
Los Angeles	Depression	Early Care and Support for Older Adults - Problem Solving Therapy (PST)
Los Angeles	Depression	Early Care and Support for Older Adults - Program to Encourage Active Rewarding Lives for Seniors (PEARLS)
Merced	Depression	Integrated Mental Health in Primary Care Settings - PEARLS
Napa	Depression	Older Adult PEI Project - PEARLS
Orange	Depression	Early Intervention Services - Socialization Program for Isolated Adults and Older Adults
Placer	Depression	Bye Bye Blues - Depression Screening Resources: Mothers of Children 0-5
Placer	Depression	Bye Bye Blues - Depression Screening Resources: Older Adults
Riverside	Depression	Transition-Age Youth Project - Depression Treatment Quality Improvement (DTQI)
Riverside	Depression	First Onset for Older Adults -Carelink
Riverside	Depression	First Onset for Older Adults - PEARLS
Riverside	Depression	First Onset for Older Adults - Caregiver Support Group
Riverside	Depression	First Onset for Older Adults -Embedded Staff Senior Programs: Cognitive Behavioral Therapy (CBT) for Late Life Depression & Prolonged Exposure

County	Report Classification	Program/Activity
San Benito	Depression	Older Adult PEI
San Bernardino	Depression	Systems Enhancement Initiatives - LIFT
San Bernardino	Depression	Systems Enhancement Initiatives - Older Adult Community Services Program
San Diego	Depression	Positive Solutions: Home Based Prevention Early Intervention Gatekeeper Program (PEARLS)
San Diego	Depression	REACHing Out
San Diego	Depression	Salud
San Francisco	Depression	Depression Screening and Response
San Joaquin	Depression	Connections for Seniors and Adults - Senior Peer Counseling
San Joaquin	Depression	Connections for Seniors and Adults - Mental Health in Family Practice
San Joaquin	Depression	Connections for Seniors and Adults - Veterans Services Organization
San Joaquin	Depression	Connections for Seniors and Adults - Connections for Homebound Seniors
San Joaquin	Depression	Suicide Prevention and Supports: Family Advocate
San Luis Obispo	Depression	Early Care and Support for Underserved Population - Successful Launch Program for At-Risk TAY
Santa Clara	Depression	Strengthening Families & Children - Home Visitation
Santa Clara	Depression	Primary Care/Behavioral Health Integration for Adults and Older Adults- Outreach and Support to Patients in Primary Care Clinics
Solano	Depression	Prevention and Early Access for Seniors (PEAS) - Navigators
Sonoma	Depression	Early Childhood Prevention and Early Intervention Project - Perinatal Mood Disorder
Sonoma	Depression	Reduce Depression and Suicide among Older Adults
Tri-Cities	Depression	Peer Support
Tulare	Depression	Children and Youth in Stressed Families - Perinatal Wellness Program (Formerly known as Maternal Mental Health Program)
Ventura	Depression	Primary Care Services
# of counties = 27	**# programs/activities = 47**	

County	Report Classification	Program/Activity
Los Angeles	Anxiety & PTSD	School-based Services Project - Cognitive Behavioral Intervention for Trauma in School
Los Angeles	PTSD	At-Risk Family Services Project - Families OverComing Under Stress (FOCUS)
Los Angeles	PTSD	Trauma Recovery Services - Prolonged Exposure Therapy for Posttraumatic Stress Disorder
Los Angeles	PTSD	Trauma Recovery Services - Seeking Safety
Los Angeles	PTSD	Trauma Recovery Services - System Navigators for Veterans
Los Angeles	Anxiety	Primary Care and Behavioral Health Services - Alternatives for Families
San Bernardino	PTSD & Anxiety	Systems Enhancement Initiatives -Military Services and Family Support Program
# of counties = 2	**# programs/activities = 7**	

County	Report Classification	Program/Activity
Alameda	Depression & Anxiety	Case Management (Outreach, Education & Consultation for the Latino Community)
Alameda	Depression & Anxiety	Case Management (Consultation for the API Community)
Alameda	Depression & Anxiety	Case Management - Consultation for the South Asian & Afghan Community
Alameda	Depression & Anxiety	Case Management - Consultation for the South Asian & Afghan Community
Amador	Depression & Anxiety	Intervention for Anxiety & Depression: Parent Interaction Therapy (PCIT)
Colusa	Depression & PTSD	Prevention and Early Intervention for Pre School/Early Second Step
Contra Costa	Depression & PTSD	Building Connections in Underserved Cultural Communities - Rainbow Community Center
Contra Costa	Depression & Anxiety	Building Community in Underserved Cultural Communities - Center for Human Development African American Health Conductors
Contra Costa	Depression & Anxiety	Building Community in Underserved Cultural Communities - Asian Community Health Center
Contra Costa	Depression & Anxiety	Building Community in Underserved Cultural Communities - Lao Family Community Development
Contra Costa	Depression & Anxiety	Building Community in Underserved Cultural Communities - Native American Health Center
Contra Costa	Depression & Anxiety	Supporting Older Adults - Community Based Social Supports & Arts/Education Program
Contra Costa	Depression & Anxiety	Parenting Education and Support - Mental Health Counseling (Contra Costa Interfaith Housing)
Contra Costa	Depression & Anxiety	Youth Development - Martinez School District (New Leaf)
Contra Costa	Depression & Anxiety	Youth Development - People Who Care
Contra Costa	Depression & Anxiety	Youth Development - The James Morehouse Project
Fresno	Depression & PTSD	Integration of Primary Care and Mental Health
Kern	Depression & Anxiety	Future Focus
Kern	Depression & Anxiety	Integrated Physical and Behavioral Healthcare
Los Angeles	Depression & Anxiety	At-Risk Family Services Project - Child Parent Psychotherapy
Los Angeles	Depression & Anxiety	Trauma Recovery Services - Crisis Oriented Resolution Services
Los Angeles	Depression & Anxiety	Trauma Recovery Services - Dialectical Behavior Therapy
Los Angeles	Depression & Anxiety	Trauma Recovery Services - Trauma Focused Cognitive Behavioral Therapy
Los Angeles	Depression & Anxiety	Primary Care and Behavioral Health Services -Mental Health Integration Program (MHIP)
Marin	Depression & Anxiety	Integrating Behavioral Health in Primary Care
Monterey	Depression & Anxiety	Underserved & Unserved Cultural Populations Project - Senior Peer Counseling (Senior Peer Counseling | Alliance on Aging)

County	Report Classification	Program/Activity
Napa	Depression & PTSD	Kids Exposed to Domestic Violence (KEDS) project
Orange	Depression & Anxiety	Early Intervention Services - Services for Stressed Families
Orange	Depression & PTSD	Early Intervention Services - Peer-led Support Groups
Riverside	Depression & Anxiety	Parent Education and Support - Gilda's Club Caregiver Support Group (CSG)
Riverside	Depression & Anxiety	Transition-Age Youth Project - Outreach to Runaway Youth
Riverside	Depression & Anxiety	First Onset for Older Adults -Cognitive Behavioral Therapy (CBT) for Late Life Depression-
Riverside	Depression & PTSD	Trauma-Exposed Services - Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
Riverside	Depression, PTSD & Anxiety	Trauma-Exposed Services - Seeking Safety
Riverside	Depression & Anxiety	Underserved Populations: Mamás y Bebés
Riverside	Depression & Anxiety	Underserved Populations: New Mother Support Group
Sacramento	Depression & Anxiety	Integrated Health and Wellness - Senior Navigator Program
San Benito	Depression & PTSD	Women's PEI
San Bernardino	Depression, PTSD & Anxiety	School Based Initiatives - Resilience Promotion in African American Children Program
San Joaquin	Depression & Anxiety	Empowering Youth and Families - Mentally Ill Offender Crime Reduction Involvement
San Mateo	Depression & Anxiety/PTSD	Primary Care/Behavioral Health Integration: IMPACT Model
Solano	Depression & Anxiety	Education, Employment and Family Support for At-Risk TAY
Sutter-Yuba	Depression & PTSD	Community Prevention Team - Hmong Traditional Healers Project
Tehama	Depression, Anxiety & PTSD	TF-CBT
# of counties = 20	**# of programs/activities = 44**	

County	Report Classification	Program/Activity
Contra Costa	Axis I Disorders (specific)	Supporting Families Experiencing the Juvenile Justice System
Contra Costa	Axis I Disorders (specific)	Supporting Families Experiencing Mental Illness
Fresno	Any Axis I Disorder	Blue Sky Wellness Center
Fresno	Any Axis I Disorder	Functional Family Therapy
Humboldt	Any Axis I Disorder	TAY Partnership Program
Imperial	Any Axis I Disorder	Trauma-Exposed Individuals- TF-CBT
Kern	Any Axis I Disorder	Student Assistance Program - Brief Intervention
Lake	Any Axis I Disorder	Early Student Support
Lake	Any Axis I Disorder	TAY Peer Support
Merced	Any Axis I Disorder	Life Skills for At-Risk TAYs - Transition to Independence
Monterey	Axis I Disorders (specific)	Underserved & Unserved Cultural Populations Project - Support Groups (Adult Wellness Center | Interim, Inc. Our Voices)
Monterey	Axis I Disorders (specific)	Underserved & Unserved Cultural Populations Project - Adult Peer Counseling (Adult Wellness Center| Interim, Inc. OMNI Resource Center)
Monterey	Axis I Disorders (specific)	Underserved & Unserved Cultural Populations Project - Support Groups (Family Support Groups | BH)
Monterey	Axis I Disorders (specific)	Underserved & Unserved Cultural Populations Project - peer to peer counseling
Placer	Any Axis I Disorder	Ready for Success -Transition to Independence Program
San Bernardino	Any Axis I Disorder	Community-Based Initiatives - Family Resource Center Program
San Bernardino	Any Axis I Disorder	Community-Based Initiatives - Native American Resource Center Program
San Diego	Any Axis I Disorder	Rural Integrated Behavioral Health and Primary Care Services
San Francisco	Any Axis I Disorder	School Based Youth-Centered Wellness Promotion - Supported Higher Education
San Francisco	Any Axis I Disorder	Screening, Planning, and Supportive Services for Incarcerated Youth
San Luis Obispo	Axis I Disorders (specific)	Early Care and Support for Underserved Population -Older Adult Mental Health Initiative
San Luis Obispo	Any Axis I Disorder	Integrated Community Wellness - Community-Based Therapeutic Services
San Luis Obispo	Any Axis I Disorder	Integrated Community Wellness - Wellness Advocates (Formerly Resource Specialists)
Santa Barbara	Any Axis I Disorder	PEI Services for Children and TAY- Early Detection and Intervention Teams for TAY
Santa Clara	Axis I Disorders (specific)	PEI Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features
Santa Clara	Any Axis I Disorder	Primary Care/Behavioral Health Integration for Adults and Older Adults- Integrating Behavioral Health/Interventions in Primary Care Clinics

County	Report Classification	Program/Activity
Stanislaus	Any Axis I Disorder	Health/Behavioral Health Integration
# of counties =16	**# of programs/activities = 27**	

County	Report Classification	Program/Activity
Kern	Co-Occurring Disorders	Senior Volunteer Outreach
Monterey	Co-Occurring Disorders	Children & Youth in Stressed Families - TAY Services
San Diego	Co-Occurring Disorders	Co-Occurring Disorders: Bridge to Recovery
San Luis Obispo	Co-Occurring Disorders	School-Based Student Wellness Project -Sober School Enrichment
Santa Clara	Co-Occurring Disorders	Strengthening Families & Children - Multi-Based Strategy
Solano	Co-Occurring Disorders	Across the Lifespan
Sonoma	Co-Occurring Disorders	Crisis Intervention for Individuals Experiencing First Onset
Stanislaus	Co-Occurring Disorders	Older Adult Resiliency and Social Connectedness -
Tehama	Co-Occurring Disorders	Teen Screen
# of counties = 9	**# of programs/activities = 9**	

County	Report Classification	Program/Activity
Los Angeles	**Disruptive Behavior Disorders**	School-based Services Project - Promoting Alternative Thinking Strategies (PATHS)
Los Angeles	**Disruptive Behavior Disorders**	School-based Services Project - Aggression Replacement Training
Los Angeles	**Conduct Disorders**	School-based Services Project - Multidimensional Family Therapy
Los Angeles	**Conduct Disorders**	Family Education and Support Project - Incredible Years
Los Angeles	**Conduct Disorders**	Family Education and Support Project - Triple P Positive Parenting Program
Los Angeles	**Conduct Disorders**	At-Risk Family Services Project - Brief Strategic Family Therapy
Los Angeles	**Conduct Disorders, Oppositional-Defiant Disorders**	Juvenile Justice Services - Functional Family Therapy
Los Angeles	**Conduct Disorders, Oppositional-Defiant Disorders**	Juvenile Justice Services - Loving Intervention for Family Enrichment (LIFE) Program
Los Angeles	**Conduct Disorders, Oppositional-Defiant Disorders**	Juvenile Justice Services - Multisystemic Therapy
Riverside	**Disruptive Behavior Disorders**	Parent Education and Support - Parent-Child Interaction Therapy (Preschool)
Riverside	**Disruptive Behavior Disorders**	Parent Education and Support - Triple P (Positive Parenting Program)
# of counties = 2	**# of programs/activities = 11**	

Appendix E

'Out of Study Scope' Programs/Activities by County (FY 2011-12)

County	Report Classification	Program/Activity
Kings	Underserved Cultural Groups (OOSS)	In Common - Support Groups
Napa	Underserved Cultural Groups (OOSS)	Support for Latino Fathers Project
Sutter-Yuba	Underserved Cultural Population (OOSS)	Community Prevention Team - Los Ninos Bien Educados
Sutter-Yuba	Underserved Cultural Groups (OOSS)	Recreational Opportunities -Camptonville Community Partners
Sutter-Yuba	Underserved Cultural Groups (OOSS)	Recreational Opportunities -Swim Passes Distribution
# of counties = 3	**# of programs/activities = 4**	

Appendix F

Stand-Alone 'Indirect' Programs/Activities by County (FY 2011-12)

County	Report Classification	Program/Activity
Alameda	Outreach	School-Based Mental Health Consultation/Coordination in High Schools
Alameda	Stigma Reduction, Outreach, Access & Linkage	Early Intervention on the Onset of First Psychosis & SMI among TAY
Alameda	Stigma Reduction, Outreach, Access & Linkage	Stigma Discrimination Outreach Education, Media
Alameda	Outreach, Access & Linkage	Outreach, Education & Consultation for the Latino Community
Alameda	Outreach, Access & Linkage	Cultural Wellness Practices (Outreach, Education & Consultation for the Latino Community)
Alameda	Outreach, Access & Linkage	Consultation for the API Community
Alameda	Outreach, Access & Linkage	Cultural Wellness Practices (Consultation for the API Community)
Alameda	Outreach, Access & Linkage	Consultation for the South Asian & Afghan Community
Alameda	Outreach, Access & Linkage	Cultural Wellness Practices - Consultation for the South Asian & Afghan Community
Alameda	Outreach, Access & Linkage	Consultation for the Native American Community
Alameda	Outreach, Access & Linkage	Cultural Wellness Practices - Consultation for the Native American Community
Alpine	Outreach, Access & Linkage	Anti-Bullying Program- Safe School Ambassadors
Amador	Outreach, Access & Linkage	Isolated Community Outreach & Engagement
Amador	Outreach	Behavioral Consultation
Berkeley	Access & Linkage	Supportive Schools Project
Berkeley	Stigma Reduction	Social Inclusion Project
Butte	Outreach, Access & Linkage	Promotoras for Gridley and Chico Apartments
Butte	Stigma Reduction	African American Cultural Center
Butte	Stigma Reduction	Gridley Live Spot
Butte	Outreach, Access & Linkage, Suicide Prevention Campaign	GLBTQ Suicide Prevention
Butte	Outreach, Access & Linkage	Older Adult Suicide Prevention Program
Calaveras	Suicide Prevention Campaign	Suicide Prevention
Contra Costa	Outreach, Access & Linkage	Building Connections in Underserved Cultural Communities - Jewish Family & Children's Center of the East Bay: Community Bridges
Contra Costa	Outreach, Access & Linkage	Building Connections in Underserved Cultural Communities - La Clinica Vias de Salud (Pathways to Health)
Contra Costa	Outreach	Coping with Trauma Related to Community Violence
Contra Costa	Suicide Prevention Campaign	Suicide Prevention
El Dorado	Access & Linkage	School-based MH Promotion and Service Linkage
El Dorado	Outreach, Access & Linkage	Community Education Project
Fresno	Access & Linkage	Cultural-Based Access Navigation Specialists
Fresno	Outreach, Access & Linkage	School-Wide Behavior Supports
Fresno	Access & Linkage	Crisis Intervention Call Center
Fresno	Outreach, Access & Linkage	Team Decision-making
Glenn	Access & Linkage	Welcoming Line
Humboldt	Suicide Prevention, Outreach	Suicide Prevention
Humboldt	Stigma Reduction	Stigma Discrimination Reduction
Kings	Outreach	WE CAN - Team Oriented Approach
Kings	Access & Linkage	WE CAN - Universal Screening

