County Of Siskiyou

Request for Proposals (RFP)
RFP # 23-002 – Health and Human Services Agency, Behavioral Health Division

for

Mental Health Services Act, Prevention and Early Intervention Providers

Proposals may be mailed, delivered, or emailed to:

Eric Jauregui
MHSA Coordinator

Behavioral Health Division
2060 Campus Dr. Yreka, CA 96097

ejauregui@co.siskiyou.ca.us

Proposals Due by:
3/27/2023
4:00 PM

County of Siskiyou
Request for Proposals
for Prevention and Early Intervention Services

The following schedule of events will be followed to the extent achievable; however, the County reserves the right to adjust or make changes to the schedule as needed.

Estimated Timeline of Events

Date	Activity
03/10/2023	Release of Request for Proposals (RFP)
03/17/2023	Mandatory Pre-Bid Meeting
03/22/2023	Deadline to Submit Questions
03/27/2023	Submission of Proposals due by 4:00 PM
03/31/2023	Review of Proposals
04/15/2023	Notification of Final Selection
06/20/2023	Professional Service Agreement Processed
07/01/2023	Professional Service Agreement Start Date

1.0 Preface

The purpose of this document is to provide interested parties with information to enable them to prepare and submit a proposal for Prevention and Early Intervention Programs for the Siskiyou County Health and Human Services Agency's ("Agency") Behavioral Health Division. Prevention and Early Intervention (PEI) programs are a component of the Mental Health Services Act (MHSA) that provide: Outreach to families, communities, primary care health providers, and others to recognize the early signs of potentially severe and disabling mental illness; Access and linkage to medically necessary care provided by county mental health programs for children with severe mental illness, and for adults and seniors with severe mental illness as early in the onset of these conditions as practicable; Reduction in stigma associated with either being diagnosed with a mental illness or seeking mental health services; Reduction in discrimination against people with mental illness. The goal is to catch mental health issues in their earliest stages to prevent long-term suffering.

2.0 Scope of Work

Prevention and Early Intervention (PEI) as defined by the Department of Health Care Services is a set of services designed to prevent mental illness from becoming severe and disabling. PEI programs improve timely access to services for underserved populations, include components similar to programs that have been successful in reducing the duration of untreated severe mental illnesses, and assist people in quickly regaining productive lives. Successful programs emphasize strategies to reduce the negative outcomes that may result from untreated mental illness. Services the successful Proposer will be expected to provide may include one or more of the following:

- Early Intervention
- Outreach
- Prevention
- Access and Linkage to Treatment
- Stigma and Discrimination
- Suicide Prevention

2.1 Early Intervention

- "Early Intervention Programs" are treatment and other services and interventions, including relapse prevention, that address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness.

- Early Intervention Programs may include services to parents, caregivers, and other family members of the person with early onset of a mental illness.

Examples of Early Intervention Programs for various target populations may be found in Attachment A, pages 20-22, 53-59, 73-76, 86-91, and 100-101.

2.2 Outreach

- "Outreach" is a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

- "Potential responders" include, but are not limited to, families, employers, primary

health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel, emergency medical service providers, people who provide services to individuals who are homeless, family law practitioners such as mediators, child protective services, leaders of faith-based organizations, and others in a position to identify early signs of potentially severe and disabling mental illness, provide support, and/or refer individuals who need treatment or other mental health services.

- Outreach for Increasing Recognition of Early Signs of Mental Illness may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.

2.3 Prevention

- "Prevention Program" means a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal is to bring about a reduction of negative outcomes as listed in Welfare and Institutions Code Section 5840, subdivision (d) as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.

- "Risk factors for mental illness" are conditions or experiences that are associated with a greater than average risk of developing a potentially serious mental illness. Risk factors include, but are not limited to, biological. including family history and neurological, behavioral, social/economic, and environmental factors.

  Examples of risk factors include, but are not limited to, a serious chronic medical condition, adverse childhood experiences, experience of severe trauma, ongoing stress, exposure to drugs or toxins including in the womb, poverty, family conflict or domestic violence, experiences of racism and social inequality, prolonged isolation, traumatic loss (e.g. complicated, multiple, prolonged, severe), having a previous mental illness, a previous suicide attempt, or having a family member with a serious mental illness.

- Prevention Program may include relapse prevention for individuals in recovery from a serious mental illness, may include universal prevention if there is evidence to suggest that the universal prevention is an effective method for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average

2.4 Access and Linkage to Treatment

- "Access and Linkage to Treatment Program" means a set of related activities to connect children, adults, and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs.

  Examples of Access and Linkage to Treatment Programs, include but are not limited to, Programs with a primary focus on screening, assessment, referral, telephone help lines, and mobile response.

Examples of Access and Linkage to Treatment Programs for various target populations may be found in Attachment A, pages 23, 60, 77, 92, and 102-103

2.5 Stigma and Discrimination Reduction

- "Stigma and Discrimination Reduction Programs" provide direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or for seeking mental health services, and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness and members of their families.

  Examples of Stigma and Discrimination Reduction Programs include, but are not limited to, social marketing campaigns, speakers' bureaus and other direct-contact approaches, targeted education and training, anti-stigma advocacy, web-based campaigns, efforts to combat multiple stigmas that have been shown to discourage individuals from seeking mental health services, and efforts to encourage self-acceptance for individuals with a mental illness.

- Stigma and Discrimination Reduction Programs shall include approaches that are culturally congruent with the values of the populations for whom changes in attitudes, knowledge, and behavior are intended.

Examples of Stigma and Discrimination Reduction Programs may be found in Attachment A, pages 111-115

2.6 Suicide Prevention

- "Suicide Prevention Programs" are organized activities that are undertaken to prevent suicide as a consequence of mental illness. This category of Programs does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness.

- Suicide prevention activities that aim to reduce suicidality for specific individuals at risk of or with early onset of a potentially serious mental illness can be a focus of a Prevention Program pursuant to Welfare and Institutions Code Section 3720 or a focus of an Early Intervention Program pursuant to Section 3710.

- Suicide Prevention Programs include, but are not limited to, public and targeted information campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines or web-based suicide prevention resources, and training and education.

Examples of Suicide Prevention Resources and Programs may be found in Attachment A, pages 97-105.

Proposers should feel free to include any other services not specified that they deem necessary to achieve the goals of this RFP.

3.0 Submission Requirements

Proposal Format*:* Proposals must contain the following:

1. **Cover Letter**

   a. Please provide the Proposer's name, address, and telephone number. The letter must be signed by a representative authorized to enter into contracts on behalf of the Proposer.

2. **Qualifications**

    a. Provide specific information concerning the Proposer's experience with the services specified in this RFP. Examples of completed projects, as current as possible, should be submitted as appropriate.

    b. Proposer must be proficient in the use of electronic data collection and reporting and be will be required to use the County's preferred system, Apricot 360.

3. **Company Profile**

    a. Provide a brief description of your company, including business structure, address, the total number of employees, overall industry experience, certifications, affiliations, and relevant experience. Support your capacity to perform the services detailed in this RFP.

4. **Approach:**

    a. Provide an analysis of the methodology developed to perform all required services and your response to the scope of work as referenced above. Please identify if the proposed program is Evidence Based or a Promising Practice as defined below:

    - Evidence-Based Practice (EBP) refers to a practice that is backed by scientific evidence. That is, studies have been conducted and extensive research has been documented on a particular strategy, and it has proven to be successful.

    - Promising Practice is a model, program or activity with evidence of effectiveness in small-scale interventions or with the potential to generate actionable data that could assist in taking the practice to scale and generalizing the results to diverse populations and settings.

5. **References:**

    a. Please include at least three (3) references, including name, address, telephone number, and Email, for whom similar services have been provided.

6. **Price Proposal:**

    a. Provide a transparent fee schedule that outlines all of the costs associated with the required services, broken down by category of products and services, and all on-going costs for recommended or required services. Please note, MHSA PEI programs are capped at a 15% administrative rate.

The proposal must include all requirements as listed and correlate to the Scope of Work outlined under this RFP.

Conflict of Interest: Proposer(s) shall disclose to the County any interest, direct or indirect, which could conflict in any manner or degree with the performance of service required. At the County's discretion, a potential conflict of interest, to the extent it is waivable, may be waived or factored into the final award decisions and/or a modified Scope of Work.

4.0 Selection Process

The proposals received in response to this RFP will be screened by a selection committee. The selection committee will consider only the proposals which have been considered responsive to the RFP. Any proposal that fails to meet the RFP's requirements will be regarded as non-responsive and may be rejected. A proposal, which is in any way incomplete, irregular or conditional, at the County's discretion, may be rejected. The following criteria will be used in the evaluation of the potential consultants:

1. Qualifications
2. Approach
3. Experience and references
4. Proposed costs

The County may meet or interview any or all of the proposers during the evaluation process. A contract will be negotiated with one or more qualified entities selected during the evaluation process. Proposals not selected in the evaluation process may be awarded a contract should negotiations with the selected Proposer(s) prove unsuccessful. The County reserves the right to reject any and all proposals and reserves the right to waive any non-substantive defects in the proposals.

5.0 General Information

Proposals must be submitted by way of mail, hand delivery, and/or electronic means, as described below:

- **Hand Delivery:** Hard copy proposals submitted by hand delivery must be received at 2060 Campus Drive Yreka, CA 96097 on or before March 27, 2023 (ATTN: Eric Jauregui, MHSA Coordinator). Please note “RFP # BHS-23-002” on front of envelope.

- **Mailing:** Hard copy proposals by way of mail must be mailed to 2060 Campus Drive Yreka, CA 96097 and postmarked by March 27, 2023. Please note “RFP # BHS-23-002” on front of envelope.

- **Electronic Copy Submittal:** Submit an electronic copy of the proposal via email. Electronic copies shall be emailed to Eric Jauregui, MHSA Coordinator at ejauregui@co.siskiyou.ca.us and must be received by March 27, 2023. Please include “RFP # BHS-23-002” in subject line.

Proposers shall provide One (1) original copy with signature and Three (3) exact copies of the

original by hand or mail delivery, as instructed above.

Proposers submitting proposals electronically will only be required to send one signed copy.

Proposers are asked to direct all inquiries related to the project(s) to Eric Jauregui, MHSA Coordinator by email, ejauregui@co.siskiyou.ca.us, or by phone at 530-841-4872.

The County will provide the following to assist the selected entity(s):

- Designate a person to act as the County's point of contact with respect to the work performed under the contract.
- Information, as legally allowed and reasonably attainable, in possession of the County that relates to the requirements of the project(s) or which is relevant for the project(s).
- Facilitate coordination with other entities, local agencies, organizations, and individuals if necessary.
- Advice on the project scope of work.
- Review and validation of project deliverables.
- Contracts will be awarded for up to a period of three years (FY23/24-FY 25/26).

A contract award resulting from this RFP will be made without discrimination on any basis prohibited under state or federal law.

6.0 Attachments

Attachment A

MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION (PEI)

CALIFORNIA DEPARTMENT OF Mental Health

MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION (PEI)

RESOURCE MATERIALS

Contents:

Prevention and Early Intervention (PEI)
RESOURCE MATERIALS

Introduction to the PEI Resource Materials

The PEI Resource Materials list programs that are likely to meet PEI outcomes desired for addressing PEI Key Community Needs and for PEI Priority Populations. Specifically, the PEI Resource Materials are organized in these sections:

PEI Priority Populations**:**

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

Key PEI Community Needs:

7. Suicide Prevention
8. Reduction of Stigma and Discrimination

The PEI Resource Materials are provided to assist county mental health offices and PEI partners in designing PEI programs and selecting programs to meet desired PEI outcomes for individuals and families, programs and systems, and communities. It is anticipated that these materials will evolve over time, as additional effective programs are identified that demonstrate positive outcomes for various populations, including those who have been underserved or inappropriately served as a result of their ethnicity, gender, sexual orientation, age, and other factors.

Selection of Programs for the PEI Resource Materials

The programs listed in the PEI Resource Materials meet one of the following definitions:

1. Evidence-based: An evidence-based practice is a program that has been or is being evaluated and meets the following two conditions:

   - Has some quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalized positive public health outcomes.

   - Has been subject to expert/peer review that has determined that a particular approach or program has a significant level of evidence of effectiveness in public health research literature. [President's New Freedom Commission]

2. Promising practice: Programs and strategies that have some quantitative data showing positive outcomes over a period of time, but do not have enough research or replication to support generalized outcomes. It has an evaluation component/plan in place to move towards demonstration of effectiveness; however, it does not yet have evaluation data available to demonstrate positive outcomes.
[The Association of Maternal and Child Health Programs]

Over time, there will be an opportunity to identify more programs with local results that may not be formally documented at this time, but may currently meet the definition for "community-defined evidence."

Community-defined evidence: Community-defined evidence validates practices that have a community-defined evidence base for effectiveness in achieving mental health outcomes for underserved communities. It also defines a process underway to nationally develop specific criteria by which practices' effectiveness may be documented using community-defined evidence that eventually will allow the procedure to have an equal standing with evidence-based practices currently defined in the peer-reviewed literature.
[National Network to Eliminate Disparities Latino Work Group]

Most of the programs appear on reputable lists of evidence-based practices and were identified by OAC or its PEI Committee, DMH, CMHDA, other State agencies, local agencies and organizations, and stakeholders through the PEI Stakeholder Workshops or through written correspondence. The programs are based on the PEI key community mental health needs originally established by the OAC and are intended to engage persons prior to the development of serious mental illness or serious emotional disturbances, or, in the case of early intervention, to alleviate the need for additional mental health treatment and/or to transition to extended mental health treatment. These programs have the potential to achieve the PEI outcomes noted on the "PEI Logic Model" (RM-4) in these materials. Many are non-proprietary; however, counties may wish to confirm this by using the programs' website links provided in the resource materials.

Identification of Outcomes for Selected Programs

To support the counties in conducting a local evaluation of one PEI Project and its program(s), research-based outcomes are listed for selected programs. These can be found in the table titled: "Program Outcomes Across Priority Populations" (RM-2). The programs listed in this table were specifically selected to provide a varied range of proven programs for each Priority Population. Several of the programs and outcomes apply to more than one Priority Population. These programs generally have robust outcomes documented in research studies.

