



**Riverside County Department of Mental Health
Mental Health Services Act
Prevention and Early Intervention Plan**

EXECUTIVE SUMMARY

This summary provides a brief description of the Prevention and Early Intervention plan submitted to the State by the Riverside County Department of Mental Health. Included below is background on prevention and early intervention, a description of the County’s planning process, and a summary of the programs proposed for funding. For detail on programs, please refer to the plan posted on the Department of Mental Health website.

I. Background

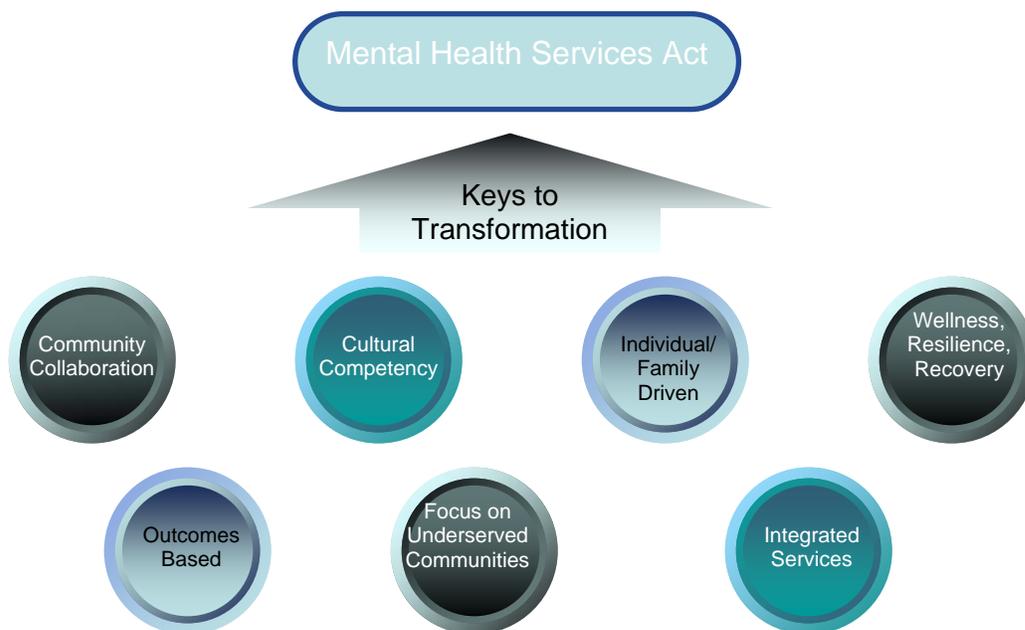
In November 2004, the Mental Health Services Act (MHSA), formerly known as Proposition 63, was approved by California voters. The MHSA imposes a 1% tax on personal income over \$1 million and became effective January 01, 2005. As stated in the MHSA, “for too many Californians with mental illness, the mental health services and supports they need remain fragmented, disconnected, and often inadequate, frustrating the opportunity for recovery” and “Untreated mental illness is the leading cause of disability and suicide and imposes high costs on state and local government”. The purpose and intent of the MHSA is to expand and transform the mental health service system throughout California “to reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness”.

The MHSA identifies five primary program components for funding which are:

- Community Services and Supports
- Workforce, Education, and Training
- Capital Facilities and Technology
- Prevention and Early Intervention
- Innovation

The intent of Prevention and Early Intervention (PEI) programs is to move to a “help first” system in order to engage individuals before the development of serious mental illness or serious emotional disturbance or to alleviate the need for additional or extended mental health treatment by facilitating access to services and supports at the earliest signs of mental health problems. In order to achieve this goal PEI activities need to be provided in places where community members go for other supports and services and where mental health services are not traditionally given, such as schools, health providers, community centers, faith-based organizations, etc.

In conjunction with all components of the MHSA, PEI programs also align with the transformational concepts inherent in the MHSA as illustrated below.



II. Prevention and Early Intervention as defined by the MHSA

While prevention and early intervention can occur across the entire mental health intervention spectrum, the purpose of the PEI component is to design programs at the early end of the spectrum.

What is Prevention?