County	Report Classification	Program/Activity
Kings	Access & Linkage	In Common - Advocacy and Case Management
Los Angeles	Outreach	School-based Services Project - Olewus Bullying Prevention Program
Los Angeles	Outreach	Family Education and Support Project - Managing and Adapting Practice (MAP)
Los Angeles	Outreach, Access & Linkage	Early Start School Mental Health Initiative- Early Screening, Identification, and Mental Health Consultation START
Madera	Access & Linkage	Community Outreach and Engagement
Madera	Access & Linkage	Community Outreach and Wellness Center
Marin	Outreach	Early Childhood Mental Health Consultation
Mendocino	Stigma Reduction	Education, De-Stigmatization & Peer Support
Mendocino	Access & Linkage	Prevention: Older Adults
Mendocino	Outreach	Prevention, Children & Youth
Merced	Access & Linkage	Public Awareness and Education - County-wide Public Information and Outreach
Merced	Access & Linkage	Public Awareness and Education - Targeted Outreach for Culturally and Linguistically Isolated Families
Modoc	Outreach, Access & Linkage	Developing Youth and Family Assets - Community Asset Building
Monterey	Access & Linkage	Underserved & Unserved Cultural Populations Project - African American Community Partnership/Village Project and Screening Services
Monterey	Access & Linkage	Underserved & Unserved Cultural Populations Project - Outreach (LGBTQ Community Partnership | CHS and CCHAS)
Monterey	Access & Linkage	Underserved & Unserved Cultural Populations Project - Screening (Latino Community Partnership | CCA and CCCP)
Monterey	Access & Linkage	Underserved & Unserved Cultural Populations Project - 211 Toll-Free Telephone Referral
Monterey	Stigma Reduction	Underserved & Unserved Cultural Populations Project - Social Marketing (Social Marketing | BH)
Napa	Outreach, Access & Linkage	Native American Youth/Elders Enhancement Project
Napa	Outreach, Access & Linkage	Child Welfare Early Mental Health Assessment Program
Nevada	Outreach, Access & Linkage, Suicide Prevention	Access
Nevada	Access & Linkage	Outreach
Orange	Access & Linkage	School Based Services - Positive Behavioral Intervention & Support
Orange	Outreach	School Based Services - Violence Prevention Education
Orange	Access & Linkage	Outreach & Engagement
Orange	Access & Linkage	Parent Education & Support - Promotora Model
Orange	Access & Linkage	Screening & Assessment Services -Integration of Professional Assessor Into Established Programs
Orange	Access & Linkage	Crisis & Referral Services - Crisis Hot/Warm Lines
Orange	Outreach, Access & Linkage	Crisis & Referral Services - Survivor Support Services
Placer	Outreach	Bye Bye Blues: Community 2-day Suicide Prevention Conference
Placer	Outreach	Bye Bye Blues: Community Educator
Placer	Access & Linkage	Bridges to Wellness

County	Report Classification	Program/Activity
Riverside	Stigma Reduction/Access & Linkage	Mental Health Outreach, Awareness, and Stigma Reduction
Riverside	Suicide Prevention Campaign	Transition-Age Youth Project - Teen Suicide Prevention program
Riverside	Outreach	Underserved Populations: Ethnic and Cultural Community Leaders in a Collaborative Effort
Riverside	Outreach	Training, Technical Assistance & Capacity Building
Sacramento	Suicide Prevention Campaign	Suicide Prevention - Crisis Line
Sacramento	Suicide Prevention Campaign	Suicide Prevention - Suicide Bereavement and Grief Services
Sacramento	Outreach	Strengthening Families - Quality Child Care Collaborative (formerly known as Early Childhood Consultation)
Sacramento	Outreach	Strengthening Families - Bullying Prevention Program
San Benito	Outreach	Children and Youth PEI - HYA Mental Health Screening Tool Training
San Benito	Outreach	Suicide Prevention Training for First Responders
San Bernardino	Outreach	Community-Based Initiatives - Promotores de Salud/Community Health Workers Program
San Diego	Access & Linkage	Outreach and Education - Media Campaigns and Targeted Populations: Program #3: Family Peer Support Line
San Diego	Access & Linkage	Outreach and Education - Media Campaigns and Targeted Populations: Program #2: Youth Peer Support
San Diego	Stigma Reduction	Outreach and Education - Medica Campaigns and Targeted Populations - Program #1: Outreach and Education - Media Campaigns and Targeted Populations, It's Up to Us
San Diego	Suicide Prevention Campaign	Outreach and Education - Media Campaigns and Targeted Populations - Breaking Down Barriers
San Francisco	Outreach	Early Childhood Mental Health Consultation
San Francisco	Outreach	Mental Health Consultation for Providers Working with At-Risk Youth
San Francisco	Stigma Reduction	Peer Outreach and Training
San Francisco	Outreach/Suicide Prevention	Community Behavioral Health Services Crisis Response Team
San Joaquin	Access & Linkage	Reducing Disparities - Cultural Brokers
San Joaquin	Access & Linkage	Reducing Disparities - Access to Services
San Joaquin	Outreach	Reducing Disparities - Mental Health 101
San Joaquin	Suicide Prevention Campaign/Outreach	School-based Prevention Efforts
San Luis Obispo	Suicide Prevention Campaign	Mental Health Awareness and Stigma Reduction - Media Advocacy
San Luis Obispo	Access & Linkage	Mental Health Awareness and Stigma Reduction - Community Outreach & Engagement
San Luis Obispo	Access & Linkage	Mental Health Awareness and Stigma Reduction - Community Outreach & Engagement (Homeless)
San Luis Obispo	Outreach	Family Education, Training, and Support - Coaching to Parents and Caregivers (warm-line)
San Luis Obispo	Outreach	Family Education, Training, and Support - Coordination of the County's Parenting Program (website)
San Luis Obispo	Outreach	Family Education, Training, and Support - Parent Education

County	Report Classification	Program/Activity
San Luis Obispo	Access & Linkage	Early Care and Support for Underserved Population - Latino Outreach and Engagement
San Luis Obispo	Outreach/Suicide Prevention	Integrated Community Wellness - Crisis Response
San Mateo	Outreach, Access & Linkage	Early Childhood Community Team
San Mateo	Outreach, Access & Linkage	Community Outreach, Engagement and Capacity Building
Santa Barbara	Access & Linkage	Mental Health Education and Support in Culturally Underserved Communities
Santa Clara	Access & Linkage	Community Engagement & Capacity Building for Reducing Stigma and Discrimination - Expanded Outreach and Engagement
Santa Clara	Outreach	Community Engagement & Capacity Building for Reducing Stigma and Discrimination - Mental Health Literacy Campaign
Santa Clara	Stigma Reduction	Community Engagement & Capacity Building for Reducing Stigma and Discrimination - Culturally Specific Programs to reduce Stigma and Discrimination
Santa Clara	Access & Linkage	Strengthening Families & Children - Reach out and Read
Santa Clara	Outreach	PEI Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features - Targeted Outreach and Training
Santa Clara	Outreach	PEI Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features - Universal Community Education
Santa Clara	Suicide Prevention/ Access & Linkage	Suicide Prevention - Suicide and Crisis Services
Santa Clara	Suicide Prevention/ Outreach	Suicide Prevention - Gatekeeper Training
Santa Clara	Suicide Prevention Campaign	Suicide Prevention - Policies to promote systems change
Santa Clara	Suicide Prevention Campaign	Suicide Prevention - Communications/Media Best Practices
Shasta	Stigma Reduction	Stigma and Discrimination
Shasta	Suicide Prevention Campaign, Outreach	Suicide Prevention
Solano	Outreach	Prevention and Early Access for Seniors (PEAS) - Gatekeepers (includes Health Providers)
Stanislaus	Outreach	Community Capacity Building - Asset-Based Community Development
Stanislaus	Outreach	Emotional Wellness Education Community Support - Friends are Good Medicine
Stanislaus	Stigma Reduction	Emotional Wellness Education Community Support - Mental Health Promotion Campaign
Stanislaus	Stigma Reduction	Adult Resiliency and Social Connectedness -In Our Own Words - Anti-Stigma Program
Stanislaus	Outreach	Adult Resiliency and Social Connectedness - Faith/Spirituality-Based Resiliency and Social Connectedness
Stanislaus	Outreach	School Behavioral Health Integration - Parents and TEAchers as Allies (PTASA)
Sutter-Yuba	Outreach	Community Prevention Team
Sutter-Yuba	Outreach	First Onset Team
Tri-Cities	Stigma Reduction	Community Capacity Building - Stigma Reduction within Cultural Groups
Tri-Cities	Outreach	Community Capacity Building - Mental Health First Aid

County	Report Classification	Program/Activity
Tri-Cities	Outreach	NAMI Capacity Building
Tri-Cities	Outreach	Building Bridges between Landlords, Mental Health Providers and Clients (Landlords)
Tulare	Suicide Prevention	Suicide Prevention - Festival of Hope Community Event
Tulare	Suicide Prevention / Outreach	Suicide Prevention - Applied Suicide Intervention Skills Training (ASSIT) Training
Tulare	Suicide Prevention / Outreach	Suicide Prevention - Dialectical Behavioral Therapy Training
Tulare	Access & Linkage	Reducing Disparities
Tuolumne	Outreach	Early Childhood Education Project -Provider Education Training (TCOE - Self Program)
Tuolumne	Outreach / Suicide Prevention	Suicide Prevention and Stigma Reduction
Yolo	Outreach	Early Signs Project
# of counties = 42	**# of programs/activities = 135**	

Appendix G

'Mixed' Programs/Activities by County (FY 2011-12)

County	Report Classification	Program/Activity
Alpine	Depression/Underserved Cultural **Population (Children/Youth-Out of Study Scope)**	Wellness Center
Amador	Any Axis I Disorder/Underserved Cultural Population (**Out of Study Scope)**	Promotores de Salud
Contra Costa	Children / Youth involved with Child Welfare/ Depression & Anxiety /Homelessness	Parenting Education and Support - La Clinica Familias Fuertes (Strong Families) - Parenting Groups & Coaching
Contra Costa	Children / Youth involved with Child Welfare/ Depression & Anxiety /Homelessness	Parenting Education and Support - COPE Family Support Center - Parenting Groups & Coaching
Contra Costa	Children / Youth involved with Child Welfare/ Depression & Anxiety /Homelessness	Parenting Education and Support - Child Abuse Prevention Council - Parenting Groups & Coaching
Contra Costa	Children / Youth involved with Child Welfare/ Depression & Anxiety /Homelessness	Parenting Education and Support - The Latina Center - Parenting Groups & Coaching
Contra Costa	Bullied Children / Youth, Exhibiting Bullying Behavior/ Depression & Anxiety	Youth Development - RYSE Center
Contra Costa	Youth Exposed to Dating Violence / Depression & Anxiety	Youth Development - STAND! For Families free from Violence
El Dorado	Depression/suicide risk/historical trauma	Wennem Wadati
El Dorado	Homeless, Housing Instability/Any Axis I Disorder	Health Disparities
Fresno	**Underserved cultural groups (Out of Study Scope)**/Homelessness	Horticultural Therapeutic Community Center
Kings	PTSD/ Families involved in Child Welfare System/ Grandparents parenting grandchildren	WE CAN
Marin	Depression & Anxiety/ Youth involvement in Juvenile Justice System/ Poverty/Substance use	Transition Age Youth Prevention and Early Intervention
Marin	PTSD/Families impacted by Substance Use	Canal Community Based Prevention and Early Intervention
Monterey	Depression & Anxiety/ Oppositional-Defiant Behavior	Underserved & Unserved Cultural Populations Project - Positive Parenting Curriculum (Parenting Education Partnership (PPP) | CHS)
Monterey	Children in DV Families/ Co-Occurring Disorders/Axis I Disorders (specific)/ Exhibiting Bullying Behavior/Self-Harm	Trauma-Exposed Individuals
Monterey	System-Involved Families (Social Services) /Any Axis I Disorder	Children & Youth in Stressed Families
Napa	Bullied or Exhibiting Bullying Behavior/ Axis I Disorders (Specific)	American Canyon SAP Program (Napa Junction Elementary, American Canyon Middle and High School)
Napa	Children & Youth involved in the Criminal Justice System/CY in families impacted by substance use/CY in families impacted by domestic violence/CY involved in the Child Welfare System/ Oppositional, Disruptive Behaviors/Disruptive Behavior Disorders	St. Helena and Calistoga PEI
Orange	Attention problems/oppositional behavior, ADHD	School Based Services - Positive Behavioral Intervention & Support (targeted)
Riverside	Juvenile Justice System-Involved Children & Youth/ Homelessness; Self-Harm; Depression & Anxiety	Transition-Age Youth Project - Peer to Peer Services
Riverside	**(Underserved Population (OOSS)** /Poverty/Violence Exposure/Oppositional-Defiant Behavior	Underserved Populations: Effective Black Parenting, Afrocentric Youth and Families Rites of Passage Program

County	Report Classification	Program/Activity
San Diego	Suicide Risk /Depression	Collaborative Native American Initiative
San Diego	Disruptive Behavior Disorders / Aggressive/Bullying Behavior/ Withdrawn (Victim of Bullying) / Impacted by Family Violence	School-Based Program
San Joaquin	Depression & PTSD/ Involved in Justice System	Suicide Prevention and Supports: MH Clinician in Juvenile Hall
Santa Barbara	Depression / Child Welfare, Juvenile Justice System Involvement/ Domestic Violence	Integrating Primary and Mental Health Care in Community Clinics - IMPACT
Santa Barbara	Any Axis I Disorder/Involved with Justice System	PEI Services for Children and TAY - Crisis Service Coverage for Underserved Children
Santa Clara	Developmental Delays/Depression & Anxiety	Strengthening Families & Children - Family-Based Interventions - Brief Strategic Family Therapy
Santa Clara	Oppositional-defiant behavior/ADHD	Strengthening Families & Children - Basic & Enhanced Parenting Support Program - Triple P
Santa Clara	Immigrants exposed to Trauma/Axis I Disorders (Specific)	Primary Care/Behavioral Health Integration for Adults and Older Adults- Specialized Services to Refugees
Santa Cruz	Co-Occurring Disorders/ Children/Youth in Families impacted by Substance Abuse &/or Domestic Violence	Early Intervention Services for Children
Santa Cruz	Any Axis I Disorder/ Co-Occurring Disorders/ GLBTQ	Early Onset Intervention Services for Transition Age Youth & Adults
Santa Cruz	Depression & Anxiety/Trauma	Early Intervention Services for Older Adults
Shasta	Depression & PTSD/ Any Axis I Disorder/ Families impacted by Substance Abuse, Domestic Violence	Children and Youth in Stressed Families
Shasta	Any Axis I Disorder/ Trauma	Older Adults
Siskiyou	Axis I Disorders (specific)/ Children/Youth Victimized by Bullying	Community PEI Services Program
Solano	Depression, Anxiety & PTSD/Children Youth Victimized by Bullying	School-Aged - School Based Targeted Student Assistance Program
Sonoma	Co-Occurring Disorders/ Children/Youth in Families impacted by Substance Abuse, Mental Illness	School Based Programs -Elementary School Student Assistance Programs
Sonoma	Co-Occurring Disorders / Children/Youth Victimized by Bullying / Developmental Disabilities / Historical Trauma	Reducing Disparities
Stanislaus	Depression/Domestic Violence	Community Capacity Building - Promotores and Community Health Workers
Stanislaus	Depression/Domestic Violence	Community Capacity Building - Outreach and Engagement
Stanislaus	Any Axis I Disorder/Disruptive Behaviors	School-Based Health Integration - Student Assistance and School-Based Consultation Program
Sutter-Yuba	Disruptive Behaviors/ ADHD	Community Prevention Team-Nurtured Heart Parenting (English and Spanish)
Tri-Cities	Trauma due to Violence/Co-Occurring Disorders	Community Capacity-Building - Community Wellbeing
Tri-Cities	Youth Victimized by Bullying/ Any Axis I Disorder	Student Well-Being
Trinity	Youth Victimized by Bullying/Depression & Anxiety	Hayfork and Southern Trinity Health Services Primary Intervention Project
Tulare	Children/Youth exhibiting Disruptive Behaviors/ Co-Occurring Disorders	Children at Risk of School Failure - Children of Promise Program
Ventura	Depression/ Youth Victimized by Bullying	Community Coalitions - Universal Prevention
Yolo	Youth Victimized by Bullying/Depression & Anxiety	Wellness Project - Urban Children's Resiliency Program

County	Report Classification	Program/Activity
Yolo	Youth Victimized by Bullying/ Depression & Anxiety	Wellness Project - Rural Children's Resiliency Program
Yolo	Depression	Wellness Project - Senior Peer Counseling
# of counties = 27	**# of programs/activities = 51**	