Please direct questions or comments about the PEI Resource Materials to:

nichole.davis@dmh.ca.gov

PROGRAM OUTCOMES ACROSS PRIORITY POPULATIONS

PROGRAMS	PRIORITY POPULATIONS: TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION	SPECIFIC OUTCOMES
1. "A Home-Based Intervention for Immigrant and Refugee Trauma Survivors"	X							Reduces the isolation of the mothers, teaches them optimal parenting of their young children, provides links to resources, and promotes connection to the community.
2. "Across Ages" (S)			X		X			DECREASES IN SUBSTANCE USE -Decreased alcohol and tobacco use IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS -Increased knowledge about and negative attitude toward drug use -Increased school attendance, decreased suspensions from school, and improved grades -Improved attitudes toward school and the future -Improved attitudes toward adults in general and older adults in particular

(S) = Outcome data from SAMHSA

PROGRAMS	PRIORITY POPULATIONS: TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION	PROGRAM OUTCOMES ACROSS PRIORITY POPULATIONS: SPECIFIC OUTCOMES
3. "All Stars" (S)					X			DECREASES IN SUBSTANCE USE -Decrease in substance use REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS -Perceived pressure to participate in substance use -Parental tolerance of deviance -Offers and pressure from peers to use substances -Identification and exclusion of negative role models IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS -Idealism and an orientation toward the future -Commitment to avoid high-risk behaviors -Communication with parents -Parental monitoring and supervision -Discipline at times when it was appropriate -Motivation to provide a good example -Bonding to school -Student-teacher communication -Parental support for school prevention activities -Commitment to be a productive citizen -Participation in community-focused service projects -Visibility of positive peer opinion leaders -Establishment of conventional norms about behavior

(S) = Outcome data from SAMHSA

PROGRAMS	PRIORITY POPULATIONS: TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION	PROGRAM OUTCOMES ACROSS PRIORITY POPULATIONS: SPECIFIC OUTCOMES
4. "Brief Strategic Family Therapy" (S)					X			DECREASES IN SUBSTANCE USE -Reductions in substance use; 75% reduction in marijuana use REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIORS -42% improvement in conduct problems -58% reduction in association with antisocial peers IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS -Improvements in self-concept -Improvements in family functioning
5. "Cognitive Behavioral Intervention for Trauma in School—CBITS"	X			X				Improvements in behaviors related to protective factors; reductions in behaviors related to risk factors. Students randomly assigned to the intervention had significantly lower post-traumatic stress and depressive symptoms as reported by students and lower psychosocial dysfunction as reported by parents.
6. "Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA)"	X							63% reduction in PTSD symptoms; 41% reduction in levels of depression; 23% reduction in acting out behaviors. Also, 26% reduction in (non-abusing) parents' emotional distress related to abuse; 45% reduction in parents' intrusive thoughts about the abuse; 45% improvement in body safety skills in young children.

(S) = Outcome data from SAMHSA

PROGRAMS	PRIORITY POPULATIONS: TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION	PROGRAM OUTCOMES ACROSS PRIORITY POPULATIONS: SPECIFIC OUTCOMES
7. "Counselor/CAST"				X		X		The evaluation found statistically significant declines in suicidal ideation and in favorable attitudes towards suicide for C-Care and CAST students compared to treatment-as-usual students. Greater reductions in anxiety and anger by C-Care and CAST students were also observed. Students participating in just the CAST program demonstrated enhanced and sustained personal control, problem-solving, and coping skills when compared with students from the other groups.
8. "Effective Black Parenting"			X					Significant reductions in different varieties of parental rejection *(risk factor reduction)*; trends and significant results in favor of the program in terms of increases in use of positive parenting practices *(protective factor enhancement)* and decreases in use of negative practices *(risk factor reduction)*; trends and significant improvements in the quality of family relationships that favored the program *(protective factor enhancement)*; and significant reductions in delinquent, withdrawn and hyperactive behavior among children that favored the program *(risk factor reduction)* and trends and significant differences in social competencies that also favored the program *(protective factor enhancement)*.

PROGRAMS	PRIORITY POPULATIONS: TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION	PROGRAM OUTCOMES ACROSS PRIORITY POPULATIONS SPECIFIC OUTCOMES
9. "The Incredible Years"				X	X			IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS The addition of the teacher and/or child training programs significantly enhanced the effects of parent training, resulting in significant improvements in peer interactions and behavior in school. REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS Reduced conduct problems at home and school.
10. "Leadership and Resiliency Program" (S)	X		X	X	X			Up to 65% to 70% reduction in school behavioral incidents. • 75% reduction in school suspensions • 47% reduction in juvenile arrests Increase of 0.8 in grade point average (GPA), based on a 4.0 scale. Up to 60% to 70% increase in school attendance. 100% high school graduation rates. Increased sense of school bonding. Extremely high percentage of participants either become employed or pursue post-secondary education.

(S) = Outcome data from SAMHSA

PROGRAMS	PRIORITY POPULATIONS: TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION	PROGRAM OUTCOMES ACROSS PRIORITY POPULATIONS: SPECIFIC OUTCOMES
11. "Los Niños Bien Educados"			X					The relationship changes with kindergarten children described by parents included their children becoming more cooperative and obedient at home. The parents attributed these overall changes to the child-management skills learned in the program, to the increased amount of attention they paid to their children, and to increased ability or motivation to control their emotions or temper.
12. "Nurse-Family Partnership Program" (S)	X		X	X				Improvements in women's prenatal health - Reductions in prenatal cigarette smoking and reductions in prenatal hypertensive disorders, Reductions in children's healthcare encounters for injuries, Fewer unintended subsequent pregnancies, and increases in intervals between first and second births, Increases in father involvement and women's employment, Reductions in families' use of welfare and food stamps, and Increases in children's school readiness - Improvements in language, cognition and behavioral regulation.

(S) = Outcome data from SAMHSA

PROGRAMS	PRIORITY POPULATIONS: TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION	PROGRAM OUTCOMES ACROSS PRIORITY POPULATIONS: SPECIFIC OUTCOMES
13. "Parent/Child Interactive Therapy (PCIT)"			X		X			Treatment effects at mid-treatment show gains in all areas. Most caregivers reaching mid-treatment showed an increase in the number of positive verbal communication skills (i.e., praises and descriptions/reflections) and a decrease in the negative verbal communication skills (questions, commands, critical statements). Comparisons of children's behavior problems, parental stress, and parents' positive verbalizations at pre- and post- treatment also show gains in all areas. The percent of children with behavior problems in the clinical range (as measured by the Eyberg Child Behavior Inventory) decreased significantly from pre, to mid- and post-treatment.
14. "Portland Identification and Early Referral (PIER)"		X						The combination of pharmacologic treatments and family psycho-educational groups has a powerful effect on mediating the symptoms that place a young person at risk for the onset of psychosis. Early experience is showing that this approach clearly and dramatically reduces morbidity.

15. "Primary Intervention Program (PIP)"				X				77% of the 10,357 participants showed some level of improvement on the Walker-McConnell Scale; the pre- and post-participation assessment tool used. Participants demonstrated positive social behaviors that were highly valued by teachers during non-instructional interactions on a more frequent basis. Improvements in social competence and school adjustment-related behaviors among participants were also noted.

PROGRAMS	PRIORITY POPULATIONS: TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION	PROGRAM OUTCOMES ACROSS PRIORITY POPULATIONS: SPECIFIC OUTCOMES
16. "PROSPECT: Prevention of Suicide in Primary Care Elderly Collaborative Trial"	X					X		Rates of suicidal ideation overall declined faster in the intervention group, compared with patients receiving usual care (declined by nearly 13 percent, compared with only a 3 percent decline in the usual care group).
17. "Specialized ER Intervention for Suicidal Adolescent Females"						X		One-hundred-forty adolescent female suicide attempters were consecutively assigned to treatment as usual (the control group) and specialized emergency room care (the experimental group): Suicide attempters and their mothers, who received the specialized treatment, had significantly lower levels of depression following their emergency department visits than suicide attempters and their mothers who did not receive the intervention.
18. "Trauma-Focused Cognitive Behavioral Therapy (TFCBT)" (S)	X							Significantly fewer behavior problems and PTSD symptoms, including depression, self-blame, defiant and oppositional behaviors, anxiety. Significantly greater improvement in social competence (maintained for one year), and adaptive skills for dealing with stress; decreased anxiety for thinking or talking about the event; enhanced accurate/helpful cognitions and personal safety skills and parental support.

(S) = Outcome data from SAMHSA

Resource Materials for Trauma-Exposed Individuals

Description of Priority Population

Definition: Trauma-exposed individuals--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.

This PEI priority population is for those individuals who are experiencing the effects of psychological trauma.

Traumatic events are as varied and diverse as the individuals affected. The degree to which one experiences trauma is highly individual, and can have an emotional impact on persons across the lifespan. It is not a specific event that defines trauma, but the person's *experience* of that event, and it is not always easy to predict how individuals will react to a potentially-traumatic situation. However, many are seriously affected, to the extent that the Centers for Disease Control and Prevention describe the effects of traumatic stress as a major public health problem with serious consequences—including depression, anxiety disorders, and PTSD (Post Traumatic Stress Disorder).

This PEI priority population is intended to address catastrophic, one-time events as well as those types of traumas that can be labeled as "chronic" (or "cumulative"), meaning that the traumatizing incident occurs repeatedly or in a pattern of events. Examples of chronic traumas include: child or domestic abuse, neglect, enduring deprivation, isolation, poverty, homelessness, violence (personal or witnessed), racism and discrimination, and intergenerational or historical trauma (traumatic memories passed from one generation to the next; e.g., hardships experienced by Native American populations, Japanese internment or Holocaust victims, refugees escaping war, slavery descendents, etc.). Individuals with chronic or cumulative trauma are more likely to have severe PTSD symptoms, such as psychic numbing and dissociation. Such traumas are often kept secret, and support from family and friends may be scarce. Co-occurring condition of substance abuse may also be present.

Counties selecting this PEI priority population may want to focus on communities experiencing a large concentration of the following:

- Community, family, or sexual violence
- Refugee and recent immigrant populations
- Poverty and homelessness
- Extreme isolation and loss

It is also important to note that women experience high rates of mental illness as a result of traumatic events, but may not access mental health services at the same rate

as men. Programs and interventions should take into consideration gender-specific issues.[1]

The National Child Traumatic Stress Network included this example of serious trauma in their *2004 Culture and Trauma Brief: "*Children and adolescents from racially and ethnically diverse communities are at increased risk for trauma exposure and developing PTSD. For example, African American, Native American, and Latino children are overrepresented in reported cases of exposure to violence, child maltreatment, and in foster care. Racially and ethnically diverse children, youth and transition-age youth fare worse in the aftermath of trauma, often experiencing more severe symptomatology for longer periods of time, than their majority group counterparts."

While some populations are more vulnerable to the effects of trauma, potential exists to address prevention and early intervention needs of all PEI priority populations. A key role of PEI in reducing the psychosocial impact of trauma is to reach out to at-risk individuals in each community and assist them not only in recovery, but in building resiliency and strength to withstand future traumas. Many of the recommended programs accomplish this by working with individuals and families, and by partnering with schools; primary care providers; law enforcement agencies; refugee, recent immigrant, and cultural organizations, and spiritual and faith communities or organizations; community-based organizations; and local and state government agencies. Such collaboration among individuals and organizations, with a combination of effective programs, results in a comprehensive and concentrated approach to addressing the psychosocial impact of trauma.

For example, primary care providers (PCPs) play a significant role in screening, assessing and treating trauma-exposed individuals, and have a key role in serving all ages of underserved racial, ethnic, and cultural populations. The PCP setting is an ideal location for identifying anxiety, depression, suicidal ideation, or other PTSD symptoms, particularly among populations who may be reluctant to approach traditional mental health providers due to fear of stigma and discrimination, or, as is often the case with trauma, guilt or shame. Another critical aspect of intervention includes coordinated or integrated treatment for substance abuse.

<u>PEI Stakeholders identified the following characteristics of preferred settings to address trauma-exposed individuals</u>:

1. **Neighborhood/community organization.** Staff interacts with individuals on a regular basis through both a formal relationship and informal contact.

2. **In-Culture services.** Staff and volunteers who are culturally competent address the diverse needs of participating families, and equal opportunities for participation of service providers, both staff and volunteers, who share the cultural background and

[1] California Women's Mental Health Policy Council, *Gender Matters in Mental Health: An Initial Examination of Gender-Based Data*, California Institute for Mental Health, February 2004.

language of the participating families. For many cultural and immigrant groups, Western concepts around mental illness, psychotherapy, or psychiatry are foreign and difficult to relate to. Many of these groups, including Native American, Latino immigrants or Southeast Asian, and Slavic refugees seek primary care at community clinics and health centers (CCHCs), which provide culturally competent care to these generally low-income populations regardless of their ability to pay.

3. **Multipurpose function.** The organization's mission is not primarily mental health. The organization serves multiple interests and needs of neighborhood/community residents.

4. **Long-term association.** The organization has a long standing and continuous presence in the neighborhood/community and is trusted and well-respected among residents.

5. **Family-driven/family-oriented**. Families participate in designing, implementing, and evaluating programs and activities. The organization provides programs and supports that engage children, youth and adults and builds family relationships. It is not a drop-in center.

6. **Familiarity.** Individuals participating in the organization have an identity and relationship with the staff and volunteers.

7. **Formal collaborative partnerships.** The organization has formal partnerships with community agencies and organizations to provide other services and supports as needed (such as basic needs, substance abuse treatment, employment assistance) for participants.

8. **Promote connectedness.** The organization reduces feelings of isolation and disconnection by promoting connectedness and inclusion, particularly among older adults and refugee and recent immigrant populations.

9. **Record for success.** The organization can document improved conditions and goal achievement for participants, resulting from its programs.

10. **Fiscal responsibility.** The organization evidences capacity for fiscal accountability for public funds.

<u>Potential Funding and Resource Partners</u>

Potential funding and resource partners for this priority population include the following:

- Schools, colleges and universities
- School health centers
- Primary care
- CA Dept. of Education (Refugee Assistance Grants)

- Refugee centers & Mutual Assistance Associations (MAAs)
- Cultural and ethnic organizations
- Native American centers
- Organizations serving recent immigrants
- Spiritual and faith communities or organizations
- Client and family organizations
- Child welfare/county social services
- Older adult agencies and organizations
- Local law enforcement and emergency medical services
- State and local violence prevention programs
- Sexual assault crisis centers
- Grief support programs
- Private foundations
- Media

*Note: The listed programs identified by an asterisk are not sufficient in and of themselves to comprise a PEI Project. Counties should combine programs and seek additional leveraged funding or resources in each PEI Project to achieve desired PEI outcomes at the individual/family, program/system and, if applicable, community levels.

