



County of Los Angeles Department of Mental Health
Mental Health Services Act
Prevention and Early Intervention Plan

STATUS REPORT ON THE MHSA PEI PLAN
Systems Leadership Team Meeting
June 15, 2011

The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plan focuses on prevention and early intervention services, education, support, and outreach to help inform and identify individuals and their families who may be affected by some level of mental health issue. Providing mental health education, outreach and early identification (prior to diagnosis) can mitigate costly negative long-term outcomes for mental health consumers and their families. The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the Los Angeles County Department of Mental Health's (DMH) MHSA Early Start PEI Plan on March 30, 2009 and the PEI Plan on August 27, 2009. Information on the Early Start and PEI Plans may be found at the DMH website, http://dmh.lacounty.gov/AboutDMH/MHSA/MHSA_Plans/pei.html

EARLY START PEI PROGRAMS

1. Suicide Prevention

- ❖ 24/7 Crisis Hotline. Didi Hirsch provides 24/7 crisis hotline services in English as well as Spanish; support services to attempters and/or those bereaved by a suicide; and assistance consultation to law enforcement and first responders. It is also building community capacity by offering evidence-based training in the Applied Suicide Intervention Skills Training (ASIST) and safeTALK models.
- ❖ Latina Youth Program. The Pacific Clinics Latina Youth Program provides 24/7 bilingual (Spanish) emergency and information telephone counseling, consultation and education to schools regarding suicide risk factors among teens. It also provides education and support services in the community about warning signs and risk factors for suicide among youth.
- ❖ Web-based Training for School Personnel on Suicide Prevention. The Los Angeles County Office of Education (LACOE), Center for Distance and Online Learning (CDOL) was contracted to design, develop, and maintain a website dedicated to provide critical online information and materials on suicide prevention, intervention, and postvention for school personnel, parents, and students in all 80 K-12 school districts Los Angeles County. The website was successfully launched in January 2011 and has been widely publicized throughout the County, State (through the Office of Suicide Prevention), and at national conferences and meetings of various suicide prevention networks/organizations (including a recent webinar on "Responding after a Suicide: Best Practices for Schools," sponsored by the Suicide Prevention Resource Center). Targeted local outreach activities have included 20 presentations to approximately 1,500 LAUSD school personnel as well as presentations to the LACOE Board and multiple LACOE divisions and programs to a combined total of over 1,000 participants. Nearly 3,000 website flyers and posters have been distributed

throughout the County. During the second and third phases of the project, the staff will continue to analyze Survey Monkey results and data obtained from and other sources, then continue to refine, update, and expand the website content/resources, while developing more focused implementation strategies for selected school districts. The website may be accessed at <http://preventsuicide.lacoe.edu/welcome.php>

- ❖ *Suicide Prevention Services*. In FY 2010-11, eleven (11) ASIST workshops on “suicide first aid” were conducted by DMH staff for 300 caregivers, including not only mental health professionals but those that are frontline gatekeepers (e.g. clergy, parents, graduate students, paraprofessionals, survivors, etc).

2. School Mental Health Initiative

- ❖ *School Mental Health - Violence Prevention*. The School Threat Assessment Response Team (START) program is developing 21 teams composed of a law enforcement officer and a DMH clinician who partners with all levels of educational institutions (K-12 through higher education), school based mental health programs, substance abuse programs, and other social service providers in the community to prevent school violence. During this fiscal year the EOB has conducted 2,322 School Threat Assessments and has provided intervention and case management services to those who meet criteria for the START program. DMH and the Los Angeles Police Department (LAPD) have developed a limited to the City of Los Angeles program designed to address the need for a comprehensive threat prevention and management program. Its success has already prevented several school tragedies.
- ❖ *Service Area (SA) 6 School Mental Health Demonstration Program*. The School Mental Health PEI Demonstration Pilot (SMHPEI Demonstration Pilot) will provide school-based mental health outreach and education, on-site school crisis intervention, a peer support network, and early screening. It is expected that the Request for Services (RFS) for this program will be released in summer 2011, seeking two separate contractors in the northern and southern parts of SA 6.