County	Program/Activity	Target Populations
Key: *Population*: EI - Early Intervention; P-Prevention; OOSS-Out of Study Scope		
Alpine	Wellness Center	EI, OOSS
Amador	Promotores de Salud	EI, OOSS
Contra Costa	Parenting Education and Support - La Clinica Familias Fuertes (Strong Families) - Parenting Groups & Coaching	P, EI
Contra Costa	Parenting Education and Support - COPE Family Support Center - Parenting Groups & Coaching	P, EI
Contra Costa	Parenting Education and Support - Child Abuse Prevention Council - Parenting Groups & Coaching	P, EI
Contra Costa	Parenting Education and Support - The Latina Center - Parenting Groups & Coaching	P, EI
Contra Costa	Youth Development - RYSE Center	P, EI
Contra Costa	Youth Development - STAND! For Families free from Violence	P, EI
El Dorado	Wennem Wadati	P, EI
El Dorado	Health Disparities	P, EI
Fresno	Horticultural Therapeutic Community Center	OOSS, P
Kings	WE CAN	P, EI
Marin	Transition Age Youth Prevention and Early Intervention	P, EI
Marin	Canal Community Based Prevention and Early Intervention	P, EI
Monterey	Underserved & Unserved Cultural Populations Project - Positive Parenting Curriculum (Parenting Education Partnership (PPP) | CHS)	P, EI
Monterey	Trauma-Exposed Individuals	P, EI
Monterey	Children & Youth in Stressed Families	P, EI
Napa	American Canyon SAP Program (Napa Junction Elementary, American Canyon Middle and High School)	P, EI
Napa	St. Helena and Calistoga PEI	P, EI
Orange	School Based Services - Positive Behavioral Intervention & Support (targeted)	P, EI
Riverside	Transition-Age Youth Project - Peer to Peer Services	P, EI
Riverside	Underserved Populations: Effective Black Parenting, Afrocentric Youth and Families Rites of Passage Program	OOSS, P
San Diego	Collaborative Native American Initiative	P, EI
San Diego	School-Based Program	P, EI
San Joaquin	Suicide Prevention and Supports: MH Clinician in Juvenile Hall	P, EI
Santa Barbara	Integrating Primary and Mental Health Care in Community Clinics - IMPACT	P, EI
Santa Barbara	PEI Services for Children and TAY - Crisis Service Coverage for Underserved Children	P, EI
Santa Clara	Strengthening Families & Children - Family-Based Interventions - Brief Strategic Family Therapy	P, EI
Santa Clara	Strengthening Families & Children - Basic & Enhanced Parenting Support Program - Triple P	P, EI
Santa Clara	Primary Care/Behavioral Health Integration for Adults and Older Adults- Specialized Services to Refugees	P, EI
Santa Cruz	Early Intervention Services for Children	P, EI
Santa Cruz	Early Onset Intervention Services for Transition Age Youth & Adults	P, EI
Santa Cruz	Early Intervention Services for Older Adults	P, EI
Shasta	Children and Youth in Stressed Families	P, EI
Shasta	Older Adults	P, EI
Siskiyou	Community PEI Services Program	P, EI

County	Program/Activity	Target Populations
Solano	School-Aged - School Based Targeted Student Assistance Program	P, EI
Sonoma	School Based Programs -Elementary School Student Assistance Programs	P, EI
Sonoma	Reducing Disparities	P, EI
Stanislaus	Community Capacity Building - Promotores and Community Health Workers	P, EI
Stanislaus	Community Capacity Building - Outreach and Engagement	P, EI
Stanislaus	School-Based Health Integration - Student Assistance and School-Based Consultation Program	P, EI
Sutter-Yuba	Community Prevention Team-Nurtured Heart Parenting (English and Spanish)	P, EI
Tri-Cities	Community Capacity-Building - Community Wellbeing	P, EI
Tri-Cities	Student Well-Being	P, EI
Trinity	Hayfork and Southern Trinity Health Services Primary Intervention Project	P, EI
Tulare	Children at Risk of School Failure - Children of Promise Program	P, EI
Ventura	Community Coalitions - Universal Prevention	P, EI
Yolo	Wellness Project - Urban Children's Resiliency Program	P, EI
Yolo	Wellness Project - Rural Children's Resiliency Program	P, EI
Yolo	Wellness Project - Senior Peer Counseling	P, EI

Appendix H

Prevention Program/Activity Expenditures by County (FY 2011-12)

#	County	Prevention Program/Activity	Program #	$ Expended
3	Amador	Intervention for Anxiety & Depression: Aggression Replacement Training	PEI 1	$ 20,000.00
3	Amador	Youth Empowerment Program	PEI 2	$ 33,000.00
3	Amador	Respite and Support for Parenting Grandparents (PEARLS)	PEI 5	$ 39,000.00
66	Berkeley	Be A Star	PEI 1	$ 79,243.00
66	Berkeley	Community Education/Supports	PEI 3	$ 50,501.99
5	Calaveras	Strengthening Families	PEI 1	$ 162,186.00
5	Calaveras	Grandparents Project	PEI 2	$ 10,046.00
6	Colusa	Prevention and Early Intervention for Pre School/Early Second Step	PEI 1	$ 400.00
6	Colusa	Friday Night Live	PEI 2	$ 6,400.00
8	Del Norte	Strengthening Families and Parent Support	PEI 1	$ 96,310.00
8	Del Norte	Reach for Success	PEI 2	$ 89,629.00
9	El Dorado	Primary Intervention Project	PEI 2	$ 202,792.00
9	El Dorado	Incredible Years	PEI 3	$ 66,445.00
13	Imperial	Nurturing Parent Program	PEI 1	$ 703,814.00
14	Inyo	PATHS Pre-school	PEI 1	$ 36,692.00
14	Inyo	Parent-Child Interaction Therapy	PEI 2	$ 65,531.00
15	Kern	Student Assistance Program	PEI 1	$ 1,400,230.00
17	Lake	Wellness and Recovery Centers	PEI 3	$ 130,549.00
17	Lake	Older Adult Outreach and Prevention - Friendly Visitor	PEI 4	$ 17,782.00
17	Lake	Prevention Mini-Grants	PEI 8	$ 23,550.00
18	Lassen	Supporting Lassen Families	PEI 1	$ 97,129.41
19	Los Angeles	Family Education and Support Project - Caring for Our Families	PEI 2	$ 2,500,000.00
19	Los Angeles	Family Education and Support Project - Mindful Parenting (MP)	PEI 2	$ 48,935.00
19	Los Angeles	At-Risk Family Services Project - Parent-Child Interaction Therapy	PEI 3	$ 2,400,000.00
19	Los Angeles	At-Risk Family Services Project - Reflective Parenting Program	PEI 3	$ 64,498.00
19	Los Angeles	At-Risk Family Services Project - UCLA Ties Transition Model	PEI 3	$ 266,716.00
19	Los Angeles	Improving Access for Underserved Populations - GLBT CHAMPS: Comprehension HIV & At-Risk Mental Health Services	PEI 9	$ 48,706.00
21	Marin	Across Ages Mentoring	PEI 3	$ 56,146.00
22	Mariposa	SMILE	PEI 1	$ 70,652.82
22	Mariposa	Girl Talk/ Boys Rock	PEI 3	$ 3,000.00
24	Merced	Skill Building in Children - Caring Kids	PEI 2	$ 160,000.00
24	Merced	Skill Building in Children - Second Step	PEI 2	$ 180,000.00
24	Merced	Skill Building in Children - Middle School Mentoring	PEI 2	$ 100,000.00
24	Merced	Integrated Mental Health in Primary Care Settings - Hmong Community Program	PEI 4	$ 111,374.00
25	Modoc	Developing Youth and Family Assets - Primary Intervention Program	PEI 1	$ 40,000.00
25	Modoc	Developing Youth and Family Assets - Strengthening Families	PEI 1	$ 29,588.00
27	Mono	School Counseling Program - Brief Intervention	PEI 1	$ 126,300.00
27	Monterey	Children & Youth At Risk of or Experiencing Juvenile Justice Involvement Project	PEI 4	$ 387,671.00
28	Napa	Court and Community Supported SAP Project	PEI 4	$ 58,898.96
28	Napa	American Canyon Home Visitation Program	PEI 16	$ 50,000.00
29	Nevada	Prevention and Early Intervention for at Risk Children, Youth and Families	PEI 3	$ 143,460.00
30	Orange	School Based Services - School-Based School Readiness Program Expansion - Connect the Tots	PEI 2	$ 549,958.00
30	Orange	Parent Education & Support - Positive Parenting Program - Triple P	PEI 4	$ 355,604.00
30	Orange	Prevention Services - Children of Substance Users and Mentally Ill Parents	PEI 5	$ 728,777.00

#	County	Prevention Program/Activity	Program #	$ Expended
30	Orange	Prevention Services - PEI Services for Parents and Siblings of Youth in the Juvenile Justice System	PEI 5	$ 525,135.00
30	Orange	Prevention Services - Transition Services	PEI 5	$ 265,548.00
31	Placer	Ready for Success - Incredible Years	PEI 1	$ 251,797.00
31	Placer	Ready for Success - Functional Family Therapy	PEI 1	$ 76,000.00
31	Placer	Ready for Success - Positive Indian Parenting (PIP)/Families of Tradition	PEI 1	$ 247,252.00
31	Placer	Ready for Success -Teaching Pro-Social Skills	PEI 1	$ 67,996.00
31	Placer	Ready for Success - Life Skills Training/Youth Council	PEI 1	$ 40,531.00
31	Placer	Ready for Success - Parent Project/Family Counseling	PEI 1	$ 192,772.00
31	Placer	Ready for Success - Tahoe Advancement Program: Adventure Risk Challenge (ARC)	PEI 1	$ 25,934.00
31	Placer	Bye Bye Blues: Native Culture Camp/Community Counseling	PEI 2	$ 14,998.00
32	Plumas	Family Therapy	PEI 1	$ 108,508.00
33	Riverside	Parent Education and Support - Parent-Child Interaction Therapy	PEI 2	$ 1,118,177.00
33	Riverside	Parent Education and Support - Parenting for At-Risk Families	PEI 2	$ 107,059.00
33	Riverside	Parent Education and Support - Safe Care	PEI 2	$ 740,203.00
33	Riverside	Early Intervention for Families in School - Families and Students Together	PEI 3	$ 225,959.50
33	Riverside	Early Intervention for Families in School - Public School Collaborative for Middle School Students	PEI 3	$ 481,046.89
33	Riverside	Underserved Populations: Guiding Good Choices, Incredible Years - Spirit	PEI 7	$ 432,153.00
34	Sacramento	Strengthening Families - HEARTS for Kids (formerly known as In-home Support Services for Foster Youth)	PEI 2	$ 397,809.23
34	Sacramento	Strengthening Families - Independent Living Program (ILP) 2.0 (formerly known as Building Life Skills and TAY)	PEI 2	$ 262,266.10
35	San Benito	Children and Youth PEI - HYA El Joven Noble	PEI 1	$ 109,714.00
35	San Benito	Children and Youth PEI - HYA Youth Support Services	PEI 1	$ 54,857.00
36	San Bernardino	School Based Initiatives - Student Assistance Program	PEI 1	$ 2,075,312.66
36	San Bernardino	School Based Initiatives - Preschool PEI Program	PEI 1	$ 315,936.93
36	San Bernardino	Community-Based Initiatives - Crossroads Education Class Program	PEI 2	$ 466,598.00
36	San Bernardino	Systems Enhancement Initiatives -Child and Youth Connection Program	PEI 3	$ 1,481,044.03
37	San Diego	Veterans and Families Outreach and Education	PEI 4	$ 964,739.00
37	San Diego	South Region Point of Engagement	PEI 5	$ 491,984.00
37	San Diego	South Region Trauma-Exposed Services - Triple P	PEI 6	$ 635,594.00
37	San Diego	Central Region Community Violence Services	PEI 7	$ 465,415.00
37	San Diego	Triple P	PEI 10	$ 1,297,179.00
37	San Diego	Co-Occurring Disorders - Screening Community Based Alcohol and Drug Services (ADS) Programs	PEI 15	$ 916,130.00
37	San Diego	Elder Multi-cultural Access and Support Services	PEI 16	$ 378,157.00
38	San Francisco	School Based Youth-Centered Wellness Promotion - K-12 School Based Services	PEI 1	$ 989,092.00
38	San Francisco	Holistic Wellness Promotion in a Community Setting	PEI 4	$ 1,169,186.00
38	San Francisco	TAY Multi-Service Center	PEI 8	$ 197,112.00
38	San Francisco	Trauma and Recovery Services	PEI 11	$ 260,525.00
39	San Joaquin	Empowering Youth and Families - MH for Youth at risk of Juvenile Justice	PEI 4	$ 777,585.00
39	San Joaquin	Empowering Youth and Families - Comprehensive Youth Outreach and Early Intervention	PEI 4	$ 570,376.00
39	San Joaquin	Empowering Youth and Families - Comprehensive Family Support Programs	PEI 4	$ 490,127.00

#	County	Prevention Program/Activity	Program #	$ Expended
40	San Luis Obispo	School-Based Student Wellness Project -Positive Development Program	PEI 2	$ 80,000.00
40	San Luis Obispo	School-Based Student Wellness Project -Student Wellness Strategy	PEI 2	$ 153,661.00
40	San Luis Obispo	School-Based Student Wellness Project -Middle School Comprehensive Program	PEI 2	$ 440,578.00
41	San Mateo	Community Interventions for School Age and Transition Age Youth	PEI 2	$ 866,039.00
42	Santa Barbara	Early Childhood Mental Health Services	PEI 3	$ 466,175.71
42	Santa Barbara	PEI Services for Children and TAY- School-Based Support for Children and Adolescents	PEI 4	$ 180,000.00
43	Santa Clara	Primary Care/Behavioral Health Integration for Adults and Older Adults- Outreach to Older Adults	PEI 4	$ 489,519.76
44	Santa Cruz	Culturally Specific Parent Education & Support	PEI 2	$ 99,242.00
46	Sierra	Student Assistance Program	PEI 1	$ 15,205.73
48	Solano	Partnerships for Early Access for Kids (PEAK)	PEI 1	$ 456,000.00
48	Solano	School-Aged - Educational Liaison to Juvenile Probation Multi-Disciplinary Teams	PEI 2	$ 44,741.20
49	Sonoma	Early Childhood Prevention and Early Intervention Project - System of Care for 0-5	PEI 1	$ 143,564.43
49	Sonoma	Early Childhood Prevention and Early Intervention Project - Triple P & Parent Education and Early Intervention for Children	PEI 1	$ 146,181.49
49	Sonoma	School Based Programs -Middle and High School Student Assistance Programs	PEI 2	$ 267,300.00
50	Stanislaus	Adverse Childhood Experience Intervention - Expanded Child Sexual Abuse Prevention and Early Intervention	PEI 3	$ 116,626.00
50	Stanislaus	Adverse Childhood Experience Intervention - Aggression Replacement Training (ART)	PEI 3	$ 105,264.00
50	Stanislaus	Adverse Childhood Experience Intervention -Youth Leadership and Resiliency	PEI 4	$ 110,793.00
50	Stanislaus	Adverse Childhood Experience Intervention - Children are People	PEI 4	$ 38,212.00
63	Sutter-Yuba	Community Prevention Team - Substance counseling (early use) for traumatized youth	PEI 1	$ 28,144.23
63	Sutter-Yuba	Community Prevention Team - Second Step (English and Spanish)	PEI 1	$ 18,409.18
63	Sutter-Yuba	Community Prevention Team - Strengthening The Infant /Parent Relationship	PEI 1	$ 22,049.53
63	Sutter-Yuba	Community Prevention Team- Peer Leaders Uniting Students (PLUS)	PEI 1	$ 17,094.96
63	Sutter-Yuba	Expand Mentoring Program - Friday Night Live	PEI 2	$ 22,959.07
63	Sutter-Yuba	Expand Mentoring Program - Big Brothers/Sisters	PEI 2	$ 21,929.01
52	Tehama	Nurturing Parent	PEI 1	No expenditure data
66	Tri-Cities	Family Well-Being	PEI 4	$ 89,958.00
54	Tulare	Children and Youth in Stressed Families - Family Interaction Program (FIP)	PEI 1	$ 83,575.00
54	Tulare	Children and Youth in Stressed Families - In-Home Parent Education Program (IHPE; Formerly known as Family Services Integration Program)	PEI 1	$ 219,836.00
54	Tulare	Children and Youth in Stressed Families - Safe Care Program	PEI 1	$ 653,623.00
54	Tulare	Children at Risk of School Failure - Preschool Expulsion Reduction Program	PEI 2	$ 159,410.00
54	Tulare	Children at Risk of School Failure - Primary Intervention Program (e.g., K-3 Early Intervention Program)	PEI 2	$ 323,725.53
55	Tuolumne	Early Childhood Education Project - Parent Education Classes (ICES - Nurturing Parenting)	PEI 1	$ 95,805.00

#	County	Prevention Program/Activity	Program #	$ Expended
55	Tuolumne	Early Childhood Education Project - Parent Counseling/Coaching Support (ICES - Nurturing Parenting and Bilingual Education)	PEI 1	$ 20,000.00
55	Tuolumne	School Based Violence Prevention Projects - Bullying Prevention Program	PEI 2	$ 24,999.70
55	Tuolumne	School Based Violence Prevention Projects - Challenge Days	PEI 2	$ 40,000.00
56	Ventura	School-Based Services - Triple P	PEI 3	$ 2,637,549.00
		PREVENTION TOTAL		**40,197,494.06**

Appendix I

Early Intervention Program/Activity Expenditures by County (FY 2011-12)