Resource Materials for Trauma-Exposed Individuals

EXAMPLES OF PROGRAMS:

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Leadership and Resiliency Program (LRP)	A program for high school students, 14 to 19 years of age, that enhances youths' internal strengths and resiliency while preventing involvement in violence and substance abuse.	High schools	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/leadership.pdf**			
Holistic Model for Native Americans in an Urban Environment	A Native American holistic model that integrates treatment and prevention for mental health and substance abuse for children and families suffering from historical and other emotional traumas.	Native American community and health centers and schools	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://cat.inist.fr/?aModele=afficheN&cpsidt=14755281**			
Strengthening Multi-Ethnic Families and Communities	A program that targets ethnic and culturally diverse parents of children aged 3-18 years who are interested in raising children with a commitment to leading a violence-free, healthy lifestyle. This program is geared toward reducing violence against self, the family and the community through twelve 3-hour sessions taught in consecutive weeks.	Schools, home, spiritual and faith communities and organizations, primary care, school health centers, refugee and immigrant centers	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.strengtheningfamilies.org/html/programs_1999/35_SMEFC.html**			

Resource Materials for Trauma-Exposed Individuals

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Lao Khmu Association—Family Self-Sufficiency Program	Program to assist local Hmong refugees in overcoming social and mental health problems that hinder their ability to become independent and self-sufficient. Includes life skills training for learning day-to-day coping skills, assistance to clients and their families who feel isolated or who lack knowledge of community, referrals to treatment programs, and more.	Schools, home, spiritual and faith communities and organizations, primary care, school health centers, refugee and immigrant centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.laokhmu.org/index.php?option=com_content&task=view&id=31&Itemid=43**			
Gathering of Native Americans (GONA)	A four-day gathering for Native Americans focusing on: community healing as necessary for substance abuse prevention; healthy traditions in the Native American community as key to effective prevention; the holistic approach to wellness as a traditional part of Native American belief systems; skill transfer and community empowerment; and creating a safe place for communities to share, heal, and plan for action. Provides Native communities with a framework to examine historical trauma and its impact on substance abuse and emphasizes and presents a prevention framework based on values inherent in traditional Native cultures	Native American community centers, schools, and health centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://preventiontraining.samhsa.gov/CTI05/Cti05ttl.htm**			

Resource Materials for Trauma-Exposed Individuals

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*Screening for PTSD in Children After Accidental Injury or Trauma	Use screening tools such as: The Child Trauma Screening Questionnaire, the Children's Impact of Events Scale, Anxiety Disorder Interview Schedule for DSM-IV (Child Version), or the Clinician-Administered PTSD Scale for Children and Adolescents to screen, assess, intervene and/or refer children and adolescents at risk of developing PTSD after an accidental injury or trauma.	Community health centers, Federally-Qualified Health Centers, Native American health centers, rural health centers, School health centers	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://ebmh.bmj.com/cgi/content/extract/10/2/44?rss=1**			
*Allostatic Change Models ("stability through change")	Facilitates resiliency through healthy lifestyle changes, (exercise, diet), stress- reduction, psychological wellness, loving relationships, social support, and a sense of control over one's life, with the goal of buffering the potentially harmful impact of PTSD.	Clinics, Community-based	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.gcph.co.uk/assets/documents/McEwenSummary_Web.pdf**			

Resource Materials for Trauma-Exposed Individuals

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Cognitive-Behavioral Intervention for Trauma in School (CBITS)	A skills-based, group intervention aimed at relieving symptoms of PTSD, depression, and anxiety among children exposed to trauma, and teaching them resiliency and coping skills.	Schools—small groups of students meet for one hour per week for 10 sessions, School health centers	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.hsrcenter.ucla.edu/research/cbits.shtml**			
Trauma-focused Cognitive Behavioral Therapy (TFCBT)	Helps children, youth, and their parents overcome the negative effects of traumatic life events.	MH centers, schools, CBOs and in-home settings, school health centers	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/TFCBT.pdf**			
Nurse-Family Partnership Program	Nurse-Family Partnership is an evidence-based nurse home visitation program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children.	Early Childhood	☒ C/Y ☐ TAY ☒ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/NurseFP.pdf**			

Resource Materials for Trauma-Exposed Individuals

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
A Home-Based Intervention for Immigrant and Refugee Trauma Survivors: Para-professionals Working With High-Risk Mothers and Infants	This program responds to the needs of refugee and immigrant new mothers, by employing para-professional home visitors who are also immigrants or refugees themselves from countries in Central America, South America, and Africa (e.g., Brazil, El Salvador, Sudan, Somalia, and Morocco).	Homes, childcare centers, refugee and immigrant centers	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.zerotothree.org/site/DocServer/vol27-b.pdf?docID=2901&AddInterest=1161**			
*Primary Care Screening • PTSD Checklist • Short Scale	Screening and assessment for trauma and violence exposure and for PTSD: • Screen/identify • Early intervention • Mental health assessment and referral, if indicated	CCHC, FQHC, NA Health Center, Rural Health Centers, School health centers, Other clinics providing primary care.	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
PTSD Checklist: **dev.www.uregina.ca/traumatic/images/stories/SelfAssessmentQuestionairre/ptsdchecklistcivilianversionga-1.pdf** Short Screening Scale for PTSD: **http://www.ncptsd.va.gov/ncmain/ncdocs/assmnts/short_screening_scale_for_ptsd.html**			

Resource Materials for Trauma-Exposed Individuals

3. **Linkage and Support in Navigating Service Systems and Other Providers as Needed**			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
PROSPECT: Prevention of Suicide in Primary Care Elderly Collaborative Trial	A specially trained master's-level clinician works in close collaboration with a depressed patient's primary care provider to implement a comprehensive disease management program.	CCHC, FQHC, Native American health centers, rural health centers, Other clinics providing primary care	☐ C/Y ☐ TAY ☐ Adults ☒ Older Adults
Website: **http://www.sprc.org/featured_resources/ebpp/pdf/prospect.pdf**			

***4. System Structure and Enhancements to Improve, Coordinate and Sustain Mental Health Programs and Interventions**			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Mental Health Consultation in Primary Care	Mental health clinicians consult with pediatricians or other primary care providers to improve individuals access to quality mental health interventions by increasing providers' capacity to offer effective mental health guidance and early invtervention services.	Community clinics and health centers and other primary care clinics	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: None			
The Harvard Program in Refugee Trauma (HPRT)	A multi-disciplinary program addressing the health and mental health care of traumatized refugees and civilians in areas of conflict/post-conflict and natural disasters, used in the US and worldwide**.** Includes a curriculum for mental health training of primary care providers in settings of human conflict and post-conflict.	Primary care and rural health centers, refugee and immigrant centers, Native American health centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.hprt-cambridge.org/**			

Resource Materials for Trauma-Exposed Individuals

*5. General Resources			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Refugee Service Agencies Resources Directory (August 2004)	Developed to inform communities of the services/resources available to refugees by CA counties, including family strengthening and mental health services.	Community Based Organizations (CBOs), healthcare, school-based, in-home, spiritual and faith communities and organizations, refugee and immigrant centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **www.dss.cahwnet.gov/refugeeprogram/Res/pdf/ResourceDirectory/2004/ResourcesDirectory_082004.pdf**			
Historical Trauma and Unresolved Grief Intervention--A Review of the Literature	Descriptions of evidence based, promising, and culturally appropriate practices for American Indian children with mental health needs	Native American community health centers and schools, school health centers	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.spokane.wsu.edu/research&service/WIMIRT/content/documents/Chapter%203%20Book.pdf**			
Coping With Traumatic Events – Self-Help Guide	Individuals learn ways to cope with mental and emotional stress and to redirect it in positive ways, resulting in increased emotional resiliency.	In-home, schools, school health centers spiritual and faith communities and organizations, refugee and immigrant centers, disaster relief agencies	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://mentalhealth.samhsa.gov/cmhs/traumaticevents/default.asp**			

Resource Materials for Trauma-Exposed Individuals

*5. General Resources			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
National Child Traumatic Stress Network	Provides resources for schools, parents, and caregivers on: • Identifying trauma and its overall effects on children • Crisis/disaster information • Programs for early and intermediate recovery • Trauma and grief curricula • Service interventions • Other resources	Schools, home, childcare centers, spiritual and faith communities and organizations, primary care, school health centers, refugee and immigrant centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.nctsn.org/nccts/nav.do?pid=ctr_aud_schl_resources**			
The Center for Mental Health Services' National Center for Trauma-Informed Care (NCTIC)	Assists publicly-funded agencies, programs, and services in making the cultural shift to a more trauma-informed environment that will serve both systems and consumers—a supportive, comprehensively integrated, and empowering environment for trauma survivors.	Schools, school health centers, home, childcare centers, spiritual and faith communities and organizations, primary care, refugee and immigrant centers; sexual assault centers, law enforcement & EMS, community centers; Native American centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://mentalhealth.samhsa.gov/nctic/**			

Resource Materials for Trauma-Exposed Individuals

*5. General Resources			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Refugee Resettlement through California Voluntary Resettlement Agencies ("VOLAGs")	VOLAGs provide resettlement assistance and are the initial sponsors of refugees entering the US. VOLAGs provide such services as: reception, basic orientation, counseling, food, shelter and health services to refugees, and act as referral sources to the appropriate local agencies for employment and English language training.	CBOs, healthcare, schools, school health centers, in-home, spiritual and faith communities and organizations, refugee centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.dss.cahwnet.gov/refugeeprogram/Res/pdf/Lists/volags.pdf**			
Professional Development	Capacity building for staff and volunteers working in schools and universities, primary care settings and emergency medical services (EMS), refugee and recent immigrant programs (including MAAs and VOLAGs), law enforcement, teen programs, violence prevention programs, sexual assault crisis centers, disaster assistance/response programs, grief support programs, to identify and address potential mental health needs of trauma-exposed individuals.	CBOs, universities and professional training programs, sexual assault crisis centers, primary care, schools, school health centers, refugee and immigrant centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: None			

Resource Materials for Trauma-Exposed Individuals

*5. General Resources			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
California Coalition Against Sexual Assault (CALCASA) --Crisis Center Directory	A sexual assault crisis center directory that allows users to contact local rape crisis centers by entering their zip code in the search box on the website.	Home, school, school health centers, colleges, universities, primary care, sexual assault centers, law enforcement & EMS, community centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.calcasa.org/81.0.html**			
Sidran Traumatic Stress Institute, Inc.	A nonprofit organization that promotes understanding, recovery, and treatment of: • traumatic stress/PTSD • dissociative/co-occurring disorders, through: • **educational programming** • resources for treatment, support and self-help professional collaboration projects • trauma-related educational **publications**	Schools, school health centers, home, refugee centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.sidran.org/**			
Helping Children Cope with Disaster—A Self-Help Education Program	Offers parents, caregivers, and other adults guidance on helping children cope with the effects of disaster, as well as how to be prepared before a disaster strikes.	In-home, schools, school health centers, day care centers	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.redcross.org/images/pdfs/preparedness/A4499.pdf**			

Resource Materials for Trauma-Exposed Individuals

*5. General Resources			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Coping With Traumatic Events—Self-Help Guide	Individuals learn ways to cope with mental and emotional stress and to redirect it in positive ways, resulting in increased emotional resiliency.	In-home	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://mentalhealth.samhsa.gov/smhs/traumaticevents/default.asp**			
Safe From the Start	Assists communities in reducing the impact of violence on children who have been exposed to family, school and/or community violence.	CBOs, home schools, faith-based, refugee centers	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **www.safefromthestart.org/index.aspx**			
"MyStrength.org"	A sexual assault prevention and education program directed at young men developed by the California Coalition against Sexual Assault. Based on 16-week curriculum that explores alternatives to traditional masculinity in which individuals participate in community action projects to end sexual violence.	In-home or school (self-managed, web-based program)	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.mystrength.org**			

Resource Materials for Trauma-Exposed Individuals

*5. General Resources			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
APIFRN (Asian Pacific Islander Family Resources Network)	Provides support for refugee and immigrant families, including: parenting education, emergency support and referral, health education, crisis intervention, mental health services, substance abuse counseling, family support groups, domestic violence resources, and more.	Schools, home, spiritual and faith communities and organizations, primary care, school health centers, refugee and immigrant centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.apasfgh.org/apifrn/mission.html**			

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

Description of Priority Population

Definition: Individuals experiencing onset of serious psychiatric illness--those identified by providers, including but not limited to primary health care, as presenting signs of mental illness first break, including those who are unlikely to seek help from any traditional mental health service.

The MHSA requires that the PEI programs include mental health services that are successful in reducing the duration of untreated mental illnesses and assisting people in quickly regaining productive lives (Welfare and Institutions Code Section 5840(c).) Individuals experiencing onset of a serious psychiatric illness can benefit from early identification and services that will help them get their lives back on track as quickly as possible. To the extent possible, these services should be integrated with substance abuse services or coordinated for identification and early intervention.

1. All ages

   This priority population includes all age groups. Suggested programs for this priority population may vary depending on age, type of mental illness, and other characteristics of the individual(s) in need of services. For example, an older adult who may be experiencing the onset of depression would be part of this priority population. Other examples include new mothers experiencing the onset of post-partum depression or children and youth who may be having suicidal ideation. Suggested programs for these individuals emphasize early identification and intervention with referrals and linkages to county mental health programs or other providers of mental health services (e.g., health care plans), if necessary. Many of the suggested programs for individuals in this priority population are included in the resource materials for the other priority populations. Also, primary care providers can conduct mental health screening and assessment for all ages and cultural populations as part of a routine healthcare visit, and, when determined appropriate, provide a warm hand-off to a mental health specialist, who will initiate early interventions or refer to specialty mental health services, along with care management services, until the individual is fully engaged.

2. Specialized Programs for Youth and Transition-Age Youth – Exempt From Operational Definition for Early Intervention

   Counties may choose to develop a unique, transformational program for youth and transition-age youth at risk of developing a psychotic illness[2]. This program is based

[2] DSM-IV diagnoses for psychotic illness include schizophrenia, schizoaffective disorder, brief reactive psychosis, schizofreniform disorder, bipolar disorder with psychotic features, and major depression with psychotic features. All of these diagnoses include psychotic symptoms.

on an emerging model from Australia and other countries in which individuals at risk of developing a psychotic illness are identified early and brought into a specialized program, described below. These specialized programs last between 2 to 5 years. Therefore, they are exempt from the operational definition for early intervention in which services may be provided for usually less than one year.

The term, **"At Risk Mental State" (ARMS)**, usually a period of one to two years, describes the condition of individuals who are at risk for developing a psychotic illness and are experiencing signs or symptoms that are indicative of high risk for psychotic illness. These individuals have not yet been diagnosed with a psychotic illness. Not all individuals who experience **ARMS** will go on to meet full DSM-IV criteria for a psychotic illness. Specialized intervention during this period may delay or prevent the transition to onset of full psychotic illness, prevent the loss of community, vocational, and social functioning, and, most importantly, decrease the length of time that the illness goes untreated. In all cases these programs promote recovery and resiliency.