- ✓ Prevention in mental health involves building protective factors and skills, increasing support, and reducing risk factors or stressors.
- ✓ Prevention efforts occur prior to a diagnosis for mental illness.
- ✓ Generally there are no time limits on prevention programs.
- ✓ Prevention activities are classified according to those individuals receiving the services:
 - Universal: These interventions or activities target the general public or a whole population group that had not been

identified as having a higher risk of developing mental health problems. An example of this would be training gatekeepers on the warning signs of suicide and how to intervene, such as the Question, Persuade, and Refer (QPR) for Suicide Prevention model found in the Older Adult Project.

- **Selective:** These interventions or activities target individuals or a subgroup of individuals whose risk of developing mental health problems is higher than average based upon defined risk factors. An example of this would be providing an intervention for children with substantiated cases of abuse, such as the Seeking Safety program found in the Trauma Services Project.

What is Early Intervention?

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

III. Building the PEI Framework

The State, through a comprehensive Stakeholder process, defined the following needs and populations as priorities for PEI activities:

PEI Key Community Mental Health Needs:

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

PEI Priority Populations:

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

Per State guidelines each PEI program must incorporate at least one Community Mental Health Need and one Priority Population. PEI plans must address all age groups and a minimum of 51% of the Plan budget must be dedicated to individuals between the ages of 0 through 25 years old. PEI funds cannot be used for filling gaps in treatment and recovery services for individuals who have been diagnosed with a mental illness or serious emotional disturbance or their families.

IV. Riverside County Community Planning Process

Each of the MHSA components requires an extensive Community Planning Process (CPP). The CPP for the Prevention and Early Intervention component was conducted in order to select the Key Community Mental Health Needs and Priority Populations as outlined above, to be provided in Riverside County.

Contact was initiated with stakeholders and members of underserved communities utilizing a network of contacts, telephone, and electronic outreach. Meetings were held with community leaders, community based service providers, and consortiums throughout Riverside County ensuring contact with representatives from each of the three regions (Western, Mid-County, and Desert). The PEI team attended numerous existing community based

stakeholder meetings as a part of the outreach campaign to begin the coordination and scheduling of focus groups and community forums.

Between July and October 2008, 108 focus groups and community forums were facilitated throughout the County with a total attendance of 1147 participants. A network of contacts that had been developed through telephone and electronic outreach was used to inform as many members of the community about the available focus groups and community forums. To ensure that stakeholders could fully participate in the community input process, specific Spanish speaking focus groups were facilitated and Spanish translation was available at each community forum. Other specific focus groups were held for older adults, Deaf/Hard of Hearing, Native Americans, and LGBTQ individuals.

As a means to further solicit input from community stakeholders a community survey was developed and posted on the RCDMH website (www.mentalhealth.co.riverside.ca.us) in both English and Spanish. A total of 2354 surveys were completed and returned. The survey was designed to ascertain stakeholder input regarding priorities about key community mental health needs and priority populations in Riverside County.

PEI planning utilized the existing four age group MHSA planning committees (Children, TAY, Adult and Older Adult). Due to a great deal of interest in the PEI planning process, there were additional stakeholders who joined each of the committees so that the membership reflected all key stakeholders.

Through the planning process, it was determined that there was a need to develop three workgroups to address specific PEI needs. They were the Trauma Workgroup, the Reducing Disparities Workgroup and the Reducing Stigma and Discrimination Workgroup. There was specific outreach to stakeholders for participation, including members of unserved and underserved cultural communities, community providers with expertise as well as consumers and family members of consumers.

Each of the age group committees (Children, TAY, Adult and Older Adult) participated in a two day facilitated process to determine the priority needs and recommendations for the age group they represented. Each committee was tasked with ensuring that the voice of the community was heard in the recommendations that were developed. They began with a review of PEI related recommendations that were gathered as a part of the CSS planning process. Committees also received the analysis of the information gathered from the focus groups, community surveys and the three workgroups (Trauma, Reducing Disparities, and Reducing Stigma and Discrimination). Each committee and workgroup assigned representatives to attend the PEI Steering Committee to convey their respective committee and workgroup recommendations. The Steering Committee identified and prioritized the final PEI strategies.