#	County	Early Intervention Program/Activity	Program #	$ Expended
1	Alameda	Early Intervention on the Onset of First Psychosis & SMI among TAY	PEI 2	$ 1,016,741.32
1	Alameda	Mental Health Integration for Older Adults In Primary Care (IMPACT)	PEI 3	$ 548,874.00
1	Alameda	Case Management (Outreach, Education & Consultation for the Latino Community)	PEI 5	$ 127,982.87
1	Alameda	Case Management (Consultation for the API Community)	PEI 6	$ 127,982.87
1	Alameda	Case Management - Consultation for the South Asian & Afghan Community	PEI 7	$ 91,739.87
1	Alameda	Case Management - Consultation for the South Asian & Afghan Community	PEI 8	$ 34,271.37
3	Amador	Intervention for Anxiety & Depression: Parent Interaction Therapy (PCIT)	PEI 1	$ 20,000.00
4	Butte	Integrated Primary Care and Mental Health	PEI 3	$ 53,438.00
4	Butte	Mobile TAY Project	PEI 4	$ 16,243.00
5	Calaveras	Grandparents Project	PEI 2	$ 2,400.00
6	Colusa	Prevention and Early Intervention for Pre School/Early Second Step	PEI 1	$ 5,000.00
7	Contra Costa	Building Connections in Underserved Cultural Communities - Rainbow Community Center	PEI 1	$ 138,506.00
7	Contra Costa	Building Connections in Underserved Cultural Communities - YMCA of the East Bay - One Family at a Time: Building Blocks for Kids	PEI 1	$ 209,268.00
7	Contra Costa	Building Community in Underserved Cultural Communities - Center for Human Development African American Health Conductors	PEI 1	$ 81,000.00
7	Contra Costa	Building Community in Underserved Cultural Communities - Asian Community Health Center	PEI 1	$ 130,000.00
7	Contra Costa	Building Community in Underserved Cultural Communities - Lao Family Community Development	PEI 1	$ 169,926.00
7	Contra Costa	Building Community in Underserved Cultural Communities - Native American Health Center	PEI 1	$ 213,422.00
7	Contra Costa	Supporting Older Adults - Support Groups & System Navigation	PEI 5	$ 248,164.00
7	Contra Costa	Supporting Older Adults - Community Based Social Supports & Arts/Education Program	PEI 5	$ 118,970.00
7	Contra Costa	Parenting Education and Support - Mental Health Counseling (Contra Costa Interfaith Housing)	PEI 6	$ 52,834.00
7	Contra Costa	Supporting Families Experiencing the Juvenile Justice System	PEI 7	$ 372,246.00
7	Contra Costa	Supporting Families Experiencing Mental Illness	PEI 8	$ 468,440.00
7	Contra Costa	Youth Development - Martinez School District (New Leaf)	PEI 9	$ 170,079.00
7	Contra Costa	Youth Development - People Who Care	PEI 9	$ 203,594.00
7	Contra Costa	Youth Development - The James Morehouse Project	PEI 9	$ 94,200.00
9	El Dorado	Home Delivered Meals Wellness Outreach Program for Older Adults	PEI 6	$ 163,044.00
10	Fresno	Integration of Primary Care and Mental Health	PEI 1	$ 772,816.00
10	Fresno	Peri-Natal PEI	PEI 3	$ 1,044,914.00
10	Fresno	First Onset Consumer and Family Support	PEI 6	$ 1,290,825.00
10	Fresno	Blue Sky Wellness Center	PEI 8	$ 1,256,795.00
10	Fresno	Functional Family Therapy	PEI 11	$ 544,581.00
12	Humboldt	TAY Partnership Program	PEI 3	$ 327,240.00
13	Imperial	Trauma-Exposed Individuals -Program to Encourage Active and Rewarding Lives for Seniors (PEARLS)	PEI 2	$ 203,244.00
13	Imperial	Trauma-Exposed Individuals- TF-CBT	PEI 2	$ 498,992.00
14	Inyo	Older Adult PEI Services	PEI 3	$ 110,694.00
15	Kern	Student Assistance Program - Brief Intervention	PEI 1	$ 212,520.00
15	Kern	Future Focus	PEI 2	$ 1,185,577.00
15	Kern	Integrated Physical and Behavioral Healthcare	PEI 3	$ 832,871.00
15	Kern	Senior Volunteer Outreach	PEI 4	$ 1,024,156.00
17	Lake	Early Intervention Services	PEI 1	$ 66,924.00

#	County	Early Intervention Program/Activity	Program #	$ Expended
17	Lake	Early Student Support	PEI 2	$ 70,000.00
17	Lake	Postpartum Depression Screening and support	PEI 5	$ 42,500.00
17	Lake	TAY Peer Support	PEI 6	$ 20,000.00
19	Los Angeles	School-based Services Project - Cognitive Behavioral Intervention for Trauma in School	PEI 1	$ 122,391.00
19	Los Angeles	School-based Services Project - Promoting Alternative Thinking Strategies (PATHS)	PEI 1	$ 2,000,000.00
19	Los Angeles	School-based Services Project - Aggression Replacement Training	PEI 1	$ 5,900,000.00
19	Los Angeles	School-based Services Project - Multidimensional Family Therapy	PEI 1	$ 573,133.00
19	Los Angeles	Family Education and Support Project - Incredible Years	PEI 2	$ 2,900,000.00
19	Los Angeles	Family Education and Support Project - Triple P Positive Parenting Program	PEI 2	$ 9,000,000.00
19	Los Angeles	At-Risk Family Services Project - Brief Strategic Family Therapy	PEI 3	$ 336,541.00
19	Los Angeles	At-Risk Family Services Project - Child Parent Psychotherapy	PEI 3	$ 5,400,000.00
19	Los Angeles	At-Risk Family Services Project - Group Cognitive Behavioral Therapy for Major Depression	PEI 3	$ 647,889.00
19	Los Angeles	At-Risk Family Services Project - Families OverComing Under Stress (FOCUS)	PEI 3	$ 9,861.00
19	Los Angeles	Trauma Recovery Services - Crisis Oriented Resolution Services	PEI 4	$ 7,000,000.00
19	Los Angeles	Trauma Recovery Services - Dialectical Behavior Therapy	PEI 4	$ 4,637.00
19	Los Angeles	Trauma Recovery Services - Depression Treatment Quality Improvement (DTQI)	PEI 4	$ 729,309.00
19	Los Angeles	Trauma Recovery Services - (Individual) Cognitive Behavioral Therapy for Depression	PEI 4	$ 77,710.00
19	Los Angeles	Trauma Recovery Services - Prolonged Exposure Therapy for Posttraumatic Stress Disorder	PEI 4	$ 103,454.00
19	Los Angeles	Trauma Recovery Services - Seeking Safety	PEI 4	$ 28,400,000.00
19	Los Angeles	Trauma Recovery Services - Trauma Focused Cognitive Behavioral Therapy	PEI 4	$ 37,300,000.00
19	Los Angeles	Trauma Recovery Services - System Navigators for Veterans	PEI 4	
19	Los Angeles	Primary Care and Behavioral Health Services -Mental Health Integration Program (MHIP)	PEI 5	$ 1,900,000.00
19	Los Angeles	Primary Care and Behavioral Health Services - Alternatives for Families	PEI 5	$ 1,200,000.00
19	Los Angeles	Early Care and Support for Transition-Age Youth - Interpersonal Psychotherapy for Depression (ITP)	PEI 6	$ 2,900,000.00
19	Los Angeles	Juvenile Justice Services - Functional Family Therapy	PEI 7	$ 4,300,000.00
19	Los Angeles	Juvenile Justice Services - Loving Intervention for Family Enrichment (LIFE) Program	PEI 7	$ 414,850.00
19	Los Angeles	Juvenile Justice Services - Multisystemic Therapy	PEI 7	$ 802,563.00
19	Los Angeles	Early Care and Support for Older Adults - Problem Solving Therapy (PST)	PEI 8	$ 16,962.00
19	Los Angeles	Early Care and Support for Older Adults - Program to Encourage Active Rewarding Lives for Seniors (PEARLS)	PEI 8	$ 7,990.00
21	Marin	Integrating Behavioral Health in Primary Care	PEI 6	$ 341,153.00
23	Mendocino	Early Onset, Early Intervention, TAY	PEI 2	$ 273,000.00
24	Merced	Life Skills for At-Risk TAYs - Transition to Independence	PEI 3	$ 249,997.00
24	Merced	Integrated Mental Health in Primary Care Settings - PEARLS	PEI 4	$ 110,000.00
27	Monterey	Underserved & Unserved Cultural Populations Project - Support Groups (Adult Wellness Center | Interim, Inc. Our Voices)	PEI 1	$ 14,899.00
27	Monterey	Underserved & Unserved Cultural Populations Project - Adult Peer Counseling (Adult Wellness Center| Interim, Inc. OMNI Resource Center)	PEI 1	$ 811,755.00
27	Monterey	Underserved & Unserved Cultural Populations Project - Senior Peer Counseling (Senior Peer Counseling | Alliance on Aging)	PEI 1	$ 66,266.00
27	Monterey	Underserved & Unserved Cultural Populations Project - Support Groups (Family Support Groups | BH)	PEI 1	$ 14,899.00
27	Monterey	Underserved & Unserved Cultural Populations Project - Peer to peer counseling	PEI 1	$ 298,196.00

#	County	Early Intervention Program/Activity	Program #	$ Expended
27	Monterey	Children & Youth in Stressed Families - TAY Services	PEI 3	$ 92,977.29
28	Napa	Kids Exposed to Domestic Violence (KEDS) project	PEI 11	$ 109,400.00
28	Napa	Older Adult PEI Project - PEARLS	PEI 14	$ 72,308.00
30	Orange	Early Intervention Services - Services for Stressed Families	PEI 1	$ 234,290.00
30	Orange	Early Intervention Services - First Onset Services and Supports	PEI 1	$ 1,740,731.00
30	Orange	Early Intervention Services - Socialization Program for Isolated Adults and Older Adults	PEI 1	$ 1,300,138.00
30	Orange	Early Intervention Services - Peer-led Support Groups	PEI 1	$ 68,939.00
31	Placer	Ready for Success -Transition to Independence Program	PEI 1	$ 61,517.00
31	Placer	Bye Bye Blues - Depression Screening Resources: Mothers of Children 0-5	PEI 2	$ 109,462.00
31	Placer	Bye Bye Blues - Depression Screening Resources: Older Adults	PEI 2	$ 150,000.00
33	Riverside	Parent Education and Support - Gilda's Club Caregiver Support Group (CSG)	PEI 2	$ 8,332.98
33	Riverside	Parent Education and Support - Parent-Child Interaction Therapy (Preschool)	PEI 2	$ 2,840,788.00
33	Riverside	Parent Education and Support - Triple P (Positive Parenting Program)	PEI 2	$ 211,090.04
33	Riverside	Transition-Age Youth Project - Depression Treatment Quality Improvement (DTQI)	PEI 4	$ 205,389.50
33	Riverside	Transition-Age Youth Project - Outreach to Runaway Youth	PEI 4	$ 66,440.00
33	Riverside	First Onset for Older Adults -Carelink	PEI 5	$ 420,361.00
33	Riverside	First Onset for Older Adults -Cognitive Behavioral Therapy (CBT) for Late Life Depression-	PEI 5	$ 295,179.22
33	Riverside	First Onset for Older Adults - PEARLS	PEI 5	$ 520,079.83
33	Riverside	First Onset for Older Adults - Caregiver Support Group	PEI 5	$ 248,181.00
33	Riverside	First Onset for Older Adults -Embedded Staff Senior Programs: Cognitive Behavioral Therapy (CBT) for Late Life Depression & Prolonged Exposure	PEI 5	$ 364,794.21
33	Riverside	Trauma-Exposed Services - Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	PEI 6	$ 602,308.88
33	Riverside	Trauma-Exposed Services - Seeking Safety	PEI 6	$ 328,480.70
33	Riverside	Underserved Populations: Mamás y Bebés	PEI 7	$ 189,877.63
33	Riverside	Underserved Populations: New Mother Support Group	PEI 7	$ 986,869.00
34	Sacramento	Integrated Health and Wellness - Sacramento Early Diagnosis and Preventative Treatment (SacEDAPT) (formerly Assessment and Treatment of Onset Psychosis)	PEI 3	$ 415,095.51
34	Sacramento	Integrated Health and Wellness - Senior Navigator Program	PEI 3	$ 342,524.66
35	San Benito	Older Adult PEI	PEI 3	$ 140,907.00
35	San Benito	Women's PEI	PEI 4	$ 4,989.00
36	San Bernardino	School Based Initiatives - Resilience Promotion in African American Children Program	PEI 1	$ 228,188.00
36	San Bernardino	Community-Based Initiatives - Family Resource Center Program	PEI 2	$ 2,429,515.00
36	San Bernardino	Community-Based Initiatives - Native American Resource Center Program	PEI 2	$ 600,381.00
36	San Bernardino	Systems Enhancement Initiatives - LIFT	PEI 3	$ 289,761.39
36	San Bernardino	Systems Enhancement Initiatives - Older Adult Community Services Program	PEI 3	$ 817,641.19
36	San Bernardino	Systems Enhancement Initiatives -Military Services and Family Support Program	PEI 3	$ 275,450.00
36	San Bernardino	Systems Enhancement Initiatives -Community Wholeness and Enrichment Program	PEI 3	$ 1,116,555.80
37	San Diego	Rural Integrated Behavioral Health and Primary Care Services	PEI 8	$ 1,355,381.00
37	San Diego	First Break of Mental Illness - Kickstart Program	PEI 13	$ 1,252,481.00
37	San Diego	Co-Occurring Disorders: Bridge to Recovery	PEI 14	$ 1,445,000.00
37	San Diego	Positive Solutions: Home Based Prevention Early Intervention Gatekeeper Program (PEARLS)	PEI 17	$ 420,015.00
37	San Diego	REACHing Out	PEI 19	$ 460,380.00
37	San Diego	Salud	PEI 20	$ 536,074.00

#	County	Early Intervention Program/Activity	Program #	$ Expended
38	San Francisco	School Based Youth-Centered Wellness Promotion - Supported Higher Education	PEI 1	$ 107,138.00
38	San Francisco	Screening, Planning, and Supportive Services for Incarcerated Youth	PEI 2	$ 345,203.00
38	San Francisco	Depression Screening and Response	PEI 7	$ 320,809
38	San Francisco	Early Intervention and Recovery for Young People with Early Psychosis	PEI 8	$ 900,000
39	San Joaquin	Connections for Seniors and Adults - Senior Peer Counseling	PEI 2	$ 130,636.00
39	San Joaquin	Connections for Seniors and Adults - Mental Health in Family Practice	PEI 2	$ 94,126.00
39	San Joaquin	Connections for Seniors and Adults - Veterans Services Organization	PEI 2	$ 116,112.00
39	San Joaquin	Connections for Seniors and Adults - Connections for Homebound Seniors	PEI 2	$ 15,186.00
39	San Joaquin	Empowering Youth and Families - Mentally Ill Offender Crime Reduction Involvement	PEI 4	$ 366,237.00
39	San Joaquin	Suicide Prevention and Supports: Family Advocate	PEI 5	$ 65,782.00
40	San Luis Obispo	School-Based Student Wellness Project -Sober School Enrichment	PEI 2	$ 17,026.00
40	San Luis Obispo	Early Care and Support for Underserved Population - Successful Launch Program for At-Risk TAY	PEI 4	$ 161,802.00
40	San Luis Obispo	Early Care and Support for Underserved Population -Older Adult Mental Health Initiative	PEI 4	$ 176,056.00
40	San Luis Obispo	Integrated Community Wellness - Community-Based Therapeutic Services	PEI 5	$ 98,639.00
40	San Luis Obispo	Integrated Community Wellness - Wellness Advocates (Formerly Resource Specialists)	PEI 5	$ 179,912.00
41	San Mateo	Primary Care/Behavioral Health Integration: IMPACT Model	PEI 3	$ 1,872,375.00
41	San Mateo	Youth/Transition Age Youth Identification and Early Referral	PEI 6	$ 414,007.00
42	Santa Barbara	PEI Services for Children and TAY- Early Detection and Intervention Teams for TAY	PEI 4	$ 1,755,007.85
43	Santa Clara	Strengthening Families & Children - Multi-Based Strategy	PEI 2	$ 556,153.50
43	Santa Clara	Strengthening Families & Children - Home Visitation	PEI 2	$ 738,868.00
43	Santa Clara	PEI Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features	PEI 3	$ 4,108,438.93
43	Santa Clara	Primary Care/Behavioral Health Integration for Adults and Older Adults- Integrating Behavioral Health/Interventions in Primary Care Clinics	PEI 4	$ 3,211,437.89
43	Santa Clara	Primary Care/Behavioral Health Integration for Adults and Older Adults- Outreach and Support to Patients in Primary Care Clinics	PEI 4	$ 375,592.50
48	Solano	Education, Employment and Family Support for At-Risk TAY	PEI 3	$ 129,648.00
48	Solano	Prevention and Early Access for Seniors (PEAS) - Navigators	PEI 4	$ 146,376.00
48	Solano	Across the Lifespan	PEI 5	$ 161,459.00
49	Sonoma	Early Childhood Prevention and Early Intervention Project - Perinatal Mood Disorder	PEI 1	$ 5,607.99
49	Sonoma	Crisis Intervention for Individuals Experiencing First Onset	PEI 3	$ 340,270.00
49	Sonoma	Reduce Depression and Suicide among Older Adults	PEI 4	$ 243,387.00
50	Stanislaus	Adverse Childhood Experience Intervention - Early Psychosis Intervention- LIFE Path (PIER Model)	PEI 3	$ 305,392.00
50	Stanislaus	Older Adult Resiliency and Social Connectedness	PEI 6	$ 267,278.00
50	Stanislaus	Health/Behavioral Health Integration	PEI 7	$ 375,000.00
63	Sutter-Yuba	Community Prevention Team - Hmong Traditional Healers Project	PEI 1	$ 79,769.78
52	Tehama	Teen Screen	PEI 1	No expenditure data
52	Tehama	TF-CBT	PEI 3	No expenditure data
66	Tri-Cities	Peer Support	PEI 2-3	$ 124,055.00
54	Tulare	Children and Youth in Stressed Families - Perinatal Wellness Program (Formerly known as Maternal Mental Health Program)	PEI 1	$ 432,690.23
56	Ventura	Primary Care Services	PEI 2	$ 1,751,158.00
56	Ventura	Early Signs of Psychosis Intervention -PIER	PEI 5	$ 485,965.00
		EARLY INTERVENTION TOTAL		**$ 172,943,344.79**