"First Onset" is defined as the first time an individual meets full DSM-IV criteria for a psychotic illness. Most individuals experience a period of time that may range from days to years between the time they first experience all of the symptoms and the time when they first receive treatment. This period of time is also known as the **"duration of untreated psychosis" (DUP)**. Continuity of care, including continuity of professional relationships, continuity of support for the family, and continuity in the management of the illness, are key issues in the first five years after the onset of psychotic illness.

The majority of individuals who experience **first onset** of a psychotic illness do so during their adolescence, transition-age youth and early adulthood. A critical element of this program is to place these young people in a program just for them. These programs are often separate from the programs in a traditional mental health setting that treat people with schizophrenia or other mental illnesses who are generally in treatment for a long time. Interventions are primarily carried out in the community (e.g., home, restaurant, school, etc.). Service sites must be "youth-friendly," non-stigmatizing and usually non-mental health settings.

Potential Funding and Resource Partners

Potential funding and resource partners for this priority population include the following groups:

- Community-based organizations
- Community health clinics
- Primary care
- Schools (K-12)
- School health centers
- Employers and businesses
- Client organizations

- Family organizations
- Children's mental health clinics
- Adult mental health clinics
- Psychiatric hospitals
- UC, CSU systems
- Community colleges
- Spiritual and faith organizations
- Youth organizations
- Community centers
- Local media

*Note: The listed programs identified by an asterisk are not sufficient in and of themselves to comprise a PEI Project for this PEI priority population. Counties should combine programs and seek additional leveraged funding or resources in each PEI Project to achieve desired PEI outcomes at the individual/family, program/system and, if applicable, community levels.

*Two screening tools are listed with the programs for the "Specialized Program for Individuals Experiencing ARMS or First Onset of a Psychotic Illness." These tools are intended to be used in combination with one of the specialized programs.

EXAMPLES OF PROGRAMS:

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*Teen Screen	Voluntary school screening to identify youth who are at-risk for suicide and potentially suffering from mental illness.	Primarily schools, including school health care centers, but can be adapted to other settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **www.teenscreen.org** or **http://www.sprc.org/featured_resources/bpr/ebpp_PDF/columbia-teenscreen.pdf**			
*Breaking the Silence	Lessons, games and posters designed to break the silence of mental illness in schools.	Schools, including school health care centers	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.btslessonplans.org/**			
*Across Ages	A mentoring initiative targeting youth 9 to 13 years of age. The goal is to enhance the resiliency of children in order to promote positive development and prevent them from engaging in high-risk behaviors such as substance use, early sexual activity, or violence.	Community, Schools, including school health care centers	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://guide.helpingamericasyouth.gov/programdetail.cfm?id=288** or **http://www.modelprograms.samhsa.gov/pdfs/model/AcrossAges.pdf**			

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*The Science of Mental Illness	The National Institute of Health has developed a school-based curriculum for grades 6-8 that educates students on mental health. Students gain insight into the biological basis of mental illnesses and how scientific evidence and research can help us understand its causes and lead to treatments and, ultimately, cures.	Junior High School, including school health care centers	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.bscs.org/page.asp?pageid=0%7C31%7C100%7C304%7C504&id=0%7Cthe_science_of_mental_illness**			
*All Stars	A program designed to delay the onset of and prevent high-risk behaviors in middle school adolescents 11 to 14 years of age through the development of positive personal characteristics in young adolescents.	Community, School, including school health care centers	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/AllStars.pdf**			
*Teenage Health Teaching Modules	Comprehensive school health curriculum for grades 6 to 12. It provides adolescents with the knowledge and skills to act in ways that enhance their immediate and long-term health. The evaluation of THTM concluded that the curriculum produced positive effects on students' health knowledge, attitudes, and self-reported behaviors.	High school, including school health care centers	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.thtm.org/**			

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*American Indian Life Skills Development	A school-based, culturally tailored, suicide-prevention curriculum for American Indian adolescents. Tailored to American Indian norms, values, beliefs, and attitudes, the curriculum is designed to build self-esteem; identify emotions and stress; increase communication and problem-solving skills; and recognize and eliminate self-destructive behavior, including substance abuse.	High School, including school health care centers	☐ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_IndRec.asp?id=635**			
*Leadership and Resiliency Program (LRP)	A program for high school students, 14 to 19 years of age, that enhances youths' internal strengths and resiliency while preventing involvement in substance use and violence.	Community-based, High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://modelprograms.samhsa.gov/pdfs/model/leadership.pdf**			

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*PHQ-9; Cornell Scale for Depression in Dementia; and Geriatric Depression Scale	• Screening and assessment for first onset of depression in older adults • Early intervention, if appropriate • Mental health assessment and referral, if necessary	CCHC, FQHC, NA Health Center, Rural Health Centers, Other clinics providing primary care	☐ C/Y ☐ TAY ☒ Adults ☒ Older Adults
Websites: PHQ-9: **http://www.pfizer.com/pfizer/download/do/phq-9.pdf**; Cornell: **www.medqic.org/dcs/ContentServer?cid=1116947564848&pagename=Medqic/MQTools/ToolTemplate&c=MQTools** Geriatric Depression Scale: **http://www.stanford.edu/~yesavage/GDS.html**			
PROSPECT: Prevention of Suicide in Primary Care Elderly Collaborative Trial	A specially trained master's-level clinician works in close collaboration with a depressed patient's primary care provider to implement a comprehensive disease management program.	CCHC, FQHC, Native American health centers, rural health centers, Other clinics providing primary care, including school health care centers	☐ C/Y ☐ TAY ☐ Adults ☒ Older Adults
Website: **http://www.sprc.org/featured_resources/ebpp/pdf/prospect.pdf**			

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
• *Beck Depression Inventory • *PRIME-MD • *Goldberg Depression Questionnaire	To identify depression in the general population: • Screening • Early intervention, if appropriate • Behavioral health assessment and referral, if necessary	CCHC, FQHC, NA Health Center, Rural Health Centers, Other clinics providing primary care, including school health care centers.	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Websites: PRIME-MD: **http://bipolar.stanford.edu/pdf/questionnaire.doc** Goldberg Depression: **http://counsellingresource.com/quizzes/goldberg-depression/index.html**			

2. Specialized Program for Individuals Experiencing ARMS or First Onset of a Psychotic Illness[3]			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
ORYGEN	Includes the PACE and EPPIC programs, below. Includes youth health service, research center, education, health promotion, advocacy activities	Homes, restaurants, schools, including school health care centers, store-front, non-stigmatizing, non-mental health settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **www.orygen.org.au**			
Personal Assessment and Crisis Evaluation (PACE)	Work with young people, ages 14 to 30 who may be at risk for developing psychosis by providing appropriate treatment to reduce early symptoms or prevent the development of mental health problems.	Homes, restaurants, schools, including school health care centers, store-front, non-stigmatizing, non-mental health settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **www.orygen.org.au**			
Early Psychosis Prevention and Intervention Center (EPPIC)	Identify and treat the primary symptoms of psychotic illness; improve access and reduce delays in initial treatment; promote well-being with family members; provide education; reduce disruption in individual's life caused by the illness.	Homes, restaurants, schools, including school health care centers, store-front, non-stigmatizing, non-mental health settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **www.EPPIC.org.au**			

[3] These programs are exempt from the operational definition for early intervention that limits interventions to one year or less.

2. Specialized Program for Individuals Experiencing ARMS or First Onset of a Psychotic Illness[4]			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Early Treatment and Identification of Psychosis Program (TIPS) – Norway	Psychoeducational multifamily group treatment for individuals experiencing first onset of psychosis, based on research by Tom McGlashan, Yale University	Homes, restaurants, schools, including school health care centers, store-front, non-stigmatizing, non-mental health settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			
Portland Identification and Early Referral Program (PIER)	Teaches how to recognize early signs or active symptoms of psychotic disorders in individuals ages 12 to 25; begins intensive treatment as early as possible	Homes, restaurants, schools, including school health care centers, store-front, non-stigmatizing, non-mental health settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Websites: **www.preventmentalillness.org** or **www.stopmentalillness.org**			
Initiative to Reduce the Impact of Schizophrenia (IRIS)	Early Intervention in psychosis; development of non-stigmatizing services that are appropriate for young people in early stage of illness; reduce impact of psychosis on young people	Homes, restaurants, schools, including school health care centers, store-front, non-stigmatizing, non-mental health settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **www.iris-initiative.org.uk**			

[4] These programs are exempt from the operational definition for early intervention that limits interventions to one year or less.

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

*3. General Resources for Specialized Programs[5] for Individuals Experiencing ARMS or First Onset of a Psychotic Illness			
RESOURCE	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Structured Interview for Prodromal Syndromes (SIPS)	Screening instrument used to classify individuals into one of three states: • BIPS (Brief Intermittent Psychotic Symptom Syndrome) • APS (Attenuated Positive Symptom Syndrome) • SIPS (Genetic Risk and Deteriorating Syndrome	Middle and high schools, including school health care centers, Community colleges, Universities, Youth Organizations, Primary Care, Community Organizations, Client/Family Member Organizations, Children's/Adult Mental Health Clinics	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.schizophrenia.com/sztest/SIPS.details.htm**			

[5] These programs are exempt from the operational definition for early intervention that limits interventions to one year or less.

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

*3. General Resources for Specialized Programs[6] for Individuals Experiencing ARMS or First Onset of a Psychotic Illness			
RESOURCE	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Bonn Scale for the Assessment of Basic Symptoms (BSABS)	Screening instrument used to classify individuals into one of three states: • BIPS (Brief Intermittent Psychotic Symptom Syndrome) • APS (Attenuated Positive Symptom Syndrome) • SIPS (Genetic Risk and Deteriorating Syndrome	Middle and high schools, including school health care centers, Community colleges, Universities, Youth Organizations, Primary Care, Community Organizations, Client/Family Member Organizations, Children's/Adult Mental Health Clinics	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www3.interscience.wiley.com/cgi-bin/abstract/112475704/ABSTRACT?CRETRY=1&SRETRY=0**			

[6] These programs are exempt from the operational definition for early intervention that limits interventions to one year or less.

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

*3. General Resources for Specialized Programs[7] for Individuals Experiencing ARMS or First Onset of a Psychotic Illness			
RESOURCE	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Comprehensive Assessment of At-Risk Mental States (CAARMS)	Screening instrument used to classify individuals into one of three states: • BIPS (Brief Intermittent Psychotic Symptom Syndrome) • APS (Attenuated Positive Symptom Syndrome) • SIPS (Genetic Risk and Deteriorating Syndrome	Middle and high schools, including school health care centers, Community colleges, Universities, Youth Organizations, Primary Care, Community Organizations, Client/Family Member Organizations, Children's/Adult Mental Health Clinics	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.blackwell-synergy.com/doi/abs/10.1111/j.1440-1614.2005.01714.x?journalCode=anp**			
Mental Health Consultation in Primary Care	Mental health clinicians consult with pediatricians or other primary care providers to improve individuals access to quality mental health interventions by increasing providers' capacity to offer effective mental health guidance and early invtervention services.	Community clinics and health centers and other primary care clinics	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: None			
International Early Psychosis Association (IEPA)	Clearinghouse for information about early intervention and first onset programs around the world.	Varies	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **www.iepa.org.au**			

[7] These programs are exempt from the operational definition for early intervention that limits interventions to one year or less.

Resource Materials for Children and Youth in Stressed Families

Description of Priority Population

Definition: Children and 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 caregiving adults (e.g., as a result of a serious health condition or incarceration), rendering the children and youth at high risk of behavioral and emotional problems.

This PEI priority population focuses on children and youth. In acknowledgment that a child/youth's behavioral health is related to the family's condition, family members (TAY, adults, and older adult guardian/caregivers) may also receive selected services (e.g., constructive parenting education for family members including expectant parents, referral to health, mental health, substance abuse intervention programs, social services and basic needs providers). All PEI priority populations place an emphasis on historically unserved or underserved ethnic or cultural populations.

The Centers for Disease Control refer to childhood abuse, neglect and exposure to other traumatic stressors as *adverse childhood experiences* (ACE). The short and long-term outcomes of these adverse experiences in childhood include a variety of health and social problems. The study also shows a correlation between the numbers of adverse childhood experiences and an increase in alcoholism and alcohol abuse, depression, risk for intimate partner violence, multiple sex partners, sexually transmitted diseases and suicide attempts.

Maternal bonding and attachment and maternal responsiveness to newborn/infant cues are predictors to later cognitive ability and mental health in school aged children and adolescents. Early intervention may start as early as birth to prevent developmental problems. One example of the high risk populations among infants and mothers are those in perinatal substance abuse treatment programs.

Children and youth in foster care and young adults transitioning out of foster care are a potential target group for this program. As of February 2007 there were 83,425 children in California's foster care system. Many experience high rates of trauma as a result of separation from parents and family members, abuse and neglect, removal from their homes, multiple foster placements, lack of permanent homes, and other factors that place them at high risk of emotional and behavioral problems.

Homeless children and youth, and transition-age youth are another target population for this program, as they face a multitude of stressors. Based on average family size, the California Department of Housing and Community Development estimates that approximately 80,000 to 95,000 children and youth are homeless in California. These numbers do not include the estimated 40,000 children and youth who are runaways, have left the foster care system, or have been abandoned or orphaned and have not entered the social welfare system. The following information demonstrates the

increased risk for adverse childhood experiences that homeless children and youth face:

- 43% of homeless children are molested; 66% are violently abused
- When in school, homeless kids are twice as likely to repeat a grade or be suspended
- Over 20% of homeless children do not attend school at all
- Homeless children go hungry twice as often as other children
- Homeless children are reported in fair or poor health twice as often as housed children

Many of the potential target populations for this PEI priority population seek primary care services at community clinics and health centers (CCHCs). CCHCs provide culturally competent care to individuals and families who are uninsured, underinsured, or receive subsidized insurance such as Medi-Cal, Healthy Families, Healthy Kids and Access for Infants and Mothers (AIM) Program. Primary Care Integration allows mental health specialists to be a part of a primary care provider's team and provide screening and intervention services to individuals who have mental health issues. The specialist can consult with the Primary Care Provider (PCP) and intervene as needed, receiving a warm hand-off from the PCP; initiate early interventions or refer to specialty mental health services, along with care management services until the individual is fully engaged.

PEI Stakeholders identified the following characteristics of the preferred settings to address children and youth in stressed families:

1. **Neighborhood/community organization.** Staff sees and interacts with families on a regular basis through both a formal relationship and informal contact.