3. Anti-Stigma and Discrimination

- ❖ *Family-focused Strategies to Reduce Mental Health Stigma and Discrimination*. The Los Angeles County Alliance for the Mentally Ill, which was determined the provider through the County bidding process, will implement this program. On May 17, 2011 the Board of Supervisors approved a consultant agreement for these countywide services to adults. The program includes a family support bureau training program, parental support services, and consultative services.
- ❖ *Older Adults Wellness Recovery*. Thus far in FY 2010-11, 42 anti-stigma and discrimination presentations on mental wellness, depression and anxiety, and substance abuse were conducted at a variety of community centers, including seniors citizens centers, housing sites, etc. in English, Farsi, Korean, Mandarin, Russian, and Spanish.
- ❖ *Community Advocacy*. In spring 2011 Public Service Announcements (PSAs) of 30-second duration have been developed and shown on television stations. The Profiles of Hope Project has produced 10-15 minute videos with six high-profile personalities who are experienced and passionate advocates in promoting hope, wellness and recovery. These testimonials have also been aired on various televisions stations.

PEI PROGRAMS

1. Programs Implemented

To date, DMH has implemented 27 PEI programs for children and transition-age youth consisting of evidence-based programs (EBPs), promising practices (PPs), and community-defined evidence practices through transformation and expansion. EBPs are programs that have quantitative and qualitative data showing positive outcomes. PPs are programs and strategies with some quantitative data showing positive outcomes over a period of time, but do not have enough research or replication to support generalized outcomes. CDEs are practices developed in Los Angeles that have a community-defined evidence base for effectiveness in achieving mental health outcomes for underserved communities.

Type of PEI Program	No. in PEI Plan	Implemented to Date
Evidence-based Programs (EBPS)	24	16
Promising Practices (PPs)	13	6
Community-defined Evidence Practices (CDEs)	13	4
Pilot Projects	2	1
Total Number	52	27
% Implemented		51.9%

Below is a listing of the programs implemented since 2009. The majority of the programs implemented to date have been for young children (0-5 years), children (6-15 years) and TAY (16-25). The programs listed with an asterisk are those that also serve adults (26-59 years) and older adults (60+). Attachment 1 provides a brief description of all the PEI programs that have been implemented and the age groups served.

1. Aggression Replacement Training (ART)
2. Alternatives for Families – Cognitive Behavioral Therapy (AF-CBT)
3. Brief Strategic Family Therapy (BSFT)
4. Caring for Our Families (CFOF)
5. Child-Parent Psychotherapy (CPP)
6. Cognitive Behavioral Intervention for Trauma in Schools (CBITS) *
7. Crisis Oriented Recovery Services (CORS) *
8. Functional Family Therapy (FFT)
9. Gay/Lesbian/Bisexual/ Transgender Comprehensive HIV & At-Risk Mental Health Services (GLBT CHAMPS) (GLBT Champs)
10. Group Cognitive Behavioral Therapy for Major Depression *
11. Improving Mood – Promoting Access to Collaborative Treatment (IMPACT) (training in progress, implemented as of July 1, 2011) * *training in late June 2011 and services start July 2011*
12. Incredible Years (IY)
13. Interpersonal Psychotherapy for Depression (IPT)
14. Loving Intervention Family Enrichment Program (LIFE)
15. Managing and Adapting Practice (MAP)
16. Multidimensional Family Therapy (MDFT)
17. Multisystemic Therapy (MST)
18. Nurse-Family Partnership (NFP)
19. Olweus Bullying Prevention Program (OBPP)
20. Parent-Child Interaction Therapy (PCIT)
21. Prolonged Exposure for PTSD (PE-PTSD) *

22. Seeking Safety (SS) *
23. Strengthening Families (SF)
24. System Navigators *
25. Trauma Focused Cognitive Behavioral Therapy TF-CBT
26. Triple P (Positive Parenting Program)
27. UCLA Ties Transition Model (TTM)

2. Bidding Process

DMH is developing a number of RFSs for children, transition-age youth (TAY), adults and older adults, particularly with regard to countywide services for the special PEI target populations. DMH utilizes the MHSA Master Agreement List in its bidding process when RFSs are released. In fall 2009 DMH conducted five "How to Become an MHSA PEI Contractor" training workshops (in Long Beach, Los Angeles, Carson, Alhambra, and Universal City) attended by 719 individuals representing 512 agencies. At present a total of 297 agencies are on the Master Agreement List. The Department has a number of RFSs under development and review to be released in the next several months. For the children and TAY populations, the emphasis is on prevention and school-based programs.

Prevention-Only Programs for New Contractors. In summer 2011 DMH anticipates releasing RFS/RFI (Requests for Information) totaling \$5 million for prevention-only programs for four EBP and CDE practices, namely, Making Parenting a pleasure, Pilot Outreach and Education, Positive Parenting Program (Triple P), and Promotores de Salud. In accordance with the PEI Plan, these services are to be delivered by new agencies, i.e., potential contractors that do not have an existing contract with DMH. The maximum amount of the awards is \$100,00 per agency. There are approximately 110 new providers on the MHSA Master Agreement List.