Appendix J

'Out of Study Scope' Program/Activity Expenditures by County (FY 2011-12)

#	County	Report Classification	Out of Study Scope Program/Activity	Program #	$ Expended
16	Kings	Underserved Cultural Groups (OOSS)	In Common - Support Groups	PEI 2	$ 80,105.00
28	Napa	Underserved Cultural Groups (OOSS)	Support for Latino Fathers Project	PEI 10	$ 25,390.00
63	Sutter-Yuba	Underserved Cultural Population (OOSS)	Community Prevention Team - Los Ninos Bien Educados	PEI 1	$ 17,955.26
63	Sutter-Yuba	Underserved Cultural Groups (OOSS)	Recreational Opportunities -Camptonville Community Partners	PEI 4	$ 6,450.14
63	Sutter-Yuba	Underserved Cultural Groups (OOSS)	Recreational Opportunities -Swim Passes Distribution	PEI 4	$ 3,714.55
			Out of Study Scope Expenditure Total		**$ 133,614.95**

Appendix K

'Indirect' Program/Activity Expenditures by County (FY 2011-12)

#	County	Indirect Program/Activity	Program #	$ Expended
1	Alameda	School-Based Mental Health Consultation/Coordination in High Schools	PEI 3.A	$ 207,752.00
1	Alameda	Early Intervention on the Onset of First Psychosis & SMI among TAY	PEI 2	$ 508,370.66
1	Alameda	Stigma Discrimination Outreach Education, Media	PEI 2	$ 968,138.00
1	Alameda	Outreach, Education & Consultation for the Latino Community	PEI 5	$ 767,897.26
1	Alameda	Cultural Wellness Practices (Outreach, Education & Consultation for the Latino Community)	PEI 5	$ 127,982.87
1	Alameda	Consultation for the API Community	PEI 6	$ 767,897.26
1	Alameda	Cultural Wellness Practices (Consultation for the API Community)	PEI 6	$ 127,982.87
1	Alameda	Consultation for the South Asian & Afghan Community	PEI 7	$ 550,439.26
1	Alameda	Cultural Wellness Practices - Consultation for the South Asian & Afghan Community	PEI 7	$ 91,739.87
1	Alameda	Consultation for the Native American Community	PEI 8	$ 205,628.26
1	Alameda	Cultural Wellness Practices - Consultation for the Native American Community	PEI 8	$ 34,271.37
2	Alpine	Anti-Bullying Program- Safe School Ambassadors	PEI 2	$ 12,400.00
3	Amador	Isolated Community Outreach & Engagement	PEI 6	$ 105,000.00
3	Amador	Behavioral Consultation	PEI 7	$ 22,000.00
66	Berkeley	Supportive Schools Project	PEI 2	$ 72,598.73
66	Berkeley	Social Inclusion Project	PEI 4	$ 4,440.00
4	Butte	Promotoras for Gridley and Chico Apartments	PEI 1	$ 797,141.00
4	Butte	African American Cultural Center	PEI 2	$ 361,303.00
4	Butte	Gridley Live Spot	PEI 5	$ 797,141.00
4	Butte	GLBTQ Suicide Prevention	PEI 6	$ 87,265.00
4	Butte	Older Adult Suicide Prevention Program	PEI 7	$ 280,080.00
5	Calaveras	Suicide Prevention	PEI 3	$ 31,406.00
7	Contra Costa	Building Connections in Underserved Cultural Communities - Jewish Family & Children's Center of the East Bay: Community Bridges	PEI 1	$ 159,699.00
7	Contra Costa	Building Connections in Underserved Cultural Communities - La Clinica Vias de Salud (Pathways to Health)	PEI 1	$ 144,139.00
7	Contra Costa	Coping with Trauma Related to Community Violence	PEI 2	$ 143,847.00
7	Contra Costa	Suicide Prevention	PEI 4	$ 292,840.00
9	El Dorado	School-based MH Promotion and Service Linkage	PEI 1	$ 101,291.00
9	El Dorado	Community Education Project	PEI 4	$ 34,706.00
10	Fresno	Cultural-Based Access Navigation Specialists	PEI 2	$ 164,661.00
10	Fresno	School-Wide Behavior Supports	PEI 4	$ 451,633.00
10	Fresno	Crisis Intervention Call Center	PEI 7	$ 740,928.00
10	Fresno	Team Decision-making	PEI 9	$ 471,297.00
11	Glenn	Welcoming Line	PEI 2	$ 93,769.25
12	Humboldt	Suicide Prevention	PEI 1	$ 138,076.00
12	Humboldt	Stigma Discrimination Reduction	PEI 2	$ 88,877.00
16	Kings	WE CAN - Team Oriented Approach	PEI 1	$ 427,753.00
16	Kings	WE CAN - Universal Screening	PEI 1	$ 280,723.00
16	Kings	In Common - Advocacy and Case Management	PEI 2	$ 255,356.00
19	Los Angeles	Family Education and Support Project - Managing and Adapting Practice (MAP)	PEI 2	$ 36,100,000.00
19	Los Angeles	Early Start School Mental Health Initiative- Early Screening, Identification, and Mental Health Consultation START	ES-2	$ 6,800,000.00
20	Madera	Community Outreach and Engagement		$ 250,803.00
20	Madera	Community Outreach and Wellness Center		$ 560,031.00
21	Marin	Early Childhood Mental Health Consultation	PEI 1	$ 342,043.00
23	Mendocino	Education, De-Stigmatization & Peer Support	PEI 1	$ 82,500.00

#	County	Indirect Program/Activity	Program #	$ Expended
23	Mendocino	Prevention: Older Adults	PEI 3	$ 119,528.00
23	Mendocino	Prevention, Children & Youth	PEI 4	$ 99,528.00
24	Merced	Public Awareness and Education - County-wide Public Information and Outreach	PEI 1	$ 94,999.00
24	Merced	Public Awareness and Education - Targeted Outreach for Culturally and Linguistically Isolated Families	PEI 1	$ 117,615.00
25	Modoc	Developing Youth and Family Assets - Community Asset Building	PEI 1	$ 120,563.00
27	Monterey	Underserved & Unserved Cultural Populations Project - African American Community Partnership/Village Project and Screening Services	PEI 1	$ 16,566.00
27	Monterey	Underserved & Unserved Cultural Populations Project - Outreach (LGBTQ Community Partnership | CHS and CCHAS)	PEI 1	$ 61,155.00
27	Monterey	Underserved & Unserved Cultural Populations Project - Screening (Latino Community Partnership | CCA and CCCP)	PEI 1	$ 99,399.00
27	Monterey	Underserved & Unserved Cultural Populations Project - 211 Toll-Free Telephone Referral	PEI 1	$ 20,000.00
27	Monterey	Underserved & Unserved Cultural Populations Project - Social Marketing (Social Marketing | BH)	PEI 1	$ 5,011.00
28	Napa	Native American Youth/Elders Enhancement Project	PEI 7	$ 94,878.00
28	Napa	Child Welfare Early Mental Health Assessment Program	PEI 15	$ 8,620.00
29	Nevada	Access	PEI 1	$ 197,450.00
29	Nevada	Outreach	PEI 2	$ 204,650.00
30	Orange	School Based Services - Positive Behavioral Intervention & Support	PEI 2	$ 1,432,776.00
30	Orange	School Based Services - Violence Prevention Education	PEI 2	$ 1,103,172.00
30	Orange	Outreach & Engagement	PEI 3	$ 3,359,669.00
30	Orange	Parent Education & Support - Promotora Model	PEI 4	$ 959,003.00
30	Orange	Screening & Assessment Services -Integration of Professional Assessor Into Established Programs	PEI 6	$ 26,166.00
30	Orange	Crisis & Referral Services - Crisis Hot/Warm Lines	PEI 7	$ 559,792.00
30	Orange	Crisis & Referral Services - Survivor Support Services	PEI 7	$ 259,551.00
31	Placer	Bye Bye Blues: Community 2-day Suicide Prevention Conference	PEI 2	$ 25,000.00
31	Placer	Bye Bye Blues: Community Educator	PEI 2	$ 89,690.00
31	Placer	Bridges to Wellness	PEI 3	$ 192,247.00
33	Riverside	Mental Health Outreach, Awareness, and Stigma Reduction	PEI 1	$ 3,405,875.00
33	Riverside	Transition-Age Youth Project - Teen Suicide Prevention program	PEI 4	$ 407,318.00
33	Riverside	Underserved Populations: Ethnic and Cultural Community Leaders in a Collaborative Effort	PEI 7	$ 10,139.00
33	Riverside	Training, Technical Assistance & Capacity Building	PEI 8	$ 697,443.00
34	Sacramento	Suicide Prevention - Crisis Line	PEI 1	$ 378,855.28
34	Sacramento	Suicide Prevention - Grief Services	PEI 1	$ 42,000.00
34	Sacramento	Strengthening Families - Quality Child Care Collaborative (formerly known as Early Childhood Consultation)	PEI 2	$ 270,641.22
34	Sacramento	Strengthening Families - Bullying Prevention Program	PEI 2	$ 342,638.27
35	San Benito	Children and Youth PEI - HYA Mental Health Screening Tool Training	PEI 1	$ 5,000.00
35	San Benito	Suicide Prevention Training for First Responders	PEI 2	$ 7,500.00
36	San Bernardino	Community-Based Initiatives - Promotores de Salud/Community Health Workers Program	PEI 2	$ 216,663.00
37	San Diego	Outreach and Education - Media Campaigns and Targeted Populations: Program #3: Family Peer Support Line	PEI 1	$ 188,919.00
37	San Diego	Outreach and Education - Media Campaigns and Targeted Populations: Program #2: Youth Peer Support	PEI 1	$ 383,117.00

#	County	Indirect Program/Activity	Program #	$ Expended
37	San Diego	Outreach and Education - Media Campaigns and Targeted Populations - Breaking Down Barriers	PEI 1	$ 722,800.00
38	San Francisco	Early Childhood Mental Health Consultation	PEI 5	$ 566,943.00
38	San Francisco	Mental Health Consultation for Providers Working with At-Risk Youth	PEI 6	$ 425,000.00
38	San Francisco	Peer Outreach and Training	PEI 10	$ 43,357.00
38	San Francisco	Community Behavioral Health Services Crisis Response Team	PEI 12	$ 558,982.00
39	San Joaquin	Reducing Disparities - Cultural Brokers	PEI 1	$ 255,366.00
39	San Joaquin	Reducing Disparities - Access to Services	PEI 1	$ 327,945.00
39	San Joaquin	Reducing Disparities - Mental Health 101	PEI 1	$ 15,798.00
39	San Joaquin	School-based Prevention Efforts	PEI 2	$ 678,195.00
40	San Luis Obispo	Mental Health Awareness and Stigma Reduction - Media Advocacy	PEI 1	$ 20,000.00
40	San Luis Obispo	Mental Health Awareness and Stigma Reduction - Community Outreach & Engagement	PEI 1	$ 102,744.00
40	San Luis Obispo	Mental Health Awareness and Stigma Reduction - Community Outreach & Engagement (Homeless)	PEI 1	$ 106,626.15
40	San Luis Obispo	Family Education, Training, and Support - Coaching to Parents and Caregivers (warm-line)	PEI 3	$ 38,922.00
40	San Luis Obispo	Family Education, Training, and Support - Coordination of the County's Parenting Program (website)	PEI 3	$ 34,983.00
40	San Luis Obispo	Family Education, Training, and Support - Parent Education	PEI 3	$ 56,000.00
40	San Luis Obispo	Early Care and Support for Underserved Population - Latino Outreach and Engagement	PEI 4	$ 100,006.00
40	San Luis Obispo	Integrated Community Wellness - Crisis Response	PEI 5	$ 102,000.00
41	San Mateo	Early Childhood Community Team	PEI 1	$ 463,295.00
41	San Mateo	Community Outreach, Engagement and Capacity Building	PEI 7	$ 1,772,957.00
42	Santa Barbara	Mental Health Education and Support in Culturally Underserved Communities	PEI 1	$ 365,089.97
43	Santa Clara	Community Engagement & Capacity Building for Reducing Stigma and Discrimination - Expanded Outreach and Engagement	PEI 1	$ 273,420.00
43	Santa Clara	Community Engagement & Capacity Building for Reducing Stigma and Discrimination - Mental Health Literacy Campaign	PEI 1	$ 318,990.00
43	Santa Clara	Community Engagement & Capacity Building for Reducing Stigma and Discrimination - Culturally Specific Programs to reduce Stigma and Discrimination	PEI 1	$ 318,990.00
43	Santa Clara	Strengthening Families & Children - Reach out and Read	PEI 2	$ 175,000.00
43	Santa Clara	PEI Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features - Targeted Outreach and Training	PEI 3	$ 132,949.63
43	Santa Clara	PEI Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features - Universal Community Education	PEI 3	$ 132,949.63
43	Santa Clara	Suicide Prevention - Suicide and Crisis Services	PEI 5	$ 73,513.00
43	Santa Clara	Suicide Prevention - Gatekeeper Training	PEI 5	$ 265,725.00
43	Santa Clara	Suicide Prevention - Policies to promote systems change	PEI 5	$ 1,024.92
43	Santa Clara	Suicide Prevention - Communications/Media Best Practices	PEI 5	$ 1,281.15
45	Shasta	Stigma and Discrimination	PEI 4	$ 257,563.17
45	Shasta	Suicide Prevention	PEI 5	$ 229,368.62
48	Solano	Prevention and Early Access for Seniors (PEAS) - Gatekeepers (includes Health Providers)	PEI 4	$ 176,548.00
50	Stanislaus	Community Capacity Building - Asset-Based Community Development	PEI 1	$ 246,870.00
50	Stanislaus	Emotional Wellness Education Community Support - Friends are Good Medicine	PEI 2	$ 48,597.00

#	County	Indirect Program/Activity	Program #	$ Expended
50	Stanislaus	Emotional Wellness Education Community Support - Mental Health Promotion Campaign	PEI 2	$ 120,000.00
50	Stanislaus	Adult Resiliency and Social Connectedness -In Our Own Words - Anti-Stigma Program	PEI 5	$ 30,713.00
50	Stanislaus	Adult Resiliency and Social Connectedness - Faith/Spirituality-Based Resiliency and Social Connectedness	PEI 5	$ 45,713.00
50	Stanislaus	School Behavioral Health Integration - Parents and TEAchers as Allies (PTASA)	PEI 8	$ 10,197.00
63	Sutter-Yuba	Community Prevention Team	PEI 1	$ 421,679.19
63	Sutter-Yuba	First Onset Team	PEI 5	$ 23,468.32
66	Tri-Cities	Community Capacity Building - Stigma Reduction within Cultural Groups	PEI 1	$ 3,000.00
66	Tri-Cities	Community Capacity Building - Mental Health First Aid	PEI 1	$ 331,346.00
66	Tri-Cities	NAMI Capacity Building	PEI 6	$ 285,960.00
66	Tri-Cities	Building Bridges between Landlords, Mental Health Providers and Clients (Landlords)	PEI 7	$ 13,227.00
54	Tulare	Suicide Prevention - Festival of Hope Community Event	PEI 4	$ 41,345.69
54	Tulare	Suicide Prevention - Applied Suicide Intervention Skills Training (ASSIT) Training	PEI 4	$ 33,860.49
54	Tulare	Reducing Disparities	PEI 5	$ 479,951.00
55	Tuolumne	Early Childhood Education Project -Provider Education Training (TCOE - Self Program)	PEI 1	$ 5,000.00
55	Tuolumne	Suicide Prevention and Stigma Reduction	PEI 3	$ 13,660.00
57	Yolo	Early Signs Project	PEI 2	$ 188,982.00
		INDIRECT TOTAL		**$ 82,134,885.35**

Appendix L

'Mixed' Program/Activity Expenditures by County (FY 2011-12)