2. **In-Culture services.** Staff and volunteers who are culturally competent to address the diverse needs of participating families, and equal opportunities for participation of service providers, both staff and volunteers, who share the cultural background and language of the participating families.

3. **Multipurpose function.** The organization's mission is not primarily mental health. The organization serves multiple interests and needs of neighborhood/community families.

4. **Long-term association.** The organization has a long standing and continuous presence in the neighborhood/community and is trusted and well-respected among families.

5. **Family-driven and Family-oriented**. Families participate in designing, implementing and evaluating programs and activities. The organization provides programs and supports that engage children, youth and adults and builds family relationships. It is not a drop-in center.

6. **Familiarity.** Families participating in the organization have an identity and relationship with the staff and volunteers.

7. **Formal Collaborative Partnerships**. The organization has formal partnerships with community agencies and organizations to provide other services and supports as needed (such as basic needs, substance abuse treatment, employment assistance) for participating families.

8. **Record for Success**. The organization can document improved conditions and goal achievement for children, youth and families resulting from its programs.

9. **Fiscal Responsibility**. The organization evidences capacity for fiscal accountability for public funds.

Suggested Programs

Prevention programs and early intervention approaches listed in the Resource Materials largely mirror those targeting the other PEI priority populations to do the following:

- Increase awareness of mental health stressors and protective factors
- Teach families, caregivers and educators skills to address behavior problems
- Screen for mental health and learning problems with appropriate follow up
- Develop suicide awareness and prevention approaches
- Work with families and educators to create positive school and community environments
- Develop school-wide and community-wide approaches to prevent bullying and aggression
- Foster tolerance and understanding of diversity
- Identify problems early and intervene quickly
- Refer/link family members to needed services in support of their children and youth

Potential Funding and Resource Partners

Potential funding and resource partners for this program include the following groups:

- Ethnic/cultural organizations
- Family resource centers
- Family organizations
- Schools (preK-12)
- First 5, Head Start and early childhood centers
- Spiritual and faith communities or organizations
- Probation/law enforcement
- Primary care

- School health care centers
- Social services
- Employment Development Agencies
- Private foundations
- Businesses
- Parks and recreation
- Mentor programs

*Note: The listed programs indicated by an asterisk are not sufficient in and of themselves to comprise a PEI Project. Counties should combine programs and seek additional leveraged funding or resources in each PEI Project to achieve desired PEI outcomes at the individual/family, program/system and, if applicable, community levels.

Resource Materials for Children and Youth in Stressed Families

EXAMPLES OF PROGRAMS:

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Across Ages	A mentoring initiative targeting youth 9 to 13 years of age. The goal is to enhance the resiliency of children in order to promote positive development and prevent them from engaging in high-risk behaviors such as substance use, early sexual activity, or violence.	School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/AcrossAges.pdf**			
All Stars	School or community-based program designed to delay the onset of and prevent high-risk behaviors in middle school aged children through the development of positive personal characteristics in young adolescents.	Schools, Receiving Homes, Foster Placements, Juvenile Hall	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/AllStars.pdf**			
Broader Urban Involvement and Leadership Development Program (BUILD)	Incorporates popular gang prevention to curb gang violence. Founded on the principle that youths join gangs because they lack other, more constructive opportunities and outlets, BUILD tries to "reach out to young people and provide alternatives to violence."	Community, Schools, Police, Probation	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=662**			
Caring School Community Program	Focuses on strengthening students' connectedness to school in order to promote academic motivation and achievement, foster character formation, and to reduce drug abuse, violence, and mental health problems.	Elementary	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.devstu.org/csc/videos/index.shtml**			

Resource Materials for Children and Youth in Stressed Families

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Effective Black Parenting	Effective Black Parenting was originally developed for parents of African American children aged 2 to 12. However, the program has been successfully used with teenage African American parents and their babies, and with African American parents of adolescent children. Thus, its widespread usage has been with parents whose children range from 0 to 18.	Head Start agencies, spiritual and faith communities or organizations, mental health clinics, substance abuse agencies, hospitals, counseling centers and schools	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.ciccparenting.org/EffBlackParentingDesc.aspx#2**			
First Steps	First Steps is a prevention program which incorporates culturally competent client engagement practices and home-based interventions directed towards children, ages 0-3, and their parents/primary caregivers, where the target population has multiple factors which place very young children at high risk for future involvement in mental health services.	Community clinics and health centers (CCHCs) Federally Qualified Health Centers (FQHCs) Native American Health Centers, Rural Health Centers, other clinics providing primary care and mental health services.	☒ C/Y ☐ TAY ☒ Adults ☐ Older Adults
Website: **http://lachild.org/programs_early.htm**			
Healthy Steps for Young Children	Healthy Steps for Young Children is a national initiative that focuses on the importance of the first three years of life. Healthy Steps emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional, and intellectual growth and development of children from birth to age three. The Healthy Steps approach is being implemented in pediatric and family practices across the country.	Clinics/health centers	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.healthysteps.org/**			

Resource Materials for Children and Youth in Stressed Families

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Indian Family Wellness Project	Family-centered prevention intervention for preschool-aged children. The development, implementation, and evaluation of this program has been based upon a tribal participatory research model, an approach that emphasizes full participation of tribes and tribal members in all phases of the research process and incorporates cultural and historical factors vital to strengthening American Indian and Alaska Native families.	Community-based, Native American Health Centers	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.springerlink.com/content/t5303n51730hx812/**			
Integrated Primary Care and Mental Health Services	Multidisciplinary team with mental health specialists embedded in services: • Promotion of optimal mental health for everyone; • Universal access to voluntary screening of all individuals or if indicated; • Early intervention, if appropriate (support groups, classes, etc.); • Assessment and referral, if necessary • Brief psychotherapy, counseling less than one year	Community clinics and health centers (CCHCs) Federally Qualified Health Centers (FQHCs) Native American Health Centers, Rural Health Centers, school-based health centers other clinics providing primary care.	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.astho.org/pubs/MentalHealthIntegration.pdf**			
Leadership and Resiliency Program (LRP)	A program for high school students, 14 to 19 years of age, that enhances youths' internal strengths and resiliency while preventing involvement in substance use and violence.	Community-based, High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/leadership.pdf**			

Resource Materials for Children and Youth in Stressed Families

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Los Niños Bien Educados	Parents learn how to praise effectively, to confront, to use family conversations, and to employ "time out" procedures. The program is widely used in schools, mental health and social service agencies, churches, and hospitals. It addresses school dropout prevention and drug and child abuse.	Schools, Community, spiritual and faith communities or organizations	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.ciccparenting.org/LosNinosBienEdDesc.aspx**			
Nurturing Parenting Programs	The Nurturing Parenting Program focuses on increasing self-esteem and self-concept while teaching nurturing parenting skills appropriate for the age group of the child. The program has been field tested with families at risk for abuse and neglect, families identified as abusive or neglectful, families in recovery for alcohol or other drug abuse, families at risk for delinquency, parents incarcerated for crimes against society, and adults seeking to become adoptive or foster parents.	Home-based, spiritual and faith communities and organizations, local agencies, community organizations	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://nrepp.samhsa.gov/legacy_fulldetails.asp?LEGACY_ID=1066**			
Supporting Adolescents with Guidance and Employment (SAGE)	Supporting Adolescents with Guidance and Employment (SAGE) is a violence-prevention program developed specifically for African-American adolescents. The program consists of three main programs namely a Rites of Passages (ROP) program, a summer jobs training and placement (JTP) program, and an entrepreneurial experience that uses the Junior Achievement (JA) model.	Community organizations, Family resource centers, Employment development centers	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=601**			

Resource Materials for Children and Youth in Stressed Families

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Focus on Families	Objectives are to increase family management skills, anger management skills, refusal and problem solving skills, ability to teach these skills to their children, and the ability to assist their children with academic success. The program is intended to increase protective factors and ultimately result in decreased participation in drug use and delinquent behavior.	Clinics/health centers, Community organizations	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.strengtheningfamilies.org/html/programs_1999/20_FOF.html**			
Triple P – Positive Parenting Program	The Triple P – Positive Parenting Program is a multi-level, parenting and family support strategy that aims to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents.	Clinics/health centers, Schools, family resource centers,	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.triplep-america.com**			
Ages & Stages Questionnaires (ASQ) and ASQ – Social Emotional (ASQ-SE)	Voluntary screening for emotional and behavioral problems of young children ages birth to 5 years in stressed families. Parents complete a simple, illustrated 30-item questionnaire at designated intervals, assessing children in their natural environments to ensure valid results.	Community clinics and health centers (CCHCs) Federally Qualified Health Centers (FQHCs) Native American Health Centers, Rural Health Centers, other clinics providing primary care.	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.brookespublishing.com/store/books/bricker-asq/**			

Resource Materials for Children and Youth in Stressed Families

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Adolescent Transitions Program (ATP)	Multilevel, family-centered intervention targeting children who are at risk for problem behavior or substance use. Designed to address the family dynamics of adolescent problem behavior, it is delivered in the middle school setting to parents and their children.	Schools	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.strengtheningfamilies.org/html/programs_1999/08_ATP.html**			
*Brief Infant Toddler Social Emotional Assessment (BITSEA)	BITSEA is a nationally used screening tool for children ages 12 to 36 months. If social-emotional and competency developmental delays are identified, follow-up with ITSEA is recommended for further assessment. ITSEA provides an in depth analysis to guide intervention planning.	Home, childcare settings	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://harcourtassessment.com/haiweb/cultures/en-us/productdetail.htm?pid=015-8007-352**			
Counselor Care (C-Care) and Coping and Support Training (CAST)	Intervention for students at risk for suicide. It combines one-on-one counseling with a series of small-group training sessions.	Schools, Higher Education, County Offices of Education, County Mental Health	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.sprc.org/featured_resources/bpr/ebpp_PDF/ccare_cast.pdf**			
*Edinburgh Postnatal Depression Scale	Screening and assessment for depression for prenatal, postpartum, and parenting women.	Clinics/health centers, Community organizations, Family resource centers	☐ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.hfs.illinois.gov/mch/edinburgh.html**			

Resource Materials for Children and Youth in Stressed Families

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Family-to-Family	Differential Response is an early intervention and response system that targets families that have been referred to CPS but do not receive direct services because the children are not directly at risk of harm. Family to Family encourages neighborhood-based foster care and views foster parents as partners in the family reunification process. Purpose is to respond to reports of abuse and neglect. Hotline, screening, comprehensive assessment. (Place mental health specialist on staff to screen and provide PEI services)	Child Welfare – referrals from teachers, and other mandated reporters; Community Engagement Specialist	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.aecf.org/MajorInitiatives/Family%20to%20Family.aspx**			
Head Start/Early Start	Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families.	Schools, Community organizations, Family resource centers	☐ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www2.acf.hhs.gov/programs/hsb/index.htm** or **http://nccic.org/poptopics/ecmhealth.html**			
Infant Parent Program (IPP)	The Infant Parent Program (IPP) is a specialty mental health program serving infants, toddlers and their families. IPP provides infant-parent services to families in distress through weekly in-home visits. IPP is a program for young children determined to be at risk for socio-emotional or developmental problems as a result of parent-child relationship issues. Children aged 0 to three years and their parents are eligible for IPP. The child is the "identified client" for IPP.	Community organizations, Family resource centers, Clinics/health centers, Early Childhood/Preschool	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://mentalhealth.samhsa.gov/publications/allpubs/KEN02-0133/infant.asp**			

Resource Materials for Children and Youth in Stressed Families

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Make Parenting a Pleasure	Marking Parenting a Pleasure is a group-based positive parenting education curriculum based on best practice principles for use with highly stressed parents of children birth to 8. This comprehensive, easy-to-use curriculum is designed for professional parent educators and does not require additional training, although training is available if desired.	Community organizations, Family resource centers, Clinics/health centers, Early Childhood/Preschool	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://parentingnow.net/curricula_make_parenting.html**			
Nurse-Family Partnership (David Olds Model)	Behavioral health screening by RN, family education, early intervention, referral, and treatment based on child and family needs.	Homes of 1st Time Parents	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.nursefamilypartnership.org/index.cfm?fuseaction=home**			
Parent/Child Interactive Therapy (PCIT)	PCIT is an empirically-supported treatment for conduct-disordered young children that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.	Clinic, Community, Home, School	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.pcit.tv/**			

Resource Materials for Children and Youth in Stressed Families

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*Parental Depression Screening for Pediatric Clinicians/ Parental Wellbeing Project	The Parental Well-Being Project was developed by a working group of primary care pediatricians and academic colleagues within the Clinicians Enhancing Child Health (CECH) regional practice-based research network at Dartmouth Medical School to implement the U.S. Preventive Services Task Force recommendation that all adults undergo brief screening for depression and address the accumulating data about the adverse effects of parental depression on child health, development, and behaviors.	Community clinics and health centers (CCHCs) Federally Qualified Health Centers (FQHCs) Native American Health Centers, Rural Health Centers, other clinics providing primary care.	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **www.commonwealthfund.org/publications/publications_show.htm?doc_id=461988**			
Parenting Wisely	A self-administered, interactive, multimedia program that reduces family conflict and child behavior problems by improving parenting skills and enhancing family communication and mutual support, supervision, and discipline. Targets parents with children ages 9 to 18.	Community Home Juvenile court Child welfare	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://modelprograms.samhsa.gov/pdfs/model/ParentWise.pdf**			
Partners in Parenting Program (PIP)	The Partners in Parenting Program provides home-based psychotherapy and parenting skills training to parents or other adults who suffer from a mental illness and who are raising children. This includes mothers and fathers, as well as grandparents and others who have responsibility for bringing up children and adolescents. PIP also provides mental health treatment services to children and adolescents.	Home-based	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://mhawestchester.org/mhatreatment/pip.asp**			

Resource Materials for Children and Youth in Stressed Families

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Primary Intervention Program (PIP) & Enhanced PIP	PIP is a school-based prevention and early intervention program for grades K-3 aimed at enhancing the social and emotional development of young children and preventing the development of serious mental health problems.	Early Childhood/Preschool	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.timeforkids.net/intervention.html**			
Relationship Based Infant Mental Health Services: Home Visitation Model; focusing on the infant within the context of the parent.	Infant mental health specialists provide home visitation services to parents-infants at-risk or exhibiting disrupted relationships, disorders of infancy, or delayed development. The home visitor provides guidance in the infant/child's growth and helps problem solve and resolve family conflicts within the home environment	Home-based	☒ C/Y ☐ TAY ☒ Adults ☐ Older Adults
Website: **http://outreach.msu.edu/bpbriefs/issues/brief17.pdf**			
Strengthening Families Program (SFP)	SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance.	School, Middle School	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.strengtheningfamiliesprogram.org/index.html**			