3. Training for Providers

In order to ensure that providers properly practice the EBPs and PPs, as well as to ensure model fidelity, DMH provided training in conjunction with the developers and their designated trainers in the PEI programs that would serve the largest number of children and TAY. Training materials and consultation support were also provided. The chart below indicates the number of agencies and staff trained since April 2010 in specific PEI programs.

PEI Program	Number of Agencies Trained	Number of Staff Trained
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	20	123
Crisis Oriented Recovery Services (CORS)	DMH clinics	35
Child Parent Psychotherapy (CPP)	28	122
Group Cognitive Behavioral Therapy (Group CBT) (late June 2011)	DMH Clinics	pending
Improving Mood – Promoting Access to Collaborative Treatment (IMPACT) (late June (2011)	pending	pending
Managing and Adapting Practice (MAP)	76	342
Olweus Bullying Prevention Program	30 schools	180 school staff
Seeking Safety (SS)	86	1425
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	79	1160
Triple P – Positive Parenting Program (Triple P)	40	735

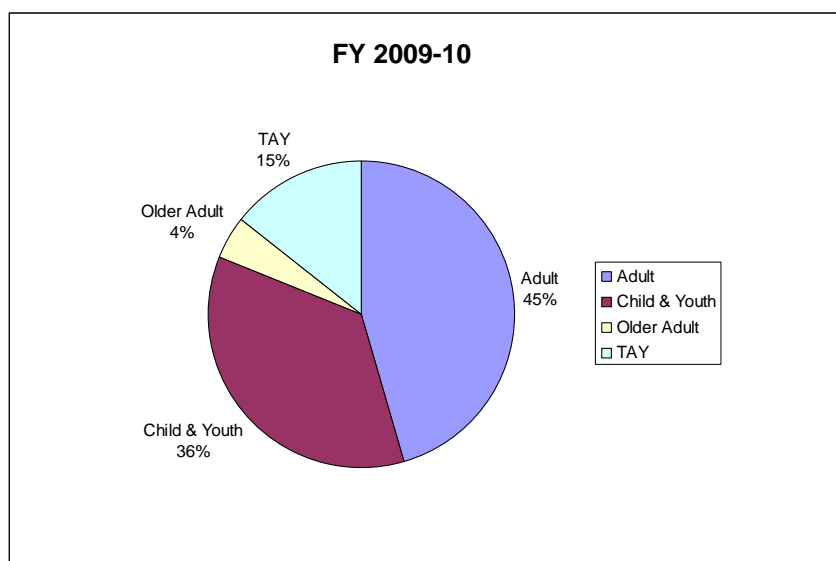
PERSONS SERVED

1. Persons Served by Age Group

The funding guidelines for the Los Angeles County PEI Plan specify that monies be allocated as follows:

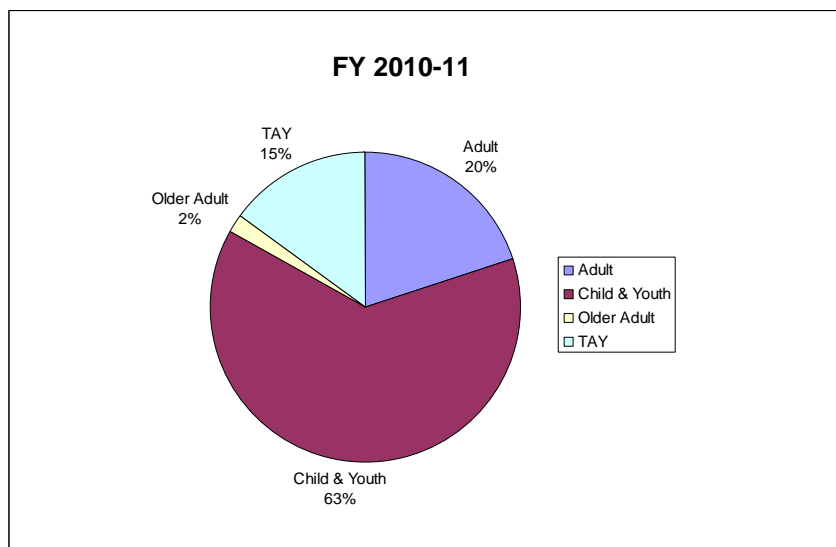
- ▶ 65.0% for Children and Transition-Age Youth (ages 0-25) and their Families
- ▶ 17.5% for Adults (ages 26-59)
- ▶ 17.5% for Older Adults (ages 60 years and older)

FY 2009-2010: PEI programs begin in 2009 after the MHSOAC approved the Early Start and PEI Plans. A total of 8859 individuals were served during this first year as the programs were starting up and service delivery began. The DMH directly operated clinics, primarily the adult programs, were able to begin services earlier, due to the fact that the bidding process was just being initiated for contract agencies in this first year.