#	County	Mixed Program/Activity	Program #	$ Expended
2	Alpine	Wellness Center	PEI 1	$ 22,156.40
3	Amador	Promotores de Salud	PEI 3	$ 20,000.00
7	Contra Costa	Parenting Education and Support - La Clinica Familias Fuertes (Strong Families) - Parenting Groups & Coaching	PEI 6	$ 112,611.00
7	Contra Costa	Parenting Education and Support - COPE Family Support Center - Parenting Groups & Coaching	PEI 6	$ 200,000.00
7	Contra Costa	Parenting Education and Support - Child Abuse Prevention Council - Parenting Groups & Coaching	PEI 6	$ 111,828.00
7	Contra Costa	Parenting Education and Support - The Latina Center - Parenting Groups & Coaching	PEI 6	$ 102,740.00
7	Contra Costa	Youth Development - RYSE Center	PEI 9	$ 286,274.00
7	Contra Costa	Youth Development - STAND! For Families free from Violence	PEI 9	$ 122,731.00
9	El Dorado	Wennem Wadati	PEI 5	$ 141,814.00
9	El Dorado	Health Disparities	PEI 7	$ 262,857.00
10	Fresno	Horticultural Therapeutic Community Center	PEI 5	$ 180,653.00
16	Kings	WE CAN	PEI 1	$ 243,526.00
21	Marin	Transition Age Youth Prevention and Early Intervention	PEI 4	$ 90,000.00
21	Marin	Canal Community Based Prevention and Early Intervention	PEI 5	$ 70,000.00
27	Monterey	Underserved & Unserved Cultural Populations Project - Positive Parenting Curriculum (Parenting Education Partnership (PPP) | CHS)	PEI 1	$ 198,797.00
27	Monterey	Trauma-Exposed Individuals	PEI 2	$ 1,328,247.00
27	Monterey	Children & Youth in Stressed Families	PEI 3	$ 1,235,269.71
28	Napa	American Canyon SAP Program (Napa Junction Elementary, American Canyon Middle and High School)	PEI 1	$ 159,807.00
28	Napa	St. Helena and Calistoga PEI	PEI 13	$ 104,400.00
30	Orange	School Based Services - Positive Behavioral Intervention & Support (targeted)	PEI 2	$ 325,339.00
33	Riverside	Transition-Age Youth Project - Peer to Peer Services	PEI 4	$ 226,603.51
33	Riverside	Underserved Populations: Effective Black Parenting, Afrocentric Youth and Families Rites of Passage Program	PEI 7	$ 860,451.76
37	San Diego	Collaborative Native American Initiative	PEI 9	$ 1,600,000.00
37	San Diego	School-Based Program	PEI 11	$ 2,612,390.00
39	San Joaquin	Suicide Prevention and Supports: MH Clinician in Juvenile Hall	PEI 5	$ 243,305.00
42	Santa Barbara	Integrating Primary and Mental Health Care in Community Clinics - IMPACT	PEI 2	$ 496,882.91
42	Santa Barbara	PEI Services for Children and TAY - Crisis Service Coverage for Underserved Children	PEI 4	$ 289,454.78
43	Santa Clara	Strengthening Families & Children - Family-Based Interventions - Brief Strategic Family Therapy	PEI 2	$ 263,030.00
43	Santa Clara	Strengthening Families & Children - Basic & Enhanced Parenting Support Program - Triple P	PEI 2	$ 192,552.50
43	Santa Clara	Primary Care/Behavioral Health Integration for Adults and Older Adults- Specialized Services to Refugees	PEI 4	$ 855,624.00
44	Santa Cruz	Early Intervention Services for Children	PEI 1	$ 820,538.00
44	Santa Cruz	Early Onset Intervention Services for Transition Age Youth & Adults	PEI 3	$ 527,519.00
44	Santa Cruz	Early Intervention Services for Older Adults	PEI 4	$ 198,085.00
45	Shasta	Children and Youth in Stressed Families	PEI 1	$ 1,131,170.10
45	Shasta	Older Adults	PEI 2	$ 190,501.80
47	Siskiyou	Community PEI Services Program	PEI 1	$ 600,000.00

#	County	Mixed Program/Activity	Program #	$ Expended
48	Solano	School-Aged - School Based Targeted Student Assistance Program	PEI 2	$ 402,670.80
49	Sonoma	School Based Programs -Elementary School Student Assistance Programs	PEI 2	$ 202,500.00
49	Sonoma	Reducing Disparities	PEI 5	$ 506,074.00
50	Stanislaus	Community Capacity Building - Promotores and Community Health Workers	PEI 1	$ 410,393.00
50	Stanislaus	Community Capacity Building - Outreach and Engagement	PEI 1	$ 489,967.00
50	Stanislaus	School-Based Health Integration - Student Assistance and School-Based Consultation Program	PEI 8	$ 261,317.00
63	Sutter-Yuba	Community Prevention Team-Nurtured Heart Parenting (English and Spanish)	PEI 1	$ 22,356.79
66	Tri-Cities	Community Capacity-Building - Community Wellbeing	PEI 1	$ 487,844.00
66	Tri-Cities	Student Well-Being	PEI 5	$ 445,349.00
53	Trinity	Hayfork and Southern Trinity Health Services Primary Intervention Project	PEI 1	$ 50,000.00
54	Tulare	Children at Risk of School Failure - Children of Promise Program	PEI 2	$ 178,081.98
56	Ventura	Community Coalitions - Universal Prevention	PEI 1	$ 1,528,655.00
57	Yolo	Wellness Project - Urban Children's Resiliency Program	PEI 1	$ 722,913.00
57	Yolo	Wellness Project - Rural Children's Resiliency Program	PEI 1	$ 316,289.00
57	Yolo	Wellness Project - Senior Peer Counseling	PEI 1	$ 79,798.00
		Mixed total		**$ 22,531,367.04**

Appendix M
Prevention Program/Activity Numbers Served by County (FY 2011-12)

#	County	Prevention Program/Activity	Program #	Numbers Served
3	Amador	Intervention for Anxiety & Depression: Aggression Replacement Training	PEI 1	68
3	Amador	Youth Empowerment Program	PEI 2	50
3	Amador	Respite and Support for Parenting Grandparents (PEARLS)	PEI 5	24
66	Berkeley	Be A Star	PEI 1	419
66	Berkeley	Community Education/Supports	PEI 3	467
5	Calaveras	Strengthening Families	PEI 1	405
5	Calaveras	Grandparents Project	PEI 2	129
6	Colusa	Prevention and Early Intervention for Pre School/Early Second Step	PEI 1	25
6	Colusa	Friday Night Live	PEI 2	45
8	Del Norte	Strengthening Families and Parent Support	PEI 1	147
8	Del Norte	Reach for Success	PEI 2	110
9	El Dorado	Primary Intervention Project	PEI 2	No reported Ns
9	El Dorado	Incredible Years	PEI 3	19
13	Imperial	Nurturing Parent Program	PEI 1	256
14	Inyo	PATHS Pre-school	PEI 1	278
14	Inyo	Parent-Child Interaction Therapy	PEI 2	8
15	Kern	Student Assistance Program	PEI 1	218
17	Lake	Wellness and Recovery Centers	PEI 3	872
17	Lake	Older Adult Outreach and Prevention - Friendly Visitor	PEI 4	26
17	Lake	Prevention Mini-Grants	PEI 8	968
18	Lassen	Supporting Lassen Families	PEI 1	275
19	Los Angeles	Family Education and Support Project - Caring for Our Families	PEI 2	358
19	Los Angeles	Family Education and Support Project - Mindful Parenting (MP)	PEI 2	10
19	Los Angeles	At-Risk Family Services Project - Parent-Child Interaction Therapy	PEI 3	711
19	Los Angeles	At-Risk Family Services Project - Reflective Parenting Program	PEI 3	48
19	Los Angeles	At-Risk Family Services Project - UCLA Ties Transition Model	PEI 3	69
19	Los Angeles	Improving Access for Underserved Populations - GLBT CHAMPS: Comprehension HIV & At-Risk Mental Health Services	PEI 9	17
21	Marin	Across Ages Mentoring	PEI 3	18
22	Mariposa	SMILE	PEI 1	17
22	Mariposa	Girl Talk/ Boys Rock	PEI 3	60
24	Merced	Skill Building in Children - Caring Kids	PEI 2	1,768
24	Merced	Skill Building in Children - Second Step	PEI 2	553
24	Merced	Skill Building in Children - Middle School Mentoring	PEI 2	32
24	Merced	Integrated Mental Health in Primary Care Settings - Hmong Community Program	PEI 4	655
25	Modoc	Developing Youth and Family Assets - Primary Intervention Program	PEI 1	107
25	Modoc	Developing Youth and Family Assets - Strengthening Families	PEI 1	67
27	Mono	School Counseling Program - Brief Intervention	PEI 1	46
27	Monterey	Children & Youth At Risk of or Experiencing Juvenile Justice Involvement Project	PEI 4	62
28	Napa	Court and Community Supported SAP Project	PEI 4	113
28	Napa	American Canyon Home Visitation Program	PEI 16	206
29	Nevada	Prevention and Early Intervention for at Risk Children, Youth and Families	PEI 3	1,181
30	Orange	School Based Services - School-Based School Readiness Program Expansion - Connect the Tots	PEI 2	324
30	Orange	Parent Education & Support - Positive Parenting Program - Triple P	PEI 4	71
30	Orange	Prevention Services - Children of Substance Users and Mentally Ill Parents	PEI 5	414

#	County	Prevention Program/Activity	Program #	Numbers Served
30	Orange	Prevention Services - PEI Services for Parents and Siblings of Youth in the Juvenile Justice System	PEI 5	211
30	Orange	Prevention Services - Transition Services	PEI 5	1,043
31	Placer	Ready for Success - Incredible Years	PEI 1	123
31	Placer	Ready for Success - Functional Family Therapy	PEI 1	56
31	Placer	Ready for Success - Positive Indian Parenting (PIP)/Families of Tradition	PEI 1	394
31	Placer	Ready for Success -Teaching Pro-Social Skills	PEI 1	71
31	Placer	Ready for Success - Life Skills Training/Youth Council	PEI 1	73
31	Placer	Ready for Success - Parent Project/Family Counseling	PEI 1	113
31	Placer	Ready for Success - Tahoe Advancement Program: Adventure Risk Challenge (ARC)	PEI 1	213
31	Placer	Bye Bye Blues: Native Culture Camp/Community Counseling	PEI 2	1,300
32	Plumas	Family Therapy	PEI 1	No reported Ns
33	Riverside	Parent Education and Support - Parent-Child Interaction Therapy	PEI 2	134
33	Riverside	Parent Education and Support - Parenting for At-Risk Families	PEI 2	176
33	Riverside	Parent Education and Support - Safe Care	PEI 2	70
33	Riverside	Early Intervention for Families in School - Families and Students Together	PEI 3	197
33	Riverside	Early Intervention for Families in School - Public School Collaborative for Middle School Students	PEI 3	171
33	Riverside	Underserved Populations: Guiding Good Choices, Incredible Years - Spirit	PEI 7	177
34	Sacramento	Strengthening Families - HEARTS for Kids (formerly known as In-home Support Services for Foster Youth)	PEI 2	458
34	Sacramento	Strengthening Families - Independent Living Program (ILP) 2.0 (formerly known as Building Life Skills and TAY)	PEI 2	444
35	San Benito	Children and Youth PEI - HYA El Joven Noble	PEI 1	71
35	San Benito	Children and Youth PEI - HYA Youth Support Services	PEI 1	29
36	San Bernardino	School Based Initiatives - Student Assistance Program	PEI 1	54,469
36	San Bernardino	School Based Initiatives - Preschool PEI Program	PEI 1	2,191
36	San Bernardino	Community-Based Initiatives - Crossroads Education Class Program	PEI 2	13,644
36	San Bernardino	Systems Enhancement Initiatives -Child and Youth Connection Program	PEI 3	3,615
37	San Diego	Veterans and Families Outreach and Education	PEI 4	131
37	San Diego	South Region Point of Engagement	PEI 5	831
37	San Diego	South Region Trauma-Exposed Services - Triple P	PEI 6	732
37	San Diego	Central Region Community Violence Services	PEI 7	213
37	San Diego	Triple P	PEI 10	1,532
37	San Diego	Co-Occurring Disorders - Screening Community Based Alcohol and Drug Services (ADS) Programs	PEI 15	839
37	San Diego	Elder Multi-cultural Access and Support Services	PEI 16	197
38	San Francisco	School Based Youth-Centered Wellness Promotion - K-12 School Based Services	PEI 1	2,667
38	San Francisco	Holistic Wellness Promotion in a Community Setting	PEI 4	5,008
38	San Francisco	TAY Multi-Service Center	PEI 8	426
38	San Francisco	Trauma and Recovery Services	PEI 11	45
39	San Joaquin	Empowering Youth and Families - MH for Youth at risk of Juvenile Justice	PEI 4	432
39	San Joaquin	Empowering Youth and Families - Comprehensive Youth Outreach and Early Intervention	PEI 4	1,540
39	San Joaquin	Empowering Youth and Families - Comprehensive Family Support Programs	PEI 4	375

#	County	Prevention Program/Activity	Program #	Numbers Served
40	San Luis Obispo	School-Based Student Wellness Project -Positive Development Program	PEI 2	402
40	San Luis Obispo	School-Based Student Wellness Project -Student Wellness Strategy	PEI 2	2,400
40	San Luis Obispo	School-Based Student Wellness Project -Middle School Comprehensive Program	PEI 2	3,674
41	San Mateo	Community Interventions for School Age and Transition Age Youth	PEI 2	667
42	Santa Barbara	Early Childhood Mental Health Services	PEI 3	673
42	Santa Barbara	PEI Services for Children and TAY- School-Based Support for Children and Adolescents	PEI 4	141
43	Santa Clara	Primary Care/Behavioral Health Integration for Adults and Older Adults- Outreach to Older Adults	PEI 4	137
44	Santa Cruz	Culturally Specific Parent Education & Support	PEI 2	160
46	Sierra	Student Assistance Program	PEI 1	4
48	Solano	Partnerships for Early Access for Kids (PEAK)	PEI 1	977
48	Solano	School-Aged - Educational Liaison to Juvenile Probation Multi-Disciplinary Teams	PEI 2	75
49	Sonoma	Early Childhood Prevention and Early Intervention Project - System of Care for 0-5	PEI 1	1,152
49	Sonoma	Early Childhood Prevention and Early Intervention Project - Triple P & Parent Education and Early Intervention for Children	PEI 1	1,173
49	Sonoma	School Based Programs -Middle and High School Student Assistance Programs	PEI 2	6,702
50	Stanislaus	Adverse Childhood Experience Intervention - Expanded Child Sexual Abuse Prevention and Early Intervention	PEI 3	749
50	Stanislaus	Adverse Childhood Experience Intervention - Aggression Replacement Training (ART)	PEI 3	102
50	Stanislaus	Adverse Childhood Experience Intervention -Youth Leadership and Resiliency	PEI 4	430
50	Stanislaus	Adverse Childhood Experience Intervention - Children are People	PEI 4	149
63	Sutter-Yuba	Community Prevention Team - Substance counseling (early use) for traumatized youth	PEI 1	3
63	Sutter-Yuba	Community Prevention Team - Second Step (English and Spanish)	PEI 1	38
63	Sutter-Yuba	Community Prevention Team - Strengthening The Infant /Parent Relationship	PEI 1	13
63	Sutter-Yuba	Community Prevention Team- Peer Leaders Uniting Students (PLUS)	PEI 1	70
63	Sutter-Yuba	Expand Mentoring Program - Friday Night Live	PEI 2	20
63	Sutter-Yuba	Expand Mentoring Program - Big Brothers/Sisters	PEI 2	16
52	Tehama	Nurturing Parent	PEI 1	98
66	Tri-Cities	Family Well-Being	PEI 4	1,794
54	Tulare	Children and Youth in Stressed Families - Family Interaction Program (FIP)	PEI 1	142
54	Tulare	Children and Youth in Stressed Families - In-Home Parent Education Program (IHPE; Formerly known as Family Services Integration Program)	PEI 1	256
54	Tulare	Children and Youth in Stressed Families - Safe Care Program	PEI 1	402
54	Tulare	Children at Risk of School Failure - Preschool Expulsion Reduction Program	PEI 2	240
54	Tulare	Children at Risk of School Failure - Primary Intervention Program (e.g., K-3 Early Intervention Program)	PEI 2	3,649
55	Tuolumne	Early Childhood Education Project - Parent Education Classes (ICES - Nurturing Parenting)	PEI 1	322

#	County	Prevention Program/Activity	Program #	Numbers Served
55	Tuolumne	Early Childhood Education Project - Parent Counseling/Coaching Support (ICES - Nurturing Parenting and Bilingual Education)	PEI 1	51
55	Tuolumne	School Based Violence Prevention Projects - Bullying Prevention Program	PEI 2	1,215
55	Tuolumne	School Based Violence Prevention Projects - Challenge Days	PEI 2	463
56	Ventura	School-Based Services - Triple P	PEI 3	111
		PREVENTION TOTAL		**134,797**

Appendix N

Early Intervention Program/Activity Numbers Served by County (FY 2011-12)