Resource Materials for Children and Youth in Stressed Families

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Strengthening the Bonds of Chicano Youth and Families	Strengthening the Bonds of Chicano Youth and Families is a comprehensive, multi-level community-based and culturally appropriate program designed to meet the prevention needs of rural Chicano youth demonstrating high-risk characteristics of substance abuse. The program is rooted in a family-oriented approach that is based on Mexican American culture, values, and principles.	Community organizations, Family resource centers,	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/promising/strengthening-the-bonds-of-chicano-youth-&-families.pdf**			
Students Targeted With Opportunities for Prevention (STOP)	A program that targets youth aged 10 to 14 years who are not on probation, but who need services according to criteria of main risk factors for delinquency like gang affiliation, substance abuse problems, school issues, and family violence. This is done in a Wraparound approach, typically with multiple fund sources.	School, Community organizations, Receiving, Homes, Foster Placements, Juvenile Hall	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.preventviolence.org/events/materials/fresno_stop.pdf**			
Trauma-Focused Cognitive Behavioral Therapy (TFCBT)	A SAMHSA model program designed to help children, youth, and their parents overcome the negative effects of traumatic life events.	Clinics/health centers, Schools, Community-based Organizations, In-home settings	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/TFCBT.pdf**			
*Screening	Identification, voluntary screening, early intervention and/or referral for MH assessment of children and youth whose older siblings are involved in the justice system.	School, Police, Probation	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: None			

Resource Materials for Children and Youth in Stressed Families

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*Screening	Voluntary screening and if indicated, early intervention and/or referral of young children and youth removed from their homes.	Receiving Homes, Foster Placements, Juvenile Hall	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			
*PTSD Checklist, Short Screening Scale for PTSD and Sprint	Voluntary screening and assessment for trauma and violence exposure and for PTSD: • Screen and identify individuals • Early intervention, if appropriate (support groups, classes, etc.) • Behavioral health assessment and referral, if necessary	Community clinics and health centers (CCHCs) Federally Qualified Health Centers (FQHCs) Native American Health Centers, Rural Health Centers, other clinics providing primary care.	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Websites: PTSD Checklist: **http://dev.www.uregina.ca/traumatic/images/stories/SelfAssessmentQuestionairre/ptsdchecklistcivilianversionga-1.pdf** Short Screening Scale for PTSD: **http://www.ncptsd.va.gov/ncmain/ncdocs/assmnts/short_screening_scale_for_ptsd.html** Sprint: **http://www.mentalhealthscreening.org/events/ndsd/conduct_materials.aspx#sprint**			
*Universal access to Voluntary Screening	Early identification and treatment of social-emotional delays and disorders improves outcomes for young children and their families, and can result in substantial cost benefits.	Early Childhood/Preschool	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.First5caspecialneeds.org**			
*National Mental Health Awareness Campaign	A group of transitional age youth who have experienced mental illness and who present at high school assemblies around the country.	Schools High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.nostigma.org/**			

Resource Materials for Children and Youth in Stressed Families

*3. Linkage and Support in Navigating Service Systems and Other Providers as Needed			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Healthy Start	The goal of Healthy Start is to improve the lives of children, youth, and families. Local initiatives strive for measurable improvements in such areas as school readiness, educational success, physical health, emotional support, and family strength. [MHSA could contribute training and technical assistance, and mental health staff]	Schools, Community	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.cde.ca.gov/ls/pf/hs/facts.asp**			

Resource Materials for Children and Youth in Stressed Families

*4. System structure and enhancements to improve, coordinate and sustain mental health programs and interventions			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Asset Based Community Development	Community engagement process that consists of helping communities become stronger and more self-reliant by discovering, mapping and mobilizing all their local assets.	Community-based	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.abcdtraininggroup.org/**			
Neighborhood Alternative Centers	Provides mandated intake for youth, ages 8-17 (WIC 626.5) who are exhibiting pre-delinquent conduct. Provides brief assessment, crisis intervention and referral. (Mental health specialist on staff to link children and youth to programs for screening, early intervention, and referral for assessment and treatment if necessary.)	Community-based	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			
Mental Health Consultation in Primary Care	Mental health clinicians consult with pediatricians or other primary care providers to improve individuals access to quality mental health interventions by increasing providers' capacity to offer effective mental health guidance and early invtervention services.	Community clinics and health centers and other primary care clinics	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: None			
Professional Development	Train mental health specialists on early childhood issues such as recognizing early signs of mental illness or disrupted relationships.	Various	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: None			

Resource Materials for Children and Youth in Stressed Families

***5. General Resources**			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Family Resource Center (FRC) Association	FRCs advocate for the programs, policies and resources that help families and communities thrive and succeed. FRCs also focus on building the capacity of their member organizations and linking them to one another.	Community-based	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.californiafamilyresource.org/about/index.html**			
One-Stop Career Centers	California's One-Stop Career Center System is a statewide network of conveniently located centers that provide employment, education, and training services all in one place.	Community-based	☐ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.edd.ca.gov/ONE-STOP/default.htm**			
Preventing Child Abuse and Neglect: Parent-Provider Partnerships	This curriculum is designed to help prepare child care professionals to incorporate essential, proactive strategies in their programs to prevent child abuse and neglect and to expand knowledge and skills to help child care providers identify and handle children with challenging behaviors, and hone their ability to talk with parents about sensitive topics. The hallmark of the approach is to help child care providers promote positive parenting and healthy social-emotional development in children by building "protective factors" into their programs.		☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.zerotothree.org/site/PageServer?pagename=ter_trng_pcan&AddInterest=1141**			
*Strategies (CA Dept. of Social Services)	Strategies provide training and technical assistance to family resource centers (FRCs) and family support programs (FSPs) throughout California.	Family resource centers, Community organizations, Health centers	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.familyresourcecenters.net/**			

Resource Materials for Children and Youth in Stressed Families

***5. General Resources**			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*Early Childhood Mental Health Resources	"Infant mental health" is defined as the healthy social and emotional development of a child from birth to 3 years; and a growing field of research and practice devoted to the promotion of healthy social and emotional development; prevention of mental health problems; and treatment of the mental health problems of very young children in the context of their families.		☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.zerotothree.org/site/PageServer?pagename=key_mental**			

Resource Materials for Children and Youth at Risk for School Failure

Description of Priority Population

Definition: Children and youth at risk for school failure--due to unaddressed emotional and behavioral problems.

This priority population focuses on addressing the mental health needs of children and youth at risk for school failure. The education system has a more extensive reach than any other public system into the population of children and youth, including those at high risk for negative outcomes associated with early emotional/behavioral issues and mental illness. School-based prevention and youth development interventions have proven to be most beneficial when simultaneously enhancing personal and social assets in addition to improving the quality of the environment in which students are educated (Eccles & Appleton, 2002; Weissberg & Greenberg, 1998).

By investing in the strengthening of the schools' infrastructure for supporting student's mental health, the coordination of existing resources, and strategic enhancement of specific services on school sites, MHSA funds have the potential to leverage key resources of the public education system. There is potential to address prevention and early intervention needs of all PEI priority populations within this program. The primary target age group is children and youth. In acknowledgment that a child/youth's school success is related to the family's condition, family members (TAY, adults, and older adult guardians/caregivers) would also receive selected services (e.g., parenting education, linkage to health, mental health, social services and basic needs providers).

Targeting schools in low-income communities would provide services to highly diverse and underserved populations. Funding should target priority schools with characteristics such as:

- High number of children and youth from underserved ethnic/cultural groups
- High poverty
- Low academic achievement
- High rates of suspensions, expulsions and drop out
- High number of children and youth in foster care
- High number of children and youth at risk of or experiencing juvenile justice involvement
- High rates of violence in the community

The program should be implemented in a catchment area[8] with a high school, including court and community schools, and its feeder middle and elementary schools and early

[8] A school catchment area is the geographic area from which students are eligible to attend local schools.

education programs; or, where there is no distinct feeder pattern, in a geographic area encompassing schools at all levels. Expansion to other catchment areas and geographic areas should be a part of school improvement planning. Schools that do not provide coordinated services are encouraged to collaborate with implementation partners such as family resource centers, clinics providing primary care and other family service organizations.

Suggested Programs

The Prevention and Early Intervention suggested programs listed in the Resource Materials for this priority population are intended to do the following:

- Provide outreach and education to children, youth, families, school staff and communities to increase awareness of mental health issues and reduce stigma and discrimination
- Build resiliency and increase protective factors in children and youth
- Foster a positive school climate
- Prevent suicide
- Expand early intervention services
- Develop school-wide and community-wide approaches to prevent bullying and violence
- Provide professional development/training on mental health for those working with children and youth
- Support policies and practices that demonstrate that students' social/emotional health and competencies are a primary part of the school's mission

Potential Funding and Resource Partners

Potential funding and resource partners for this program include the following groups:

- Schools (preK-12)
- School-based health centers
- Head Start and early childhood centers
- After school programs
- Child welfare
- Client and family member organizations
- Spiritual and faith organizations
- Cultural and ethnic organizations
- Community-based organizations
- Law enforcement
- Probation
- Primary care
- Private foundations

- Businesses

*Note: The listed programs indicated by an asterisk are not sufficient in and of themselves to comprise a PEI Project. Counties should combine programs and seek additional leveraged funding or resources in each PEI Project to achieve desired PEI outcomes at the individual/family, program/system and, if applicable, community levels.

Resource Materials for Children and Youth at Risk for School Failure

EXAMPLES OF PROGRAMS:

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Across Ages	A mentoring initiative targeting youth 9 to 13 years of age. The goal is to enhance the resiliency of children in order to promote positive development and prevent them from engaging in high-risk behaviors such as substance use, early sexual activity, or violence.	Middle	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/AcrossAges.pdf**			
Al's Pals: Kids Making Healthy Choices	Al's Pals is an early childhood curriculum designed to increase the protective factor of social and emotional competence in young children and to decrease the risk factor of early and persistent aggression or antisocial behavior.	Early Childhood/Preschool, Elementary	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/AlsPals.pdf**			
All Stars	School or community-based program designed to delay the onset of and prevent high-risk behaviors in middle school aged children through the development of positive personal characteristics in young adolescents.	Middle	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/AllStars.pdf**			
Caring School Community Program	Focuses on strengthening students' connectedness to school in order to promote academic motivation and achievement, foster character formation, and to reduce drug abuse, violence, and mental health problems.	Elementary	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.devstu.org/csc/videos/index.shtml**			

Resource Materials for Children and Youth at Risk for School Failure

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
The Incredible Years	The Incredible Years Training Series provides three comprehensive, multifaceted, and developmentally based curricula for parents, teachers, and children. The program is designed to promote emotional and social competence and to prevent, reduce, and treat aggressive, defiant, oppositional, and impulsive behaviors in young children 2 to 8 years old.	Early Childhood/Preschools, Elementary	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/IncYears.pdf**			
Olweus Bullying Prevention Program	The program is based on an ecological model, intervening with a child's environment on many levels: the individual children who are bullying and being bullied, the families, the teachers and students within the classroom, the school as a whole, and the community.	Elementary/Middle	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/Olweus%20Bully.pdf**			
Peacemakers	Peacemakers is a curriculum-based violence prevention program. The curriculum teaches students positive attitudes and values related to violence, and trains youth in conflict related psychosocial skills such as anger management, problem solving, assertiveness, communication, and conflict resolution.	Elementary/Middle	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/promising/peacemakers.pdf**			
Promoting Alternative THinking Programs	Designed to be used by school teachers and counselors, PATHS is a comprehensive program that promotes emotional and social competencies and reduction in aggression and behavior problems.	Elementary	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/PATHS.pdf**			

Resource Materials for Children and Youth at Risk for School Failure

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Second Step	Second Step is a universal classroom-based intervention designed to reduce impulsive and aggressive behaviors and increase protective factors and social-emotional competence. Organized by grade level, the program teaches children empathy, problem-solving skills, risk assessment, decision-making, and goal-setting skills.	Elementary/Middle	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=80**			
Stepping Up to School Readiness: An Enhanced Early Intervention Mental Health Consultation Project (SUSR)	SUSR provides specialty trainings and consultation for Head Start staff to increase their competencies in supporting positive social and emotional development and in intervening with children who exhibit early behavioral and emotional problems.	Head Start and early childhood centers	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.lachild.org/programs_early.htm**			
Red Flags	Designed to help students, parents and school staff members recognize and respond to signs of depression and related mental illness.	Middle	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.redflags.org/**			
*The Science of Mental Illness (National Institute on Health & National Institute on Mental Health)	This curriculum provides students with insight into the biological basis of mental illnesses and how scientific evidence and research can help us understand its causes and lead to treatment, and ultimately, cures.	Middle	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://science-education.nih.gov/supplements/nih5/mental/default.htm**			

Resource Materials for Children and Youth at Risk for School Failure

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*National Mental Health Awareness Campaign (NMHAC) Speakers' Bureau	Provides positive examples and dialogue about dealing with mental health issues. The NMHAC Speakers' bureau features young people who have dealt with these issues and who can encourage others to recognize and seek help for their emotional difficulties.	Middle/High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.nostigma.org/**			
American Indian Life Skills Development	School-based, culturally tailored, suicide-prevention curriculum for American Indian adolescents. The curriculum is designed to build self-esteem; identify emotions and stress; increase communication and problem-solving skills; and recognize and eliminate self-destructive behavior, including substance abuse.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: : **http://guide.helpingamericasyouth.gov/programdetail.cfm?id=635** or **http://modelprograms.samhsa.gov/pdfs/effective/american-indian-life-skills-development.pdf**			
Zuni Life Skills Development Curriculum	Curriculum to develop competency in a range of life skills. Tailored to Zuni culture, but the process of cultural adaptation incorporated in the program is transferable to other populations	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://library.sprc.org/item.php?id=118964&catid=115950**			
*Lifelines	Curriculum includes information and attitudes about suicide, help seeking, and school resources and discussion of warning signs of suicide.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.sprc.org/featured_resources/bpr/ebpp_PDF/lifelines.pdf**			