Age Group	# of Clients	% of Clients
Child & Youth	3,147	36%
TAY	1,289	15%
Adult	4,030	45%
Older Adult	393	4%
Total	8,859	100%

FY 2010-11: As of June 9, 2011, a total of 41,765 distinct clients were served during the second year of the PEI Plan implementation. This number does not include individuals reached through community outreach and education services.



Age Group	# of Clients	% of Clients
Child & Youth	26,339	63%
TAY	6,247	15%
Adult	8,394	20%
Older Adult	785	2%
Total	41,765	100%

2. Persons Served by Ethnicity and Language

In FY 2010-11, as of June 9, 2011, the majority of persons served were of Hispanic ethnicity,

Race/Ethnicity	Number	Percentage
White	5,381	12.88%
African American	9,851	23.59%
Hispanic	23,983	57.42%
Native American	192	0.46%
Asian	939	2.25%
Pacific Islander	63	0.15%
Other	683	1.64%
Unknown	673	1.61%
TOTAL	41,765	100.00%

For information on the ethnicity of persons served in FY2009-10, see Attachment 2, which also contains the information for languages spoken by clients for FYs 2009-10 and FY 2010-11,

3. Persons Served by PEI Project

PEI services began in 2009 with the MHSOAC approval of the Early Start and PEI Plans. In FY 2009-10, the following number of individuals were served in the PEI projects:

PEI Project Name	Number Served
Early Start Suicide Prevention Program	26,222
Early Start School Mental Health Initiative	2,285
School-based services	112
Family Education & Support Services	572
At-Risk Family Services	582
Trauma Recovery Services	5,561
Primary Care & Behavioral Health	283
Early Care & Support for TAY	832
Juvenile Justice Services	1,034
Early Care & Support for Older Adults	121
Improving Access for Underserved Population	824

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**ATTACHMENT 1.
PEI PROGRAMS FOR CHILDREN AND TAY IMPLEMENTED TO DATE**