V. Riverside County Prevention and Early Intervention Projects

As a result of the extensive Community Planning Process, the Riverside County Department of Mental Health Prevention and Early Intervention (PEI) Plan contains seven separate projects. The projects contain programs and strategies that address universal prevention, selective prevention, and early intervention. In addition, the projects identify programs and strategies for individuals across the age span.

Below is a brief description of each project:

Project #1 – Mental Health Outreach, Awareness and Stigma Reduction

The goals of this PEI project are to increase community outreach and awareness regarding mental health information and resources and to develop and expand existing stigma reducing activities throughout Riverside County based upon the needs identified through the community planning process. This project will involve activities designed to outreach to unserved and underserved populations, increase awareness of mental health topics and to reduce stigma and discrimination. Individuals that will benefit from the activities in this project include youth, transition age youth, adults, older adults, parents, teachers, caregivers, community and faith based organizations, and the community at large. Activities will be wide ranging and will include maintaining and developing ongoing relationships with underserved cultural populations.

In addition to Department staff, a Reducing Stigma and Discrimination Committee has been developed to oversee, develop, and guide stigma and discrimination reducing activities. Activities to be funded under PEI provided throughout the County include:

- Media and mental health promotion and education materials will be prepared and provided for all community events and media efforts and outreach will occur to engage hard to reach populations.
- Parents and Teachers as Allies - This program, created by The National Alliance on Mentally Illness (NAMI), is designed to help families and school professionals identify the key warning signs of early-onset mental illnesses in children and adolescents in school.
- In Our Own Voice Program (IOOV) - This program, also developed by NAMI, is an interactive public education program in which two trained consumer speakers share their personal stories about living with mental

illness and achieving recovery. Presenters of the program will be reflective of the audience, i.e. TAY and Older Adult consumers will provide the presentation to individuals within their age group or to providers of service representing those age groups.

- The “Dare to Be Aware” Conference - This is a full day conference for approximately 1000 youth in middle and high schools from across the County. The goals are to increase awareness and reduce stigma related to mental illness.
- Breaking The Silence: Teaching School Kids about Mental Illness - This program, which is another NAMI program, is an educational package that teaches students in upper elementary school, middle school, and high school about serious mental illness.
- Toll Free, 24/7 “HELPLINE” – The “HELPLINE” will provide crisis and suicide prevention services including counseling and emergency assistance twenty four hours a day, seven days per week. Callers will be given, when appropriate, referrals to ongoing services both in Riverside County Department of Mental Health (RCDMH) and outside agencies as well as Riverside County 211.
- Network of Care – Network of Care is a user friendly website that is a highly interactive, single information place where consumers, community members, community-based organizations and providers can go to easily access a wide variety of important information. The Network of Care is designed so there is "No Wrong Door" for those who need services.
- Call To Care - This program provides outreach to, trains, and assists lay persons to initiate and maintain understanding, caring relationships with the persons of their religious communities, and to volunteer to use their lay counseling skills in their communities.

In order to provide targeted activities to underserved communities, the Department will continue to work with the Reducing Mental Health Disparities Committee developed during the PEI planning process. This committee is one of several efforts to build meaningful and sustainable relationships with the diverse populations throughout Riverside County. The committee will be responsible for overseeing the reduction of mental health disparities in the County of Riverside Department of Mental Health. Members will be from racially, ethnically and culturally unserved, underserved, and inappropriately served groups representative of the community.

- Outreach activities – Outreach and engagement staff will provide community outreach and engagement activities targeting those populations that are currently receiving little or no service to increase

awareness and knowledge of mental health and mental health resources, such as PEI programs, and increase community readiness to address mental health issues and eliminate stigma associated with mental health issues. Staff will provide community education and referral and linkage.

- Ethnic and Cultural Community Leaders in a Collaborative Effort - RCDMH will continue relationships with community leaders from ethnic and cultural populations who were hired during the PEI planning process. These consultants will continue to work within local communities in order to identify key community leaders and to build a network of individuals from these communities to promote mental health information and the use of PEI services.
- Promotores de Salud (Community Health Workers) - The Promotores de Salud program will address that need within the large number of Hispanic communities in Riverside County. Promotores are health workers who work and are from the community they serve. They will provide health and mental health education and support to members of their communities.