#	County	Early Intervention Program/Activity	Program #	# Served
1	Alameda	Early Intervention on the Onset of First Psychosis & SMI among TAY	PEI 2	52
1	Alameda	Mental Health Integration for Older Adults In Primary Care (IMPACT)	PEI 3	342
1	Alameda	Case Management (Outreach, Education & Consultation for the Latino Community)	PEI 5	296
1	Alameda	Case Management (Consultation for the API Community)	PEI 6	172
1	Alameda	Case Management - Consultation for the South Asian & Afghan Community	PEI 7	59
1	Alameda	Case Management - Consultation for the South Asian & Afghan Community	PEI 8	73
3	Amador	Intervention for Anxiety & Depression: Parent Interaction Therapy (PCIT)	PEI 1	34
4	Butte	Integrated Primary Care and Mental Health	PEI 3	348
4	Butte	Mobile TAY Project	PEI 4	88
5	Calaveras	Grandparents Project	PEI 2	22
6	Colusa	Prevention and Early Intervention for Pre School/Early Second Step	PEI 1	274
7	Contra Costa	Building Connections in Underserved Cultural Communities - Rainbow Community Center	PEI 1	123
7	Contra Costa	Building Connections in Underserved Cultural Communities - YMCA of the East Bay - One Family at a Time: Building Blocks for Kids	PEI 1	543
7	Contra Costa	Building Community in Underserved Cultural Communities - Center for Human Development African American Health Conductors	PEI 1	191
7	Contra Costa	Building Community in Underserved Cultural Communities - Asian Community Health Center	PEI 1	105
7	Contra Costa	Building Community in Underserved Cultural Communities - Lao Family Community Development	PEI 1	128
7	Contra Costa	Building Community in Underserved Cultural Communities - Native American Health Center	PEI 1	109
7	Contra Costa	Supporting Older Adults - Support Groups & System Navigation	PEI 5	125
7	Contra Costa	Supporting Older Adults - Community Based Social Supports & Arts/Education Program	PEI 5	107
7	Contra Costa	Parenting Education and Support - Mental Health Counseling (Contra Costa Interfaith Housing)	PEI 6	290
7	Contra Costa	Supporting Families Experiencing the Juvenile Justice System	PEI 7	99
7	Contra Costa	Supporting Families Experiencing Mental Illness	PEI 8	269
7	Contra Costa	Youth Development - Martinez School District (New Leaf)	PEI 9	51
7	Contra Costa	Youth Development - People Who Care	PEI 9	192
7	Contra Costa	Youth Development - The James Morehouse Project	PEI 9	476
9	El Dorado	Home Delivered Meals Wellness Outreach Program for Older Adults	PEI 6	96
10	Fresno	Integration of Primary Care and Mental Health	PEI 1	1,040
10	Fresno	Peri-Natal PEI	PEI 3	216
10	Fresno	First Onset Consumer and Family Support	PEI 6	300
10	Fresno	Blue Sky Wellness Center	PEI 8	1,318
10	Fresno	Functional Family Therapy	PEI 11	350
12	Humboldt	TAY Partnership Program	PEI 3	195
13	Imperial	Trauma-Exposed Individuals -Program to Encourage Active and Rewarding Lives for Seniors (PEARLS)	PEI 2	3
13	Imperial	Trauma-Exposed Individuals- TF-CBT	PEI 2	143
14	Inyo	Older Adult PEI Services	PEI 3	70
15	Kern	Student Assistance Program - Brief Intervention	PEI 1	131
15	Kern	Future Focus	PEI 2	34
15	Kern	Integrated Physical and Behavioral Healthcare	PEI 3	3,518
15	Kern	Senior Volunteer Outreach	PEI 4	168
17	Lake	Early Intervention Services	PEI 1	23

#	County	Early Intervention Program/Activity	Program #	# Served
17	Lake	Early Student Support	PEI 2	12
17	Lake	Postpartum Depression Screening and support	PEI 5	94
17	Lake	TAY Peer Support	PEI 6	185
19	Los Angeles	School-based Services Project - Cognitive Behavioral Intervention for Trauma in School	PEI 1	91
19	Los Angeles	School-based Services Project - Promoting Alternative Thinking Strategies (PATHS)	PEI 1	686
19	Los Angeles	School-based Services Project - Aggression Replacement Training	PEI 1	2,312
19	Los Angeles	School-based Services Project - Multidimensional Family Therapy	PEI 1	36
19	Los Angeles	Family Education and Support Project - Incredible Years	PEI 2	721
19	Los Angeles	Family Education and Support Project - Triple P Positive Parenting Program	PEI 2	3,983
19	Los Angeles	At-Risk Family Services Project - Brief Strategic Family Therapy	PEI 3	124
19	Los Angeles	At-Risk Family Services Project - Child Parent Psychotherapy	PEI 3	1,525
19	Los Angeles	At-Risk Family Services Project - Group Cognitive Behavioral Therapy for Major Depression	PEI 3	459
19	Los Angeles	At-Risk Family Services Project - Families OverComing Under Stress (FOCUS)	PEI 3	15
19	Los Angeles	Trauma Recovery Services - Crisis Oriented Resolution Services	PEI 4	7,498
19	Los Angeles	Trauma Recovery Services - Dialectical Behavior Therapy	PEI 4	7
19	Los Angeles	Trauma Recovery Services - Depression Treatment Quality Improvement (DTQI)	PEI 4	212
19	Los Angeles	Trauma Recovery Services - (Individual) Cognitive Behavioral Therapy for Depression	PEI 4	134
19	Los Angeles	Trauma Recovery Services - Prolonged Exposure Therapy for Posttraumatic Stress Disorder	PEI 4	45
19	Los Angeles	Trauma Recovery Services - Seeking Safety	PEI 4	8,972
19	Los Angeles	Trauma Recovery Services - Trauma Focused Cognitive Behavioral Therapy	PEI 4	10,294
19	Los Angeles	Trauma Recovery Services - System Navigators for Veterans	PEI 4	1,985
19	Los Angeles	Primary Care and Behavioral Health Services -Mental Health Integration Program (MHIP)	PEI 5	2,144
19	Los Angeles	Primary Care and Behavioral Health Services - Alternatives for Families	PEI 5	306
19	Los Angeles	Early Care and Support for Transition-Age Youth - Interpersonal Psychotherapy for Depression (ITP)	PEI 6	1,137
19	Los Angeles	Juvenile Justice Services - Functional Family Therapy	PEI 7	1,071
19	Los Angeles	Juvenile Justice Services - Loving Intervention for Family Enrichment (LIFE) Program	PEI 7	94
19	Los Angeles	Juvenile Justice Services - Multisystemic Therapy	PEI 7	120
19	Los Angeles	Early Care and Support for Older Adults - Problem Solving Therapy (PST)	PEI 8	13
19	Los Angeles	Early Care and Support for Older Adults - Program to Encourage Active Rewarding Lives for Seniors (PEARLS)	PEI 8	17
21	Marin	Integrating Behavioral Health in Primary Care	PEI 6	6,900
23	Mendocino	Early Onset, Early Intervention, TAY	PEI 2	No reported Ns
24	Merced	Life Skills for At-Risk TAYs - Transition to Independence	PEI 3	83
24	Merced	Integrated Mental Health in Primary Care Settings - PEARLS	PEI 4	361
27	Monterey	Underserved & Unserved Cultural Populations Project - Support Groups (Adult Wellness Center | Interim, Inc. Our Voices)	PEI 1	31
27	Monterey	Underserved & Unserved Cultural Populations Project - Adult Peer Counseling (Adult Wellness Center| Interim, Inc. OMNI Resource Center)	PEI 1	787
27	Monterey	Underserved & Unserved Cultural Populations Project - Senior Peer Counseling (Senior Peer Counseling | Alliance on Aging)	PEI 1	142
27	Monterey	Underserved & Unserved Cultural Populations Project - Support Groups (Family Support Groups | BH)	PEI 1	31
27	Monterey	Underserved & Unserved Cultural Populations Project - Peer to peer counseling	PEI 1	479

#	County	Early Intervention Program/Activity	Program #	# Served
27	Monterey	Children & Youth in Stressed Families - TAY Services	PEI 3	107
28	Napa	Kids Exposed to Domestic Violence (KEDS) project	PEI 11	347
28	Napa	Older Adult PEI Project - PEARLS	PEI 14	890
30	Orange	Early Intervention Services - Services for Stressed Families	PEI 1	39
30	Orange	Early Intervention Services - First Onset Services and Supports	PEI 1	199
30	Orange	Early Intervention Services - Socialization Program for Isolated Adults and Older Adults	PEI 1	425
30	Orange	Early Intervention Services - Peer-led Support Groups	PEI 1	20
31	Placer	Ready for Success -Transition to Independence Program	PEI 1	12
31	Placer	Bye Bye Blues - Depression Screening Resources: Mothers of Children 0-5	PEI 2	74
31	Placer	Bye Bye Blues - Depression Screening Resources: Older Adults	PEI 2	58
33	Riverside	Parent Education and Support - Gilda's Club Caregiver Support Group (CSG)	PEI 2	436
33	Riverside	Parent Education and Support - Parent-Child Interaction Therapy (Preschool)	PEI 2	1,960
33	Riverside	Parent Education and Support - Triple P (Positive Parenting Program)	PEI 2	251
33	Riverside	Transition-Age Youth Project - Depression Treatment Quality Improvement (DTQI)	PEI 4	45
33	Riverside	Transition-Age Youth Project - Outreach to Runaway Youth	PEI 4	600
33	Riverside	First Onset for Older Adults -Carelink	PEI 5	156
33	Riverside	First Onset for Older Adults -Cognitive Behavioral Therapy (CBT) for Late Life Depression-	PEI 5	104
33	Riverside	First Onset for Older Adults - PEARLS	PEI 5	141
33	Riverside	First Onset for Older Adults - Caregiver Support Group	PEI 5	239
33	Riverside	First Onset for Older Adults -Embedded Staff Senior Programs: Cognitive Behavioral Therapy (CBT) for Late Life Depression & Prolonged Exposure	PEI 5	28
33	Riverside	Trauma-Exposed Services - Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	PEI 6	196
33	Riverside	Trauma-Exposed Services - Seeking Safety	PEI 6	745
33	Riverside	Underserved Populations: Mamás y Bebés	PEI 7	20
33	Riverside	Underserved Populations: New Mother Support Group	PEI 7	554
34	Sacramento	Integrated Health and Wellness - Sacramento Early Diagnosis and Preventative Treatment (SacEDAPT) (formerly Assessment and Treatment of Onset Psychosis)	PEI 3	42
34	Sacramento	Integrated Health and Wellness - Senior Navigator Program	PEI 3	130
35	San Benito	Older Adult PEI	PEI 3	98
35	San Benito	Women's PEI	PEI 4	69
36	San Bernardino	School Based Initiatives - Resilience Promotion in African American Children Program	PEI 1	2,042
36	San Bernardino	Community-Based Initiatives - Family Resource Center Program	PEI 2	69,881
36	San Bernardino	Community-Based Initiatives - Native American Resource Center Program	PEI 2	799
36	San Bernardino	Systems Enhancement Initiatives - LIFT	PEI 3	20
36	San Bernardino	Systems Enhancement Initiatives - Older Adult Community Services Program	PEI 3	10,951
36	San Bernardino	Systems Enhancement Initiatives -Military Services and Family Support Program	PEI 3	2,100
36	San Bernardino	Systems Enhancement Initiatives -Community Wholeness and Enrichment Program	PEI 3	15,646
37	San Diego	Rural Integrated Behavioral Health and Primary Care Services	PEI 8	3,426
37	San Diego	First Break of Mental Illness - Kickstart Program	PEI 13	82
37	San Diego	Co-Occurring Disorders: Bridge to Recovery	PEI 14	1,539
37	San Diego	Positive Solutions: Home Based Prevention Early Intervention Gatekeeper Program (PEARLS)	PEI 17	770
37	San Diego	REACHing Out	PEI 19	207
37	San Diego	Salud	PEI 20	206

#	County	Early Intervention Program/Activity	Program #	# Served
38	San Francisco	School Based Youth-Centered Wellness Promotion - Supported Higher Education	PEI 1	81
38	San Francisco	Screening, Planning, and Supportive Services for Incarcerated Youth	PEI 2	175
38	San Francisco	Depression Screening and Response	PEI 7	776
38	San Francisco	Early Intervention and Recovery for Young People with Early Psychosis	PEI 8	55
39	San Joaquin	Connections for Seniors and Adults - Senior Peer Counseling	PEI 2	63
39	San Joaquin	Connections for Seniors and Adults - Mental Health in Family Practice	PEI 2	124
39	San Joaquin	Connections for Seniors and Adults - Veterans Services Organization	PEI 2	1,020
39	San Joaquin	Connections for Seniors and Adults - Connections for Homebound Seniors	PEI 2	117
39	San Joaquin	Empowering Youth and Families - Mentally Ill Offender Crime Reduction Involvement	PEI 4	231
39	San Joaquin	Suicide Prevention and Supports: Family Advocate	PEI 5	116
40	San Luis Obispo	School-Based Student Wellness Project -Sober School Enrichment	PEI 2	15
40	San Luis Obispo	Early Care and Support for Underserved Population - Successful Launch Program for At-Risk TAY	PEI 4	265
40	San Luis Obispo	Early Care and Support for Underserved Population -Older Adult Mental Health Initiative	PEI 4	2,327
40	San Luis Obispo	Integrated Community Wellness - Community-Based Therapeutic Services	PEI 5	300
40	San Luis Obispo	Integrated Community Wellness - Wellness Advocates (Formerly Resource Specialists)	PEI 5	700
41	San Mateo	Primary Care/Behavioral Health Integration: IMPACT Model	PEI 3	796
41	San Mateo	Youth/Transition Age Youth Identification and Early Referral	PEI 6	21
42	Santa Barbara	PEI Services for Children and TAY- Early Detection and Intervention Teams for TAY	PEI 4	230
43	Santa Clara	Strengthening Families & Children - Multi-Based Strategy	PEI 2	375
43	Santa Clara	Strengthening Families & Children - Home Visitation	PEI 2	249
43	Santa Clara	PEI Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features	PEI 3	3,571
43	Santa Clara	Primary Care/Behavioral Health Integration for Adults and Older Adults-Integrating Behavioral Health/Interventions in Primary Care Clinics	PEI 4	1,428
43	Santa Clara	Primary Care/Behavioral Health Integration for Adults and Older Adults-Outreach and Support to Patients in Primary Care Clinics	PEI 4	18
48	Solano	Education, Employment and Family Support for At-Risk TAY	PEI 3	76
48	Solano	Prevention and Early Access for Seniors (PEAS) - Navigators	PEI 4	106
48	Solano	Across the Lifespan	PEI 5	No reported Ns
49	Sonoma	Early Childhood Prevention and Early Intervention Project - Perinatal Mood Disorder	PEI 1	45
49	Sonoma	Crisis Intervention for Individuals Experiencing First Onset	PEI 3	7,678
49	Sonoma	Reduce Depression and Suicide among Older Adults	PEI 4	6,912
50	Stanislaus	Adverse Childhood Experience Intervention - Early Psychosis Intervention-LIFE Path (PIER Model)	PEI 3	265
50	Stanislaus	Older Adult Resiliency and Social Connectedness	PEI 6	219
50	Stanislaus	Health/Behavioral Health Integration	PEI 7	1,840
63	Sutter-Yuba	Community Prevention Team - Hmong Traditional Healers Project	PEI 1	11
52	Tehama	Teen Screen	PEI 1	44
52	Tehama	TF-CBT	PEI 3	4
66	Tri-Cities	Peer Support	PEI 2-3	64
54	Tulare	Children and Youth in Stressed Families - Perinatal Wellness Program (Formerly known as Maternal Mental Health Program)	PEI 1	14,850
56	Ventura	Primary Care Services	PEI 2	4,288
56	Ventura	Early Signs of Psychosis Intervention -PIER	PEI 5	38
		EARLY INTERVENTION TOTAL		**230,426**

Appendix O

'Out of Study Scope' Program/Activity Numbers Served by County (FY 2011-12)

#	County	Report Classification	Out of Study Scope Program/Activity	Program #	Number Served
16	Kings	Underserved Cultural Groups (OOSS)	In Common - Support Groups	PEI 2	75
28	Napa	Underserved Cultural Groups (OOSS)	Support for Latino Fathers Project	PEI 10	17
63	Sutter-Yuba	Underserved Cultural Population (OOSS)	Community Prevention Team - Los Ninos Bien Educados	PEI 1	19
63	Sutter-Yuba	Underserved Cultural Groups (OOSS)	Recreational Opportunities -Camptonville Community Partners	PEI 4	314
63	Sutter-Yuba	Underserved Cultural Groups (OOSS)	Recreational Opportunities -Swim Passes Distribution	PEI 4	200
			Out of Study Scope Total		**625**

Appendix P

'Indirect' Program/Activity Numbers Served by County (FY 2011-12)