Program Name		Summary Description	Age Groups Served
1	Aggression Replacement Training (ART)	A multi-level, family-centered intervention targeting youth at risk for substance abuse or behavior problems. Designed to address the family dynamics of adolescent problem behavior, the long term goals are to arrest the development of teen antisocial behaviors and drug experimentation. The intervention uses a "tiered" strategy with each level (universal, selective, and indicated) building on the previous level. ART includes both a teen curriculum and strategies targeting parents.	Children (ages 12-15) TAY (ages 16-17)
2	Alternatives for Families – Cognitive Behavioral Therapy (AF-CBT)	AF-CBT is designed to improve the relationships between children and parents/caregivers in families involved in physical force/coercion and chronic conflict/hostility. This EBP emphasizes training in both intrapersonal and interpersonal skills designed to enhance self-control, strengthen positive parenting practices, improve family cohesion/communication, enhance child coping skills and social skills, and prevent further instances of coercion and aggression. Primary techniques include affect regulation, behavior management, social skills training, cognitive restructuring, problem solving, and communication.	Children
3	Brief Strategic Family Therapy (BSFT)	BSFT is a short-term, problem oriented, family-based intervention designed for children and adolescents who are displaying or are at risk for developing behavior problems, including substance abuse. The goal of BSFT is to improve a youth's behavior problems by improving family interactions that are presumed to be directly related to the child's symptoms, thus reducing risk factors and strengthening protective factors for adolescent drug abuse and other conduct problems.	Children (ages 10-15) TAY (ages 16-18)
4	Caring for Our Families (CFOF)	Adapted from the "Family Connections" model, CFOF includes community outreach, family assessment, and individually tailored treatment programs. The goal is to help families meet the basic needs of their children and reduce the risk of child neglect. The core components of FC include emergency assistance/concrete services; home-based family intervention (e.g., outcome-driven service plans, individual and family counseling); service coordination with referrals targeted toward risk and protective factors; and multi-family supportive recreational activities.	Children (ages 5-11)
5	Child-Parent Psychotherapy (CPP)	CPP is a psychotherapy model that integrates psychodynamic, attachment, trauma, cognitive-behavioral, and social-learning theories into a dyadic treatment approach. CPP is designed to restore the child-parent relationship, the child's mental health and developmental progression that have been damaged by the experience of domestic violence. CPP is intended as an early intervention for children ages birth to 5 years who may be at risk for acting-out and experiencing symptoms of depression and trauma.	Young Children (ages 0-6)
6	Cognitive Behavioral Intervention for Trauma in School (CBITS)	An early intervention for children who have experienced or have been exposed to traumatic events and are experiencing difficulty related to symptoms of Posttraumatic Stress Disorder (PTSD), depression or anxiety. Services are delivered within the school setting by clinical staff, as part of multi-disciplinary treatment teams. CBITS intends to reduce the impact of trauma related symptoms, increase resilience, and increase peer and parental support, for students at risk of school failure and improve access to mental health services.	Children (ages 10-15) TAY
7	Crisis Oriented Recovery Services (CORS)	A short-term intervention designed to provide immediate crisis intervention, address identified case management needs, and assure hard linkage to ongoing services. The primary objective is to assist individuals in resolving and/or coping with psychosocial crises by mitigating additional stress or psychological harm. CORS promotes the development of coping strategies that individuals can utilize to help restore them to their previous level of functioning prior to the crisis event.	Children TAY Adults Older Adults
8	Functional Family Therapy (FFT)	A family-based, short-term prevention and intervention program for acting-out youths, ages 11-18. FFT focuses on risk and protective factors that impact the adolescent, specifically intrafamilial and extrafamilial factors, and how they present and influence the therapeutic process. Major goals are to improve family communication and supportiveness while decreasing intense negativity characteristic of these families. Five major components: engagement in change, motivation to change, relational/interpersonal assessment and planning for behavioral change, behavioral change, and generalization of behaviors.	Children (ages 10-15) TAY (ages 16-18)

Program Name		Summary Description	Age Groups Served
9	Gay/Lesbian/Bisexual/ Transgender Comprehensive HIV & At-Risk Mental Health Services (GLBT CHAMPS)	GLBT CHAMPS is a comprehensive package of interventions with enhanced case management and outreach intervention, mobile van HIV testing, and a CDC evidence-based social skills intervention for enhancing risk reduction education and decreasing stigma among HIV+ African American females (SISTA). GLBT CHAMPS is a CDE that targets HIV+ individuals and serves LGBTQ populations.	TAY
10	Group Cognitive Behavioral Therapy for Major Depression (Group CBT)	Group CBT focuses on changing an individual's thoughts (cognitive patterns) in order to change his or her behavior and emotional state. Treatment is provided in a group format and assumes maladaptive, or faulty, thinking patterns cause maladaptive behavior and negative emotions. Group format is particularly helpful in challenging distorted perceptions and bringing thoughts more in line with reality. Cultural tailoring of treatment and case management shows increased effectiveness for low-income Latino and African-American adults.	TAY (18 – 25) Adults Older Adults
11	Incredible Years (IY)	A curriculum based, multifaceted, developmentally appropriate intervention targeting primarily children ages 2-12. IY is based on developmental theory of the role of multiple interacting risk and protective factors in the development of conduct problems. Parent training intervention focusing on strengthening parenting competency and parent involvement in child's activities to reduce delinquent behavior. Child training curriculum strengthens children's social/emotional competencies. Teacher training intervention focuses on teachers' classroom management strategies, promoting pro-social behavior and school readiness. IY utilizes videotaped scenes to structure content and group discussion.	Children (ages 0-12)
12	Improving Mood – Promoting Access to Collaborative Treatment (IMPACT)	IMPACT (also known as the Mental Health Integration Program-MHIP) delivers specialty mental health services to Low-Income Health Plan (LIHP) enrollees with less intense mental health needs who are appropriately served through focused, time-limited early intervention strategies. IMPACT is an integrated behavioral health intervention program provided within a primary care facility. It has been used with adults and older adults to successfully treat depressive disorders and to prevent a relapse in symptoms. The IMPACT team includes psychiatrists, other mental health professionals and paraprofessionals, and primary care providers.	Adults
13	Interpersonal Psychotherapy for Depression (IPT)	IPT is a short-term therapy (8-20 weeks) that is based on an attachment model, in which distress is tied to difficulty in interpersonal relationships. IPT targets the TAY population suffering from non-psychotic, uni-polar depression. IPT targets not only symptoms, but improvement in interpersonal functioning, relationships, and social support. Therapy focuses on one or more interpersonal problem areas, including interpersonal disputes, role transitions, and grief and loss issues.	Children (ages 12-15) TAY (ages 16-18)
14	Loving Intervention Family Enrichment Program (LIFE)	An adaptation of Parent Project, LIFE is a 22-week skills-based curriculum implemented with multi-family groups for parents with children at risk of or involved with the juvenile justice system. The program was designed for low income Latino families with monolingual (Spanish) parents of children at high-risk of delinquency and/or school failure.	Children (ages 10-15) TAY (ages 16-17)
15	Managing and Adapting Practice (MAP)	MAP is designed to improve the quality, efficiency, and outcomes of children's mental health services by giving administrators and practitioners easy access to the most current scientific information and by providing user-friendly monitoring tools and clinical protocols. Using an online database, the system can suggest formal evidence-based programs or, alternatively, can provide detailed recommendations about discrete components of evidence-based treatments relevant to a specific youth's characteristics. Whether services are delivered through existing evidence-based programs or assembled from components, the MAP system also adds a unifying evaluation framework to track outcomes and practices.	Children (ages 0-15) TAY (ages 16-21)