Project #2 – Parent Education and Support

This PEI project will work with children and families with a focus on providing services in non-traditional and natural community settings, e.g., family resource centers, faith based organizations, and child care centers. Each component of this project focuses on children and families through a variety of interventions and strategies. Specific and targeted outreach for the programs in this project will include grandparents raising grandchildren and fathers.

The programs are:

- Triple P – Positive Parenting Program is a multi-level system of parenting and family support strategies for families with children from birth to age 12. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence.
- Parent Management Training (PMT) – PMT is a culturally adapted evidence-based approach targeting migrant Spanish-speaking families. PMT uses didactic instruction, modeling, role playing, and home practice to teach parenting skills in encouragement, monitoring, discipline, and problem solving.
- Strengthening Families Program (SFP) – SFP is a family skills training intervention designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children. This program brings together the family for each session.

- Parent-Child Interaction Therapy (PCIT) - PCIT is an intensive, short-term, evidence-based intervention that has been demonstrated to effectively help families with children between the ages of 2 and 8 who exhibit a number of chronic disruptive behaviors at home, in school, preschool or daycare (e.g., aggression, defiance, frequent temper tantrums, refusing to follow directions, talking-back, swearing).

Project #3 – Early Intervention for Families in Schools

This project focuses on working with children and families within schools. A program that is school specific was identified through the community planning process. The goal of the project is to provide a family based intervention in a setting that is de-stigmatizing to a lot of families, which is school.

The program is:

- Families and Schools Together (FAST) – The FAST program is an outreach and multi family group process in schools designed to build protective factors in children, empower parents to be the primary prevention agents for their children, and to build supportive parent-to-parent groups. The overall goal of the FAST program is to intervene early to help at-risk youth succeed in the community, at home, and in school, thus avoiding problems such as school failure, violence, and other delinquent behaviors.

Project #4 – Transition Age Youth (TAY) Project

This project is designed to address specific outreach, stigma reduction, and suicide prevention activities for (TAY) at highest risk of self harm. Targeted outreach will occur to identify and provide services for LGBTQ TAY, TAY in the foster care system and those transitioning out of the foster care system, runaway TAY, and TAY transitioning onto college campuses.

The programs are:

- Depression Treatment Quality Improvement (DTQI) – DTQI is an evidence-based early intervention program used to treat depression, based on the concepts of Cognitive-Behavioral Therapy (CBT). This service will be provided in multiple locations in each service delivery region. It will be provided through organizations that serve youth and young adults in a setting where the youth feel comfortable e.g.: services targeting LGBTQ youth will be provided at an organization that serves LGBTQ youth and young adults.
- Peer-to-Peer Services – This service will be connected to DTQI. As an organization provides DTQI, their outreach and engagement efforts will be

specific to the target population. Leveraging with existing agencies, this project will utilize youth speaker's bureaus to outreach and educate at-risk youth and the community-at-large of the unique issues each group of identified at-risk youth experience as they relate to mental health and interpersonal issues.

- Outreach and reunification services to runaway TAY – Runaway youth are at increased risk of becoming victims of crimes and trauma as well as becoming involved in the juvenile justice system. Targeted outreach and engagement to this population is necessary in order to provide needed services to return them to a home environment. Crisis intervention and counseling strategies will be used to facilitate re-unification of the youth with an identified family member. Follow up referrals will be provided to assist with stabilization of the living situation for the youth. RCDMH will collaborate with community providers in order to identify specific outreach strategies to reach runaway TAY. RCDMH will collaborate with community providers in order to identify specific outreach strategies to reach unserved and underserved populations, including LGBTQ youth.
- Digital Storytelling – TAY identified the need for media based engagement activities. There was acknowledgement that youth are media savvy and opportunities to participate in such activities will lead to engagement. Digital Storytelling provides a three day workshop for individuals during which they identify a “story” about themselves that they would like to tell and produce a 3 to 5 minute digital video to tell their story. This activity gives the individual a unique way to communicate something about their life experiences, which could include trauma, loss, homelessness, etc. At the end of the workshop, the participants are then asked to invite whomever they would like to a viewing party.
- Active Minds – Active Minds is a national organization working to use the student voice to change the conversation about mental health on college campuses. RCDMH will work with local colleges and universities to develop and support chapters of this student run mental health awareness, education, and advocacy group on campuses. The goals are to increase student awareness of mental health issues, provide information and resources regarding mental health and mental illness, encourage students to seek help as soon as it is needed, and to serve as a liaison between students and the mental health community. The student run chapters will organize campus wide events to remove the stigma that surrounds mental health issues and create an environment for open conversations about mental health issues.