Resource Materials for Children and Youth at Risk for School Failure

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Teenage Health Teaching Modules	Comprehensive school health curriculum for grades 6 to 12. It provides adolescents with the knowledge and skills to act in ways that enhance their immediate and long-term health. The evaluation of THTM concluded that the curriculum produced positive effects on students' health knowledge, attitudes, and self-reported behaviors.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.thtm.org/**			
Signs of Suicide Program (SOS)	Curriculum that aims to raise awareness of suicide and its related issues with a brief screening for depression and other risk factors associated with suicidal behavior.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/promising/sos-signs-of-suicide.pdf**			
*Yellow Ribbon Suicide Prevention Program	Promotes help-seeking behavior by increasing public awareness of suicide prevention, training gatekeepers, and facilitating help-seeking.	School-wide	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.yellowribbon.org/**			
*After School Education and Safety (ASES)	The ASES Program funds the establishment of local after school education and enrichment programs created through partnerships between schools and local community resources to provide literacy, academic enrichment and safe constructive alternatives for students in grades K-9. (MHSA could support mental health activities.)	School-wide, Community-based	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.cde.ca.gov/ls/ba/as/ases06fundingfaq.asp**			

Resource Materials for Children and Youth at Risk for School Failure

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Positive Behavioral Interventions and Supports	Positive behavioral supports are school-wide, research-based approaches to creating positive changes in school climate. They offer holistic approaches that consider all factors that impact a child's behavior and can be used to address aggression, tantrums, and property destruction to social withdrawal.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.pbis.org/main.htm** or **http://challengingbehavior.fmhi.usf.edu/pbs.html**			

Resource Materials for Children and Youth at Risk for School Failure

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Family Health Promotion	Includes trainings, home visitation, and school curriculum to reduce risk factors and build resiliency and protective factors in children ages 3-8.	Early Childhood/ElementaryEarly Childhood/Preschools, Elementary	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/promising/family-health-promotion.pdf**			
Head Start/Early Start	Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families.	Schools, Community organizations, Family resource centers	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www2.acf.hhs.gov/programs/hsb/index.htm** and **http://nccic.org/poptopics/ecmhealth.html**			
Nurse-Family Partnership Program	Nurse-Family Partnership is an evidence-based nurse home visitation program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children.	Early Childhood	☒ C/Y ☐ TAY ☒ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/NurseFP.pdf**			
Preschool Stress Relief Project	The Pre-school Relief Project is a substance abuse prevention and mental health program developed to provide training, consultation and education resources in stress management for Head Start, day care, and public school teachers. The project's goal is to enable teachers to instruct pre-schoolers and elementary school students living in high risk environments in developing positive coping skills for reducing and managing stress in their lives.	Early Childhood/Preschool, Elementary	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.wholistic1.com/preschool_stress_relief_project.htm**			

Resource Materials for Children and Youth at Risk for School Failure

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*Universal access to Voluntary Screening	Early identification and treatment of social-emotional delays and disorders improves outcomes for young children and their families, and can result in substantial cost benefits.	Early Childhood/Preschool	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.First5caspecialneeds.org**			
Primary Intervention Program (PIP) & Enhanced PIP	PIP is a school-based prevention and early intervention program for grades K-3 aimed at enhancing the social and emotional development of young children and preventing the development of serious mental health problems.	Early Childhood/Preschool	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.timeforkids.net/intervention.html**			
Social Decision Making/Problem Solving	The program seeks to develop children's self-esteem, self-control, and social awareness skills, including identifying, monitoring, and regulating stress and emotions; increasing healthy lifestyle choices; avoiding social problems such as substance abuse, violence, and school failure; improving group cooperation skills; and enhancing the ability to develop positive peer relationships.	Elementary/Middle	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.promisingpractices.net/program.asp?programid=154**			
Strengthening Families Program	SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance.	Middle	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.strengtheningfamiliesprogram.org/index.html**			

Resource Materials for Children and Youth at Risk for School Failure

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Reconnecting Youth	Curriculum teaches skills to build resiliency with respect to risk factors and to moderate early signs of substance abuse, and depression/aggression. The program incorporates social support and life skills training.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/Reconnecting.pdf**			
Cognitive Behavioral Interventions for Trauma in Schools (CBITS)	The Cognitive Behavioral Intervention for Trauma in Schools (CBITS), a collaborative project with the Los Angeles School District (LAUSD), provides mental health screening and a standardized brief cognitive behavioral therapy treatment in schools for students who have been exposed to violence.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.hsrcenter.ucla.edu/research/cbits.shtml**			
Trauma-Focused Cognitive Behavioral Therapy (TFCBT)	A SAMHSA model program designed to help children, youth, and their parents overcome the negative effects of traumatic life events.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/TFCBT.pdf**			
Families and Schools Together (FAST)	FAST is a multifamily group intervention designed to build protective factors for children and empower parents to be the primary prevention agents for their own children. It is offered as a universal model to children, ages 3 through 18. It became an evidence-based model in 2002.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.wcer.wisc.edu/FAST/**			
*Social and Emotional Learning Programs (SELs)	Teaches social and emotional skills as well as abuse prevention, violence prevention, sexuality, health, and character education. Ex. Responsive Classroom Program	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults

Resource Materials for Children and Youth at Risk for School Failure

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Website: **http://www.casel.org/basics/definition.php**			
Partners in Parenting Program	The Partners in Parenting Program provides home-based psychotherapy and parenting skills training to parents or other adults who suffer from a mental illness and who are raising children. This includes mothers and fathers, as well as grandparents and others who have responsibility for bringing up children and adolescents. PIP also provides mental health treatment services to children and adolescents.	Home-based	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://mhawestchester.org/mhatreatment/pip.asp**			
*Teen Screen	Voluntary school screening to identify youth who are at-risk for suicide and potentially suffering from mental illness.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.teenscreen.org/**			
Counselor Care (C-Care) and Coping and Support Training (CAST)	Intervention for students at risk for suicide. It combines one-on-one counseling with a series of small-group training sessions.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://sdsuicideprevention.org/pdf/contentmgmt/ccare_cast.pdf**			

Resource Materials for Children and Youth at Risk for School Failure

*3. Linkage and Support in Navigating Service Systems and Other Providers as Needed			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Healthy Start	Intended to improve the lives of children, youth, and families. The program seeks to improve school readiness, educational success, physical health, emotional support, and family strength.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.cde.ca.gov/ls/pf/hs/**			
School Attendance Review Boards (SARBS)	SARBs are composed of representatives from various youth-serving agencies, help truant or recalcitrant students and their parents or guardians solve school attendance and behavior problems through the use of available school and community resources. (MHSA could provide a mental health specialist member)	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.cde.ca.gov/ls/ai/sb/**			

Resource Materials for Children and Youth at Risk for School Failure

*4. System Structure and Enhancements to Improve, Coordinate and Sustain Mental Health Programs and Interventions			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Infrastructure for Learning Supports	Improving the infrastructure for learning supports will enable schools to address barriers to teaching and learning. Programs that emphasize the importance of a "comprehensive, multifaceted, and integrated system" increase the capacity of schools to meet the needs of students. Schools exhibit readiness for MHSA partnerships through policies and practices that make students' social/emotional health and competencies a primary part of the school's mission.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://smhp.psych.ucla.edu/**			
Early Childhood Mental Health Programs	Mental health consultants to work with early childhood staff to help them better observe, understand and respond to children's behavioral needs.	Early Childhood/Preschool	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.ucsfchildcarehealth.org/pdfs/Curricula/CCHC/14_CCHC_Behavioral_0406.pdf**			
Professional Development	Capacity building for teachers and school staff to identify and address potential mental health needs of their students and families.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			
Student Assistance Programs (SAPs)	Provide focused services to students seeking support or needing interventions for academics, behavior, and attendance often due to deeper concerns related to substance abuse, mental health, or social issues. The overarching goal of SAPs is to remove barriers to education so that a student may achieve academically.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.nasap.org/**			

Resource Materials for Children and Youth at Risk for School Failure

*5. General Resources			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Safe and Drug Free Schools Program	The Office of Safe and Drug-Free Schools' mission is to create safe schools, respond to crises, drug abuse and violence prevention, ensure the health and well being of students and promote the development of good character and citizenship.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.cde.ca.gov/ls/he/at/safedrugfree.asp**			
Parents and Teachers as Allies	NAMI created *Parents and Teachers as Allies* to help families and school professionals identify the key warning signs of early-onset mental illnesses in children and adolescents in our schools. It focuses on the specific, age-related symptoms of mental illnesses in youngsters. The publication is intended to provide an educational tool for advancing mutual understanding and communication between families and school professionals.	Various	☐ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.nami.org/Template.cfm?Section=Schools_and_Education&template=/ContentManagement/ContentDisplay.cfm&ContentID=38215**			
Hand to Hand	This course is similar to the Family-to-Family education program in structure and goals, with each week of the curriculum dedicated to a particular aspect of having a child with a mental illness. Topics covered include: understanding your child's diagnosis; developing family coping skills; counseling and therapy; medications; special educational needs; and juvenile justice and child protection agencies.	Various	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.nami.org/Content/ContentGroups/CAAC/Hand_To_Hand.htm**			

Resource Materials for
Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

Description of Priority Population

Definition: Children and 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 served through Community Services and Supports (CSS).

Programs for this priority population address risk factors for delinquent behavior among children and youth. This means comprehensive, coordinated strengths-based approaches that begin with very young children and continue through adolescence and young adulthood. Cross-system collaboration, with the active involvement of families, may form the basis for all mental health prevention interventions for this population. This includes partnerships among schools, health and social services agencies, law enforcement, probation and other agencies and community-based organizations for youth development.

Many of the suggested programs involve the entire family, such as family skill building, family therapy, and positive youth development. Positive youth development programs that are aimed at understanding, educating, and engaging children in productive activities should be offered to at-risk children, youth and their families as early as possible. A number of these recommended programs apply to more than one PEI priority population.

Funding may target priority communities with characteristics such as:

- High number of children, youth and transition-age youth from underserved ethnic and cultural groups
- High poverty
- Low academic achievement, risk of school failure
- High rates of suspensions, expulsions and drop out
- High numbers of children and youth in foster care
- High rates of violence in the community
- High rates of youth involved with the juvenile justice system

Suggested Programs

Prevention programs and early intervention approaches listed for this priority population largely mirror those targeting the other PEI priority populations:

- Increase awareness about mental health and mental illness, and help seeking behavior
- Teach families, caregivers and educators skills to address behavior problems
- Develop programs to increase self regulation and resiliency

- Screen for mental health and learning problems with appropriate follow up
- Develop suicide awareness and prevention approaches
- Develop individual and small group therapeutic relationship interventions
- Develop school-wide and community-wide approaches to prevent bullying and aggression
- Foster tolerance and understanding of diversity
- Identify problems early and intervene quickly
- Link individuals and families to other needed services/supports specifically in the areas of substance abuse, family violence and basic needs

  An example of this linkage can come through the primary care system. Primary care providers (PCPs) can provide behavioral or emotional health screening and intervention services for children and youth brought to them for routine preventive and wellness care or for emergency treatment, particularly if the PCP determines they may be at-risk for contact with the juvenile justice system. After assessment, the PCP may provide a warm hand-off to a mental health specialist, initiating early interventions or referral to specialty mental health services (including substance abuse, anger management, violence prevention, etc.) for the youth and their family.

Potential Funding and Resource Partners

Potential funding and resource partners for this priority population include the following groups:

- Child welfare
- First 5
- Employment Development
- Law enforcement
- Probation
- Parks and Recreation
- Schools (preK-12)
- School health centers
- County Offices of Education
- After school programs
- Client/family member organizations
- Spiritual and faith organizations
- Cultural and ethnic organizations
- Other community-based organizations
- Primary care
- Private foundations
- Businesses

*Note: The listed programs indicated by an asterisk are not sufficient in and of themselves to comprise a PEI Project. Counties should combine programs and seek additional leveraged funding or resources in each PEI Project to achieve desired PEI outcomes at the individual/family, program/system and, if applicable, community levels.

Resource Materials for
Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

EXAMPLES OF PROGRAMS:

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Across Ages	A mentoring initiative targeting youth 9 to 13 years of age. The goal is to enhance the resiliency of children in order to promote positive development and prevent them from engaging in high-risk behaviors such as substance use, early sexual activity, or violence.	Community, School	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/AcrossAges.pdf**			
Adolescent Transitions Program (ATP)	Multilevel, family-centered intervention targeting children who are at risk for problem behavior or substance use. Designed to address the family dynamics of adolescent problem behavior, it is delivered in the middle school setting to parents and their children.	School-based	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_IndRec.asp?id=289**			
All Stars	A program designed to delay the onset of and prevent high-risk behaviors in middle school adolescents 11 to 14 years of age through the development of positive personal characteristics in young adolescents.	Community, School	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/AllStars.pdf**			

Resource Materials for
Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
American Indian Life Skills Development	A school-based, culturally tailored, suicide-prevention curriculum for American Indian adolescents. Tailored to American Indian norms, values, beliefs, and attitudes, the curriculum is designed to build self-esteem; identify emotions and stress; increase communication and problem-solving skills; and recognize and eliminate self-destructive behavior, including substance abuse.	High School	☐ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_IndRec.asp?id=635**			
Effective Black Parenting	A cognitive-behavioral program specifically created for African American parents that seek to foster effective family communication, healthy identity, extended family values, child growth and development, and self-esteem. It addresses child abuse, substance abuse, juvenile delinquency, gang violence, learning disorders, behavior problems, and emotional disturbances.	Schools, Community	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.ciccparenting.org/cicc_EBPdesc_312.asp**			

Resource Materials for
Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Gang Resistance is Paramount (GRIP)	An anti-gang program designed to steer children away from gang membership through classroom lessons, counseling and parental training.	Elementary, High School, Community	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=646**			
The Incredible Years	Provides three comprehensive, multifaceted, and developmentally based curricula for parents, teachers, and children. Designed to promote emotional and social competence and to prevent, reduce, and treat aggressive, defiant, oppositional, and impulsive behaviors in young children 2 to 8 years old.	Early Childhood/Preschool, Elementary	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/IncYears.pdf**			
Leadership and Resiliency Program (LRP)	A program for high school students, 14 to 19 years of age, that enhances youths' internal strengths and resiliency while preventing involvement in substance use and violence.	Community-based, High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/leadership.pdf**			

Resource Materials for
Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/SFA.pdf**			
Los Niños Bien Educados	Parents learn how to praise effectively, to confront, to use family conversations, and to employ "time out" procedures. The program is widely used in schools, mental health and social service agencies, churches, and hospitals. It addresses school dropout prevention and drug and child abuse.	Schools, Community	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.ciccparenting.org/LosNinosBienEdDesc.aspx**			
Second Step	Second Step is a universal classroom-based intervention designed to reduce impulsive and aggressive behaviors and increase protective factors and social-emotional competence. Organized by grade level, the program teaches children empathy, problem-solving skills, risk assessment, decision-making, and goal-setting skills.	Elementary, Middle School	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=80** or **http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=422**			