Program Name		Summary Description	Age Groups Served
16	Multidimensional Family Therapy (MDFT)	A family-based treatment and substance-abuse prevention program to help adolescents (11-18) to significantly reduce or eliminate an adolescent's substance abuse and their behavior/conduct problems, and improve overall family functioning through multiple components, assessments, and interventions in several core areas of life. MDFT has separate and distinct objectives for both adolescent and parent. There are also two intermediate intervention goals for every family: 1) helping the adolescent achieve an interdependent attachment/bond to parents/family; and 2) helping the adolescent forge durable connections with pro-social influences such as schools, peer groups, and recreational and religious institutions.	Children (ages 11-15) TAY (ages 16-18)
17	Multisystemic Therapy (MST)	Targets youth (12-17) with criminal behavior, substance abuse and emotional disturbance, as well as juvenile probation youth. MST typically uses a home-based model of service delivery to reduce barriers that keep families from accessing services. MST therapists concentrate on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g. extended family, friends) and removing barriers (e.g. parental substance abuse, high stress). Family to take the lead in setting treatment goals as the therapist helps them to accomplish their goals.	Children (ages 11-15) TAY (ages 16-17)
18	Nurse Family Partnership (NFP)	Provides home visits by registered nurses to first-time, low-income mothers, beginning during pregnancy and continuing through the child's second birthday. Nurses begin 60-90 minute visits with pregnant mothers early in their pregnancy (about 16 weeks gestation). Registered nurses visit weekly for the first month after enrollment and then every other week until the baby is born. Visits may continue until the baby is two years old. Nurses use their professional nursing judgment and increase or decrease the frequency and length of visits based on the client's needs.	Young Children (ages 0-2)
19	Olweus Bullying Prevention Program (OBPP)	OBPP is a whole school program that has been proven to prevent or reduce bullying throughout a school setting. OBPP is used at the school, classroom, and individual levels and includes methods to reach out to parents and the community for involvement and support. School administrators, teachers, and other staff are primarily responsible for introducing and implementing the program. These efforts are designed to improve peer relations and make the school a safer and more positive place for students to learn and develop.	Children (ages 6 -15)
20	Parent-Child Interaction Therapy (PCIT)	Highly specified, step-by-step, live-coached sessions with both the parent/caregiver and the child. Parents learn skills through PCIT didactic sessions. Using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. The emphasis is on changing negative parent/caregiver-child patterns.	Young Children (ages 0-5) Children (ages 6-12)
21	Prolonged Exposure Therapy for Post Traumatic Stress (PE-PTSD)	PE-PTSD is designed as an early intervention, cognitive behavioral treatment model for individuals (18-70 years) who may be experiencing symptoms indicative of early signs of mental health complications due to experiencing one or more traumatic events. PE-PTSD can be used to treat Veterans and/or their families who have experienced single or multiple/continuous traumas and have post-traumatic stress disorder (PTSD). The individual therapy is designed to help clients process traumatic events and reduce their PTSD symptoms as well as depression, anger, and general anxiety. Treatment consists of 8-15 sessions conducted once or twice weekly for 90-minutes each.	TAY (ages 18-25) Adults Older Adults
22	Seeking Safety (SS)	Designed for flexible use with diverse populations and settings (outpatient, inpatient, residential) and can be conducted in group or individual format. Treatment is intended for individuals or groups who are trauma-exposed, experiencing symptoms of trauma(s) and/or abusing substance. Seeking Safety has been used with people who have a trauma history, but do not meet criteria for PTSD.	Children (ages 13-15) TAY (ages 16-20)