Project #5 – First Onset for Older Adults

This project focuses on the first onset of depression in the older adult population. Programs in this project include in home services as well as services that are portable. Collaboration will include partners that have experience and expertise with the older adult population in Riverside County. This includes, but is not limited to, the County Office on Aging and the Department of Public Social Services: Adult Protective Services. Targeted outreach will occur to identify and provide services for underserved cultural populations, specifically LGBTQ older adults. Although this project focuses on the first onset in older adults, older adults will also benefit from a variety of other PEI programs, including trauma related services, mental health awareness and stigma reducing activities, and parent education and support programs.

The programs are:

- QPR for Suicide Prevention - QPR stands for Question, Persuade, and Refer. People trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone for help. The QPR for Suicide Prevention model will be used to train gatekeepers who interact with seniors in order to look for depression and suicidal behavior.
- Cognitive-Behavioral Therapy for Late-Life Depression – This program focuses on early intervention services that reduce suicidal risk and depression. Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program. A highlight of this model is its portability which allows implementation in a variety of settings including places where older adults are likely to go, e.g.: senior centers and senior workforce centers.
- Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) - This is an intervention for people 60 years and older who have minor depression or dysthymia and are receiving home-based social services from community services agencies. The program is designed to reduce symptoms of depression and improve health-related quality of life.
- Caregiver Support Groups – RCDMH will partner with local community-based organizations and social service agencies to develop psychoeducation curriculum and supportive interventions and provide support groups for caregivers. Specific outreach, engagement, and linkage to the support groups will be to individuals and caregivers/family members of individuals receiving prevention and early intervention services, caregivers of seniors with mental illness, and caregivers of seniors with dementia.

Project #6 - Trauma-Exposed Services for All Ages

Through the community planning process the high need for services for trauma exposed individuals was a priority. This project includes programs that address the impact of trauma for youth, TAY, adults, and older adults.

The programs are:

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) – CBITS is a cognitive and behavioral therapy group intervention to reduce children’s symptoms of Post Traumatic Stress Disorder (PTSD) and depression caused by exposure to violence.
- Safe Dates - This program is a dating violence prevention program for middle and high school students. It works as both a prevention and early intervention tool for teens who have already begun to date and those who have not yet started dating.
- Seeking Safety – This program is a present focused, coping skills program designed to simultaneously help people with a history of trauma and substance abuse. It has been conducted in group or individual format; for female, male or mixed gender groups; for people with both substance abuse and dependence issues; and, for people with PTSD and for those with a trauma history that do not meet criteria for PTSD.
- Trauma Recovery and Empowerment Model (TREM) – This intervention is a fully manualized group based early intervention designed to facilitate trauma recovery among men and women with histories of sexual, physical, and emotional abuse who have been economically and socially marginalized and for whom traditional recovery work has been unavailable or ineffective.
- Prolonged Exposure (PE) Therapy for Post Traumatic Stress Disorders – This early intervention is a cognitive-behavioral treatment program for adult men and women with PTSD who have experienced single or multiple/continuous traumas. It is a course of individual therapy designed to help individuals process traumatic events and reduce their PTSD symptoms along with depression, anger, and general anxiety.

Project #7 – Underserved Cultural Populations

Through the community planning process, input was solicited from key community leaders from unserved and underserved cultural populations. The key community leaders gathered feedback and information from the communities that they represent and provided specific PEI recommendations regarding needed services. The unserved and underserved populations in Riverside County will also benefit from the other PEI projects identified previously.