#	County	Indirect Program/Activity	Program #	Total N
1	Alameda	School-Based Mental Health Consultation/Coordination in High Schools	PEI 3.A	36,691
1	Alameda	Early Intervention on the Onset of First Psychosis & SMI among TAY	PEI 2	854
2	Alpine	Anti-Bullying Program- Safe School Ambassadors	PEI 2	85
3	Amador	Isolated Community Outreach & Engagement	PEI 6	112
3	Amador	Behavioral Consultation	PEI 7	125
66	Berkeley	Supportive Schools Project	PEI 2	Number of Events only
66	Berkeley	Social Inclusion Project	PEI 4	10
4	Butte	Promotoras for Gridley and Chico Apartments	PEI 1	2,132
4	Butte	African American Cultural Center	PEI 2	5,950
4	Butte	Gridley Live Spot	PEI 5	2,089
4	Butte	GLBTQ Suicide Prevention	PEI 6	1,031
4	Butte	Older Adult Suicide Prevention Program	PEI 7	688
5	Calaveras	Suicide Prevention	PEI 3	653
7	Contra Costa	Building Connections in Underserved Cultural Communities - Jewish Family & Children's Center of the East Bay: Community Bridges	PEI 1	470
7	Contra Costa	Building Connections in Underserved Cultural Communities - La Clinica Vias de Salud (Pathways to Health)	PEI 1	5,397
7	Contra Costa	Coping with Trauma Related to Community Violence	PEI 2	70
7	Contra Costa	Suicide Prevention	PEI 4	20,107
9	El Dorado	School-based MH Promotion and Service Linkage	PEI 1	Number of Events only
9	El Dorado	Community Education Project	PEI 4	Number of Events only
10	Fresno	Cultural-Based Access Navigation Specialists	PEI 2	3,200
10	Fresno	School-Wide Behavior Supports	PEI 4	3,000
10	Fresno	Crisis Intervention Call Center	PEI 7	Number of Events only
10	Fresno	Team Decision-making	PEI 9	500
11	Glenn	Welcoming Line	PEI 2	Number of Events only
12	Humboldt	Suicide Prevention	PEI 1	492
12	Humboldt	Stigma Discrimination Reduction	PEI 2	189
16	Kings	WE CAN - Team Oriented Approach	PEI 1	869
16	Kings	WE CAN - Universal Screening	PEI 1	173
16	Kings	In Common - Advocacy and Case Management	PEI 2	4,103
19	Los Angeles	School-based Services Project - Olewus Bullying Prevention Program	PEI 1	665
19	Los Angeles	Family Education and Support Project - Managing and Adapting Practice (MAP)	PEI 2	12,424
19	Los Angeles	Early Start School Mental Health Initiative- Early Screening, Identification, and Mental Health Consultation START	ES-2	2,802
20	Madera	Community Outreach and Engagement		483
20	Madera	Community Outreach and Wellness Center		9,823
21	Marin	Early Childhood Mental Health Consultation	PEI 1	1,221
23	Mendocino	Education, De-Stigmatization & Peer Support	PEI 1	Number of Events only
23	Mendocino	Prevention: Older Adults	PEI 3	Number of Events only
23	Mendocino	Prevention, Children & Youth	PEI 4	Number of Events only
24	Merced	Public Awareness and Education - County-wide Public Information and Outreach	PEI 1	1,934

#	County	Indirect Program/Activity	Program #	Total N
24	Merced	Public Awareness and Education - Targeted Outreach for Culturally and Linguistically Isolated Families	PEI 1	1,501
25	Modoc	Developing Youth and Family Assets - Community Asset Building	PEI 1	Number of Events only
27	Monterey	Underserved & Unserved Cultural Populations Project - African American Community Partnership/Village Project and Screening Services	PEI 1	55
27	Monterey	Underserved & Unserved Cultural Populations Project - Outreach (LGBTQ Community Partnership | CHS and CCHAS)	PEI 1	15
27	Monterey	Underserved & Unserved Cultural Populations Project - Screening (Latino Community Partnership | CCA and CCCP)	PEI 1	240
27	Monterey	Underserved & Unserved Cultural Populations Project - 211 Toll-Free Telephone Referral	PEI 1	Number of Events only
27	Monterey	Underserved & Unserved Cultural Populations Project - Social Marketing (Social Marketing | BH)	PEI 1	Number of Events only
28	Napa	Native American Youth/Elders Enhancement Project	PEI 7	10,393
28	Napa	Child Welfare Early Mental Health Assessment Program	PEI 15	50
29	Nevada	Access	PEI 1	7,323
29	Nevada	Outreach	PEI 2	2,378
30	Orange	School Based Services - Positive Behavioral Intervention & Support	PEI 2	55,490
30	Orange	School Based Services - Violence Prevention Education	PEI 2	11,211
30	Orange	Outreach & Engagement	PEI 3	112,262
30	Orange	Parent Education & Support - Promotora Model	PEI 4	49,250
30	Orange	Screening & Assessment Services -Integration of Professional Assessor Into Established Programs	PEI 6	277
30	Orange	Crisis & Referral Services - Crisis Hot/Warm Lines	PEI 7	Number of Events only
30	Orange	Crisis & Referral Services - Survivor Support Services	PEI 7	25,628
31	Placer	Bye Bye Blues: Community 2-day Suicide Prevention Conference	PEI 2	472
31	Placer	Bye Bye Blues: Community Educator	PEI 2	636
31	Placer	Bridges to Wellness	PEI 3	Number of Events only
33	Riverside	Mental Health Outreach, Awareness, and Stigma Reduction	PEI 1	20,555
33	Riverside	Transition-Age Youth Project - Teen Suicide Prevention program	PEI 4	35,834
33	Riverside	Underserved Populations: Ethnic and Cultural Community Leaders in a Collaborative Effort	PEI 7	2,550
33	Riverside	Training, Technical Assistance & Capacity Building	PEI 8	Number of Events only
34	Sacramento	Suicide Prevention - Crisis Line & Postvention Counseling Services	PEI 1	Number of Events only
34	Sacramento	Suicide Prevention - Suicide Bereavement Support Groups and Grief Services	PEI 1	Number of Events only
34	Sacramento	Strengthening Families - Quality Child Care Collaborative (formerly known as Early Childhood Consultation)	PEI 2	Number of Events only
34	Sacramento	Strengthening Families - Bullying Prevention Program	PEI 2	13,996
35	San Benito	Children and Youth PEI - HYA Mental Health Screening Tool Training	PEI 1	Number of Events only
35	San Benito	Suicide Prevention Training for First Responders	PEI 2	219
36	San Bernardino	Community-Based Initiatives - Promotores de Salud/Community Health Workers Program	PEI 2	1,826
37	San Diego	Outreach and Education - Media Campaigns and Targeted Populations: Program #3: Family Peer Support Line	PEI 1	913

#	County	Indirect Program/Activity	Program #	Total N
37	San Diego	Outreach and Education - Media Campaigns and Targeted Populations: Program #2: Youth Peer Support	PEI 1	1,055
37	San Diego	Outreach and Education - Medica Campaigns and Targeted Populations - Program #1: Outreach and Education - Media Campaigns and Targeted Populations, It's Up to Us	PEI 1	66
37	San Diego	Outreach and Education - Media Campaigns and Targeted Populations - Breaking Down Barriers	PEI 1	Number of Events only
38	San Francisco	Early Childhood Mental Health Consultation	PEI 5	3,142
38	San Francisco	Mental Health Consultation for Providers Working with At-Risk Youth	PEI 6	8,708
38	San Francisco	Peer Outreach and Training	PEI 10	907
38	San Francisco	Community Behavioral Health Services Crisis Response Team	PEI 12	Number of Events only
39	San Joaquin	Reducing Disparities - Cultural Brokers	PEI 1	9,009
39	San Joaquin	Reducing Disparities - Access to Services	PEI 1	752
39	San Joaquin	Reducing Disparities - Mental Health 101	PEI 1	43
39	San Joaquin	School-based Prevention Efforts	PEI 2	37,150
40	San Luis Obispo	Mental Health Awareness and Stigma Reduction - Media Advocacy	PEI 1	Number of Events only
40	San Luis Obispo	Mental Health Awareness and Stigma Reduction - Community Outreach & Engagement	PEI 1	989
40	San Luis Obispo	Mental Health Awareness and Stigma Reduction - Community Outreach & Engagement (Homeless)	PEI 1	50
40	San Luis Obispo	Family Education, Training, and Support - Coaching to Parents and Caregivers (warm-line)	PEI 3	381
40	San Luis Obispo	Family Education, Training, and Support - Coordination of the County's Parenting Program (website)	PEI 3	9,456
40	San Luis Obispo	Family Education, Training, and Support - Parent Education	PEI 3	425
40	San Luis Obispo	Early Care and Support for Underserved Population - Latino Outreach and Engagement	PEI 4	1,200
40	San Luis Obispo	Integrated Community Wellness - Crisis Response	PEI 5	600
41	San Mateo	Early Childhood Community Team	PEI 1	268
41	San Mateo	Community Outreach, Engagement and Capacity Building	PEI 7	9,767
42	Santa Barbara	Mental Health Education and Support in Culturally Underserved Communities	PEI 1	1,680
43	Santa Clara	Community Engagement & Capacity Building for Reducing Stigma and Discrimination - Expanded Outreach and Engagement	PEI 1	Number of Events only
43	Santa Clara	Community Engagement & Capacity Building for Reducing Stigma and Discrimination - Mental Health Literacy Campaign	PEI 1	Number of Events only
43	Santa Clara	Community Engagement & Capacity Building for Reducing Stigma and Discrimination - Culturally Specific Programs to reduce Stigma and Discrimination	PEI 1	Number of Events only
43	Santa Clara	Strengthening Families & Children - Reach out and Read	PEI 2	34,081
43	Santa Clara	PEI Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features - Targeted Outreach and Training	PEI 3	26
43	Santa Clara	PEI Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features - Universal Community Education	PEI 3	Number of Events only
43	Santa Clara	Suicide Prevention - Suicide and Crisis Services	PEI 5	26,256
43	Santa Clara	Suicide Prevention - Gatekeeper Training	PEI 5	Number of Events only
43	Santa Clara	Suicide Prevention - Policies to promote systems change	PEI 5	Number of Events only
43	Santa Clara	Suicide Prevention - Communications/Media Best Practices	PEI 5	Number of Events only
45	Shasta	Stigma and Discrimination	PEI 4	Number of Events only
45	Shasta	Suicide Prevention	PEI 5	Number of Events only
48	Solano	Prevention and Early Access for Seniors (PEAS) - Gatekeepers (includes Health Providers)	PEI 4	507
50	Stanislaus	Community Capacity Building - Asset-Based Community Development	PEI 1	1,119

#	County	Indirect Program/Activity	Program #	Total N
50	Stanislaus	Emotional Wellness Education Community Support - Friends are Good Medicine	PEI 2	5,866
50	Stanislaus	Emotional Wellness Education Community Support - Mental Health Promotion Campaign	PEI 2	486,945
50	Stanislaus	Adult Resiliency and Social Connectedness -In Our Own Words - Anti-Stigma Program	PEI 5	1,254
50	Stanislaus	Adult Resiliency and Social Connectedness - Faith/Spirituality-Based Resiliency and Social Connectedness	PEI 5	2,000
50	Stanislaus	School Behavioral Health Integration - Parents and TEAchers as Allies (PTASA)	PEI 8	176
63	Sutter-Yuba	Community Prevention Team	PEI 1	4,349
63	Sutter-Yuba	First Onset Team	PEI 5	34
66	Tri-Cities	Community Capacity Building - Stigma Reduction within Cultural Groups	PEI 1	195
66	Tri-Cities	Community Capacity Building - Mental Health First Aid	PEI 1	868
66	Tri-Cities	NAMI Capacity Building	PEI 6	695
66	Tri-Cities	Building Bridges between Landlords, Mental Health Providers and Clients (Landlords)	PEI 7	Number of Events only
54	Tulare	Suicide Prevention - Festival of Hope Community Event	PEI 4	5,000
54	Tulare	Suicide Prevention - Applied Suicide Intervention Skills Training (ASSIT) Training	PEI 4	321
54	Tulare	Suicide Prevention - Dialectical Behavioral Therapy Training	PEI 4	292
54	Tulare	Reducing Disparities	PEI 5	15,644
55	Tuolumne	Early Childhood Education Project -Provider Education Training (TCOE - Self Program)	PEI 1	93
55	Tuolumne	Suicide Prevention and Stigma Reduction	PEI 3	201
57	Yolo	Early Signs Project	PEI 2	143
			INDIRECT TOTAL	**1,143,129**

Appendix Q

'Mixed' Program/Activity Numbers Served by County (FY 2011-12)

#	County	Program/Activity	Program #	Total N
2	Alpine	Wellness Center	PEI 1	94
3	Amador	Promotores de Salud	PEI 3	181
7	Contra Costa	Parenting Education and Support - La Clinica Familias Fuertes (Strong Families) - Parenting Groups & Coaching	PEI 6	1,331
7	Contra Costa	Parenting Education and Support - COPE Family Support Center - Parenting Groups & Coaching	PEI 6	621
7	Contra Costa	Parenting Education and Support - Child Abuse Prevention Council - Parenting Groups & Coaching	PEI 6	67
7	Contra Costa	Parenting Education and Support - The Latina Center - Parenting Groups & Coaching	PEI 6	305
7	Contra Costa	Youth Development - RYSE Center	PEI 9	300
7	Contra Costa	Youth Development - STAND! For Families free from Violence	PEI 9	1,554
9	El Dorado	Wennem Wadati	PEI 5	698
9	El Dorado	Health Disparities	PEI 7	929
10	Fresno	Horticultural Therapeutic Community Center	PEI 5	1,500
16	Kings	WE CAN	PEI 1	185
21	Marin	Transition Age Youth Prevention and Early Intervention	PEI 4	650
21	Marin	Canal Community Based Prevention and Early Intervention	PEI 5	567
27	Monterey	Underserved & Unserved Cultural Populations Project - Positive Parenting Curriculum (Parenting Education Partnership (PPP) | CHS)	PEI 1	417
27	Monterey	Trauma-Exposed Individuals	PEI 2	2,780
27	Monterey	Children & Youth in Stressed Families	PEI 3	1,447
28	Napa	American Canyon SAP Program (Napa Junction Elementary, American Canyon Middle and High School)	PEI 1	253
28	Napa	St. Helena and Calistoga PEI	PEI 13	388
30	Orange	School Based Services - Positive Behavioral Intervention & Support (targeted)	PEI 2	47
33	Riverside	Transition-Age Youth Project - Peer to Peer Services	PEI 4	642
33	Riverside	Underserved Populations: Effective Black Parenting, Afrocentric Youth and Families Rites of Passage Program	PEI 7	156
37	San Diego	Collaborative Native American Initiative	PEI 9	3,724
37	San Diego	School-Based Program	PEI 11	8,314
39	San Joaquin	Suicide Prevention and Supports: MH Clinician in Juvenile Hall	PEI 5	604
42	Santa Barbara	Integrating Primary and Mental Health Care in Community Clinics - IMPACT	PEI 2	2,765
42	Santa Barbara	PEI Services for Children and TAY - Crisis Service Coverage for Underserved Children	PEI 4	253
43	Santa Clara	Strengthening Families & Children - Family-Based Interventions - Brief Strategic Family Therapy	PEI 2	501
43	Santa Clara	Strengthening Families & Children - Basic & Enhanced Parenting Support Program - Triple P	PEI 2	43
43	Santa Clara	Primary Care/Behavioral Health Integration for Adults and Older Adults- Specialized Services to Refugees	PEI 4	1,953
44	Santa Cruz	Early Intervention Services for Children	PEI 1	1,290

#	County	Program/Activity	Program #	Total N
44	Santa Cruz	Early Onset Intervention Services for Transition Age Youth & Adults	PEI 3	293
44	Santa Cruz	Early Intervention Services for Older Adults	PEI 4	268
45	Shasta	Children and Youth in Stressed Families	PEI 1	943
45	Shasta	Older Adults	PEI 2	172
47	Siskiyou	Community PEI Services Program	PEI 1	Number of events only
48	Solano	School-Aged - School Based Targeted Student Assistance Program	PEI 2	722
49	Sonoma	School Based Programs -Elementary School Student Assistance Programs	PEI 2	361
49	Sonoma	Reducing Disparities	PEI 5	16,000
50	Stanislaus	Community Capacity Building - Promotores and Community Health Workers	PEI 1	5,009
50	Stanislaus	Community Capacity Building - Outreach and Engagement	PEI 1	2,510
50	Stanislaus	School-Based Health Integration - Student Assistance and School-Based Consultation Program	PEI 8	2,029
63	Sutter-Yuba	Community Prevention Team-Nurtured Heart Parenting (English and Spanish)	PEI 1	110
66	Tri-Cities	Community Capacity-Building - Community Wellbeing	PEI 1	3,051
66	Tri-Cities	Student Well-Being	PEI 5	3,012
53	Trinity	Hayfork and Southern Trinity Health Services Primary Intervention Project	PEI 1	110
54	Tulare	Children at Risk of School Failure - Children of Promise Program	PEI 2	654
56	Ventura	Community Coalitions - Universal Prevention	PEI 1	5,555
57	Yolo	Wellness Project - Urban Children's Resiliency Program	PEI 1	507
57	Yolo	Wellness Project - Rural Children's Resiliency Program	PEI 1	161
57	Yolo	Wellness Project - Senior Peer Counseling	PEI 1	78
		Mixed total		**76,104**

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