Program Name		Summary Description	Age Groups Served
23	Strengthening Families (SF)	A manualized parenting skills, children's life skills, and family life skills training program for high risk families. Parents and children participate in fourteen 2-hour multifamily group sessions, both separately and together as a family. Parent group sessions includes: understanding the risk factors for substance use, enhancing parent-child bonding, monitoring compliance with parental guidelines, managing anger and family conflict, and fostering positive child involvement in family tasks. Child peer group instruction includes: communication skills, motivation, peer resistance, and problem solving skills.	Children (ages 3-15) TAY (ages 16)
24	Trauma Focused CBT (TF-CBT)	An early intervention for children and TAY populations who may be at risk for symptoms of depression and psychological trauma due to experiencing any number of traumatic events. Services are specialized mental health services delivered by clinical staff, as part of multi-disciplinary treatment teams. Program is intended to reduce symptoms of depression and psychological trauma.	Children (ages 3-15) TAY (ages 16-18)
25	Triple P Positive Parenting Program (Triple P)	Triple P is intended for the prevention and early intervention of social, emotional and behavioral problems in childhood, the prevention of child maltreatment, and the strengthening of parenting and parental confidence. An EBP parenting program and system for delivering parenting information to large and small populations. DMH is implementing Level 4 and Level 5 trainings at most clinics, emphasizing broad focus parenting skills training and behavioral family interventions. Target population is towards parents/caregivers of children ages 0-16 years.	Young Children (ages 0-5) Children (ages 6-15) TAY (ages 16-18)
26	UCLA Ties Transition Model (UCLA TTM)	UCLA Ties Transition Model (TTM) – Young Children. TTM intends to promote successful adoption, growth and development of high risk children. TTM employs interventions to reduce barriers to adoption and supports successful transition into permanent homes. Services include a 9 hour preparation course for adoptive parents, individual child development assessments, and pre-placement consultation. Additional service and support available to families for up to one year include: monthly support sessions, adoption-specific counseling, home visiting if child is less than age 3, interdisciplinary educational and pediatric consultation.	Young Children (ages 0-5) Children (ages 6-8)
27	Veterans Systems Navigators	Established through a Memorandum of Understanding between DMH and the Department of Military and Veterans Affairs, Veterans System Navigator teams assist returning veterans and their families in transition from military to civilian life. With teams comprised of veterans keenly aware of the mental health issues facing combat veterans today, the Navigators service approximately 3,000 consumers annually Countywide with respect to veterans' re-integration issues by outreaching and linking veterans' families to mental health and other supportive services. Specifically, DMH's role provides the Systems Navigator program with consultation, outcomes measurement development, contract oversight, and quarterly program monitoring.	TAY Adults Older Adults