The programs are:

- Hispanic/Latino Culture –
 - Mamás y Bebés (Mothers and Babies): This program is an evidence-based mood management perinatal group intervention for women.
 - Cognitive-Behavioral Therapy (CBT) for Depression (with antidepressant medication): This program was developed for use with low-income Latina women. It uses an adapted format of CBT to address cultural issues associated with the Hispanic culture.

- African-American –
 - Effective Black Parenting Program (EBPP): The EBPP has been shown to be effective with parents of African American children, including teenage African American parents and their babies, and with African American parents of adolescent children. It includes: culturally specific parenting strategies; general parenting strategies; basic parenting skills taught in a culturally-sensitive manner using African American language expressions and African proverbs; and special program topics such as single parenting and preventing drug abuse.
 - Africentric Youth and Family Rites of Passage Program: This program was designed for African American male youth between ages 11 and 15. The goal of the program is empowerment of black adolescents through a nine-month rites of passage program. A major component of the program is the after school program that offers modules on knowledge and behaviors for living; module topics include manhood development, sexuality, and drugs. Another component of the program includes casework and counseling with linkage to needed services.
 - Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) – The CBITS program is a cognitive and behavioral therapy group intervention for reducing children’s symptoms of posttraumatic stress disorder (PTSD) and depression caused by exposure to violence that has been used successfully in inner city schools with multicultural populations.

- Native American –
 - Incredible Years – Native American adaptation (SPIRIT): Incredible Years is a parent training intervention which focuses on strengthening parenting competencies and fostering parents’ involvement in children’s school experiences to promote children’s academic and social skills and reduce delinquent behaviors. SPIRIT is a culturally-tailored evidence-based practice that was

adapted by Dr. Renda Dionne for the Riverside County Native American community.

- Guiding Good Choices (GGC) – This is a prevention program that provides parents of children in grades 4 through 8 (9-14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully. Due to the historical trauma within Native American populations, substance abuse is inextricably linked with the development of depression and major mental illness, including Bi-Polar Disorder and Post Traumatic Stress Disorder. Therefore a program to address substance abuse prevention is essential in addressing the prevention of mental health problems.
- Asian American/Pacific Islander (AA/PI) –
 - Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families – The target populations of the SITIF program are Asian American/ Pacific Islander immigrant parents and/or caregivers with inadequate parenting skills to effectively discipline and nurture their children. The primary strategies of the program are: community education/outreach workshops, a bicultural parenting class, and family support service linkage. The activities are delivered at locations that are natural congregation places for the immigrant families: school sites, community service delivery settings, community-based and culturally competent behavioral healthcare center.

VI. Prevention and Early Intervention Plan Funding Overview

The PEI plan, when submitted to the State, requests \$28.2 million which includes the funds allocated for Riverside County for Fiscal Years 07/08, 08/09 and 09/10. In addition to program money, which totals \$18 million, Riverside County is requesting \$5.5 million to be kept in prudent reserve and \$2 million budgeted for contingency funds both of which will be utilized to sustain the implemented programs over the next four years as the yearly allocation is predicted to drop significantly. This will allow the County to continue programs in spite of this drop in State funding or to add program sites if the State allocation does not drop as expected in the next few years.

Programs included in the plan are estimated to begin in the County starting in the Fall of 2009 and implemented in phases in designated areas of the County through Spring of 2010. As State allocations are clarified, the Department may slow implementation of programs to ensure they can be sustained for at least four years. Programs can be expanded into other areas of the County as funds are available.

VII. Conclusion

The development of the Riverside County Prevention and Early Intervention Plan resulted from the extensive community planning process that was inclusive of consumers, family members, members of unserved and underserved cultural populations, community based and faith based organizations, and county agencies. The Riverside County Department of Mental Health and particularly the Prevention and Early Intervention (PEI) staff would like to acknowledge and thank the many community members, community stakeholders and County agencies that gave their time, energy and facilities to contribute to the Prevention and Early Intervention planning process. The valuable ideas collected have been used to facilitate the PEI planning process and would not have been possible without the contributions of attendees and organizers.

The complete PEI plan was posted for public comment for 30 days on the Department website. Two public hearings were held to solicit input from community members. Subsequent to those activities, the plan was submitted to the State Department of Mental Health and the Mental Health Oversight and Accountability Commission for review and approval.