**ATTACHMENT 2.
ETHNICITY AND PRIMARY LANGUAGE**

ETHNICITY AND PRIMARY LANGUAGES OF PEI CLIENTS - FY 2009-2010

Ethnicity	# of Clients	% of Clients	Language Primary	# of Clients	% of Clients
99-Unknown/Not Reported	52	0.59%	01-English	6774	76.46%
01-White	1665	18.79%	02-Spanish	1593	17.98%
02-Black	2630	29.69%	03-Mandarin	22	0.25%
03-Hispanic	3750	42.33%	06-Cantonese	13	0.15%
04-American Native	65	0.73%	07-Chinese, other	5	0.06%
05-Chinese	72	0.81%	08-Japanese	9	0.10%
06-Japanese	18	0.20%	09-Korean	28	0.32%
07-Filipino	65	0.73%	10-Samoan	1	0.01%
09-Other Non-White	57	0.64%	11-Pilipino, Tagalog	18	0.20%
10-Korean	46	0.52%	12-Vietnamese	22	0.25%
11-Indochinese	6	0.07%	13-Hebrew	2	0.02%
12-Amerasian	4	0.05%	15-French	2	0.02%
13-Cambodia	16	0.18%	17-American Sign	3	0.03%
14-Samoan	4	0.05%	18-Armenian	74	0.84%
15-Asian Indian	7	0.08%	19-Afghan, Pashto, Pusho	4	0.05%
16-Hawaiian Native	6	0.07%	21-Arabic	5	0.06%
17-Guamanian	1	0.01%	22-Farsi	79	0.89%
18-Laotian	1	0.01%	23-Bengali	2	0.02%
19-Vietnamese	33	0.37%	24-Bulgarian	1	0.01%
20-Other Black	20	0.23%	25-Burman or Burmese	2	0.02%
21-Other White	98	1.11%	27-Cambodian	10	0.11%
26-Other	117	1.32%	34-Ethiopian	1	0.01%
29-Other Asian	31	0.35%	37-Hindi	2	0.02%
30-Other Pacific Islander	4	0.05%	40-Hungarian	1	0.01%
99-Unknown/Not Reported	91	1.03%	47-Lao	1	0.01%
Total	8859	100.00%	54-Other Sign	1	0.01%
			57-Portuguese	2	0.02%
			60-Russian	36	0.41%
			64-Swedish	1	0.01%
			65-Taiwanese	1	0.01%
			66-Telegu	1	0.01%
			67-Thai	3	0.03%
			70-Urdu	2	0.02%
			75-Other Non-English	1	0.01%
			98-Unknown/not reported	24	0.27%
			98-Unknown/not reported	100	1.13%
			99-Other	13	0.15%
			Total	8859	100.00%

ETHNICITY AND PRIMARY LANGUAGES OF PEI CLIENTS - FY 2010-2011

Ethnicity	# of Clients	% of Clients	Language Primary	# of Clients	% of Clients
01-White	5069	12.137%	01-English	30325	72.609%
02-Black	9751	23.347%	02-Spanish	10183	24.382%
03-Hispanic	23983	57.424%	03-Mandarin	49	0.117%
04-American Native	192	0.460%	05-Toisan	1	0.002%
05-Chinese	190	0.455%	06-Cantonese	41	0.098%
06-Japanese	56	0.134%	07-Chinese, other	22	0.053%
07-Filipino	218	0.522%	08-Japanese	22	0.053%
09-Other Non-White	200	0.479%	09-Korean	63	0.151%
10-Korean	131	0.314%	10-Samoan	8	0.019%
11-Indochinese	11	0.026%	11-Pilipino, Tagalog	50	0.120%
12-Amerasian	9	0.022%	12-Vietnamese	46	0.110%
13-Cambodia	124	0.297%	13-Hebrew	10	0.024%
14-Samoan	30	0.072%	14-Yiddish	1	0.002%
15-Asian Indian	15	0.036%	15-French	5	0.012%
16-Hawaiian Native	9	0.022%	16-German	2	0.005%
17-Guamanian	2	0.005%	17-American Sign	26	0.062%
18-Laotian	6	0.014%	18-Armenian	180	0.431%
19-Vietnamese	85	0.204%	19-Afghan, Pashto, Pusho	6	0.014%
20-Other Black	100	0.239%	20-Afrikaans	2	0.005%
21-Other White	312	0.747%	21-Arabic	29	0.069%
26-Other	483	1.156%	22-Farsi	120	0.287%
27-Hmong	2	0.005%	23-Bengali	5	0.012%
29-Other Asian	92	0.220%	24-Bulgarian	3	0.007%
30-Other Pacific Islander	22	0.053%	25-Burman or Burmese	5	0.012%
99-Unknown/Not Reported	478	1.144%	26-Calo	1	0.002%
99-Unknown/Not Reported	195	0.467%	27-Cambodian	78	0.187%
Total	41765	100.00%	31-Czech	1	0.002%
			33-Dutch	1	0.002%
			34-Ethiopian	2	0.005%
			35-Greek	1	0.002%
			37-Hindi	6	0.014%
			40-Hungarian	1	0.002%
			43-Italian	1	0.002%
			44-Ilocano or Iloko	1	0.002%
			47-Lao	2	0.005%
			54-Other Sign	1	0.002%
			56-Polish	1	0.002%
			57-Portuguese	4	0.010%
			58-Punjabi	3	0.007%
			59-Romanian	2	0.005%
			60-Russian	50	0.120%
			67-Thai	7	0.017%
			68-Tonga	1	0.002%
			69-Turkish or Ottoman	2	0.005%
			70-Urdu	1	0.002%
			71-Ukranian	1	0.002%
			74-Yoruba	1	0.002%
			75-Other Non-English	6	0.014%
			98-Unknown/not reported	97	0.232%
			98-Unknown/not reported	264	0.632%
			99-Other	25	0.060%
			Total	41765	100.00%