Resource Materials for
Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*Screening	Voluntary screening; referral of children and youth removed from their homes.	Receiving Homes, Foster Placements, Juvenile Hall	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
*Screening	Identification, voluntary screening, and referral (if indicated) for MH assessment of children and youth whose older siblings are involved in the justice system.	School, Police, Probation	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Aggression Replacement Training (ART)	A multimodal intervention designed to alter the behavior of chronically aggressive youth ages 3 to 18. The curriculum consists of skill streaming, anger control training, and moral reasoning training.	School, Probation	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.fightcrime.org/ca/toolkit/fcikcatoolkit.pdf**			
Breaking Cycles	A family-focused, delinquency prevention and intervention program that directs strengths-based, family-centered community resources and programs to "at-risk" youth and their families and improves the juvenile justice and community intervention for juvenile offenders through a system of Graduated Sanctions.	Community	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.sdcounty.ca.gov/probation/jfs/bcaboutus.html**			

Resource Materials for
Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Brief Strategic Family Therapy	A family-based intervention designed to prevent and treat child and adolescent behavior problems. Targets children and adolescents who are displaying or are at risk for developing behavior problems, including substance abuse.	Community	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/Bsft.pdf**			
Coping Power Program	Multicomponent preventive intervention for aggressive children that uses the contextual sociocognitive model as its conceptual framework.	School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://nrepp.samhsa.gov/legacy_fulldetails.asp?LEGACY_ID=1063**			
• *PRIME Screening tool • *Mood Questionnaire	Screening and assessment of transitional-age youth who are in the early onset phase of a serious psychiatric illness. Referral to mental health if necessary.	CCHC, FQHC, NA Health Center, Rural Health Centers Other clinics providing primary care	☐ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_IndRec.asp?id=317**			

Resource Materials for
Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Family-to-Family	• Differential Response is an early intervention and response system that targets families that have been referred to CPS but do not receive direct services because the children are not directly at risk of harm. • Family to Family encourages neighborhood-based foster care and views foster parents as partners in the family reunification process. Purpose is to respond to reports of abuse and neglect. Hotline, screening, comprehensive assessment. (MHSA could place a mental health specialist on staff to screen and provide PEI)	Child Welfare – referrals from teachers, and other mandated reporters; Community Engagement Specialist	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.f2f.ca.gov/** or **http://www.aecf.org/MajorInitiatives/Family%20to%20Family.aspx**			
Functional Family Therapy (FFT)	A family-based prevention and intervention program for dysfunctional youths, ages 11 to 18, that has been applied successfully in a variety of multi-ethnic, multicultural contexts to treat a range of high-risk youths and their families.	Home-based	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=29**			

Resource Materials for
Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Multi-dimensional Family Therapy	Comprehensive family-based program for substance-abusing adolescents (and their parents) or those at high risk for substance abuse or other problem behaviors. Helps individuals and families develop protective and healing factors.	School, Community, Court	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://modelprograms.samhsa.gov/pdfs/model/multi.pdf**			
Multisystemic Therapy (MST)	Multisystemic Therapy (MST) is a family-focused, home-based program that focuses on chronically violent, substance-abusing juvenile offenders at high risk for out-of-home placement, who are 12 to 17 years of age.	Home-based	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/Mst.pdf**			
Multi-dimensional Treatment Foster Care (MTFC)	Designed to provide a supervised, therapeutic living environment for youth with chronic delinquency and anti-social behavior. The program is aimed at keeping mentally troubled youth, in supportive home environments and out of residential placements or juvenile justice facilities. Targeted towards youth 11 to 18 years old.		☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.fightcrime.org/ca/toolkit/fcikcatoolkit.pdf**			

Resource Materials for
Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Parent/Child Interactive Therapy (PCIT)	PCIT is an empirically-supported treatment for conduct-disordered young children that place emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.	Clinic, Community, Home, School	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.fightcrime.org/ca/toolkit/fcikcatoolkit.pdf**			
The Parent Project	A parent training program designed specifically for parents of strong-willed or out-of-control adolescent children.	School, Probation	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.parentproject.com/**			
Parenting Wisely	A self-administered, interactive, multimedia program that reduces family conflict and child behavior problems by improving parenting skills and enhancing family communication and mutual support, supervision, and discipline. Targets parents with children ages 9 to 18.	Community, Home, Juvenile court, Child welfare	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.modelprograms.samhsa.gov/pdfs/model/ParentWise.pdf**			

Resource Materials for
Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Strengthening Families Program (SFP)	SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance.	School, Middle School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.strengtheningfamiliesprogram.org/index.html**			
Students Targeted With Opportunities for Prevention (STOP)	A program that targets youth aged 10 to 14 years who are not on probation, but who need services according to criteria of main risk factors for delinquency like gang affiliation, substance abuse problems, school issues, and family violence.	School	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://www.fightcrime.org/ca/toolkit/fcikcatoolkit.pdf**			
*Truant Recovery Program	Collaborative effort between the school district and all community police jurisdictions within its boundaries. The program is preventive rather than punitive. Its primary task is to return truant students to school as soon as possible.	School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_IndRec.asp?id=50**			

Resource Materials for
Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

***3. Linkage and Support in Navigating Service Systems and Other Providers as Needed**			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
School Attendance Review Boards (SARBs)	Composed of representatives from various youth-serving agencies, to help students and their parents or guardians solve school attendance and behavior problems through the use of available school and community resources. (MHSA could place a mental health specialist on the board)		☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.cde.ca.gov/ls/ai/sb/**			

Resource Materials for
Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

***4. System Structure and Enhancements to Improve, Coordinate and Sustain Mental Health Programs and Interventions**			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Neighborhood Accountability Boards (NAB)	Conducts hearing panels for first time offenders charged with non-violent misdemeanor offenses. Goal is to empower community to hold youth responsible for their actions. Court could link children and youth to programs for screening, early intervention, and referral for assessment and treatment if necessary.	Community	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			
Neighborhood Alternative Centers	Provides mandated intake for youth, ages 8-17 (WIC 626.5) who are exhibiting pre-delinquent conduct. Provides brief assessment, crisis intervention and referral. (MHSA could place a mental health specialist on staff to link children and youth to programs for screening, early intervention, and referral for assessment if necessary and treatment.	Community	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			

***4. System Structure and Enhancements to Improve, Coordinate and Sustain Mental Health Programs and Interventions**			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Peer Courts	Juvenile offender programs where students determine the consequences to be imposed on other young people for low-level criminal conduct. Create linkage to early intervention programs.		☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			
Professional Development	Capacity building for teachers and school staff to identify and address potential mental health needs of students and their families.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			
Student Assistance Programs (SAPs)	Provide focused services to students seeking support or needing interventions for academics, behavior, and attendance often due to deeper concerns related to substance abuse, mental health, or social issues. The overarching goal of SAPs is to remove barriers to education so that a student may achieve academically.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.nasap.org/**			

Resource Materials for Suicide Prevention

Description of Community Need

Definition: Suicide prevention--increases public awareness of the signs of suicide risk and knowledge about using appropriate actions to prevent suicide. The goal of suicide prevention activities should include improving early identification, early intervention and referral for at-risk suicidal behavior. Suicide prevention is challenging because of the range of risk factors, its wide scope (involving all age groups and priority populations), and the variety of settings in which suicide prevention can be implemented and supported.

Suicide prevention programs, in combination with other PEI priority population programs, are designed to be comprehensive in both breadth (coverage across the county) and depth (intensity in priority populations). Counties may choose to implement specific programs and approaches for suicide prevention as well as embed suicide prevention in other PEI programs for specific priority populations. Many of the characteristics of the PEI Priority Populations (trauma exposed, stressed families, school failure, etc.) are associated with greater suicide risk, and programs in these other areas will inherently address suicide prevention.

Suicide prevention also will be addressed as a state-administered project. Counties are encouraged to assess their local population and current suicide prevention resources to identify the priority populations to target in their community. In those counties with existing local suicide prevention activities, counties may choose to coordinate their efforts locally and with identified state-administered suicide prevention projects.

Potential Funding and Resource Partners

Potential funding and resource partners for this priority population include the following groups:

- Department of Education
- Ad Council
- Cultural and ethnic organizations
- Schools (K-12)
- School health centers
- Higher education
- Spiritual and faith organizations
- Probation/law enforcement
- Primary health care
- County Mental Health
- Foundations
- Older adult agencies/organizations
- Native American health centers/rancherias
- County Offices of Education
- State-Administered Suicide Prevention Projects

*Note: The listed programs indicated by an asterisk for Suicide Prevention are not sufficient to comprise a PEI project, counties should combine programs and seek leveraged funding or resources as needed in each PEI Project to achieve desired PEI outcomes at the individual/family, program/system and, if applicable, community levels.

Resource Materials for Suicide Prevention

EXAMPLES OF PROGRAMS:

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*Applied Suicide Intervention Skills Training (ASIST) by Livingworks	Two-day intensive, interactive and practice-dominated course designed to help individuals recognize and review risk, and intervene to prevent the immediate risk of suicide.	Various	☐ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.livingworks.net/**			
*Applied Suicide Intervention Skills Training (ASIST) Training for Trainers (T4T)	Minimum five-day course that prepares local resource persons to be trainers of the ASIST workshop.	Various	☐ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.livingworks.net/**			
Frameworks Youth Suicide Prevention Program	This program is a comprehensive, community-based approach to suicide prevention. Using a public health model, the program trains community members to play a critical role in suicide prevention. The program strives to strengthen the development of a community coalition of serve providers, parents, and youth. The coalition is developed, trained, and supported to recognize youth at risk and connect those youth in an integrated, systematic and comprehensive way with help.	Various	☐ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.sprc.org/featured_resources/bpr/PDF/NAMINH_Frameworks_factsheet.pdf**			

Resource Materials for Suicide Prevention

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*Peer-to-Peer	Peer-to-Peer is a nine week—two hour per week—experiential educational course on recovery for any person with mental illness who is interested in establishing and maintaining wellness. The course uses a combination of lecture, interactive exercise and structural group processes. The diversity of experience among course participants affords for a lively dynamic that moves the course along.	Various	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website:**http://www.nami.org/Content/NavigationMenu/Find_Support/Education_and_Training/Education_Training_and_Peer_Support_Center/Peer-to-Peer/P2P_Brochure.pdf**			
*Question, Persuade, Refer (QPR) Gatekeeper Training	This 60 to 90 minute training is for the general public and teaches participants the warning signs for suicide and the three-step QPR method. It is available in classroom settings, online and via interactive CD.	Various	☐ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.livingworks.net/**			
Reach Out!	Reach Out! combines evidence-based mental health content, youth involvement and communications to create an Internet-based service that supports young people struggling with mental health difficulties. Founded in Australia in 1998, Reach Out! has become the leading online mental health resource for Australian young people.	Various	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **www.reachout.com.au**			
*Signs of Suicide (SOS)	Curriculum that aims to raise awareness of suicide and its related issues with a brief screening for depression and other risk factors associated with suicidal behavior.	School, including school health centers	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **www.mentalhealthscreening.org** or **http://www.sprc.org/featured_resources/bpr/ebpp_PDF/sos.pdf** or **http://modelprograms.samhsa.gov/pdfs/promising/sos-signs-of-suicide.pdf**			

Resource Materials for Suicide Prevention

1. Prevention of Mental Health Problems			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*Lifelines	Curriculum includes information and attitudes about suicide, help seeking, and school resources and discussion of warning signs of suicide.	School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.sprc.org/featured_resources/bpr/ebpp_PDF/lifelines.pdf**			

Resource Materials for Suicide Prevention

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE*
American Indian Life Skills Development	School-based, culturally tailored, suicide-prevention curriculum for American Indian adolescents. The curriculum is designed to build self-esteem; identify emotions and stress; increase communication and problem-solving skills; and recognize and eliminate self-destructive behavior, including substance abuse.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_IndRec.asp?id=635**			
Impact	Impact is an evidence based depression care program. Researchers tested the IMPACT model in a variety of settings including HMO, fee-for-service, inner-city county hospital and Veterans Administration clinics. IMPACT was equally effective with African American, Latino and White patients.	Various	☐ C/Y ☐ TAY ☒ Adults ☒ Older Adults
Website: **http://impact-uw.org/**			
Reconnecting Youth	Curriculum teaches skills to build resiliency with respect to risk factors and to moderate early signs of substance abuse, and depression/aggression. The program incorporates social support and life skills training.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.sprc.org/featured_resources/bpr/ebpp_PDF/reconnecting_youth.pdf**			
*Teen Screen	Voluntary school screening to identify youth who are at-risk for suicide and potentially suffering from mental illness. Students who receive a "positive" screen are interviewed by a clinician to determine need for further evaluation and referral.	Schools, including school health centers, but can be adapted to other settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **www.teenscreen.org** or **http://www.sprc.org/featured_resources/bpr/ebpp_PDF/columbia-teenscreen.pdf**			

Resource Materials for Suicide Prevention

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE*
Zuni Life Skills Development Curriculum	Curriculum to develop competency in a range of life skills. Tailored to Zuni culture, but the process of cultural adaptation incorporated in the program is transferable to other populations	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.sprc.org/featured_resources/bpr/ebpp_PDF/zuni_life_skills.pdf**			
• *Beck Depression Inventory • *PRIME-MD • *Goldberg Depression Questionnaire	To identify depression in the general population: • Voluntary Screening • Early intervention, if appropriate • Mental health assessment and referral, if necessary	CCHC, FQHC, NA Health Center, Rural Health Centers, Other clinics providing primary care, including school health centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Websites: PRIME-MD: **http://bipolar.stanford.edu/pdf/questionnaire.doc** Goldberg Depression: **http://counsellingresource.com/quizzes/goldberg-depression/index.html**			
• *PHQ-9 • *Cornell Scale for Depression in Dementia • *Geriatric Depression Scale	• Screening and assessment for first onset of depression in older adults • Early intervention, if appropriate • Mental health assessment and referral, if necessary	CCHC, FQHC, NA Health Center, Rural Health Centers, Other clinics providing primary care	☐ C/Y ☐ TAY ☒ Adults ☒ Older Adults
Websites: PHQ-9: **http://www.pfizer.com/pfizer/download/do/phq-9.pdf** Cornell: **www.medqic.org/dcs/ContentServer?cid=1116947564848&pagename=Medqic/MQTools/ToolTemplate&c=MQTools** Geriatric Depression Scale: **http://www.stanford.edu/~yesavage/GDS.html**			

Resource Materials for Suicide Prevention

3. Linkage and Support in Navigating Service Systems and Other Providers as Needed			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE*
*Counselor Care (C-Care) and Coping and Support Training (CAST)	Intervention for students at risk for suicide. It combines one-on-one counseling with a series of small-group training sessions.	School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.sprc.org/featured_resources/bpr/ebpp_PDF/ccare_cast.pdf**			
Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT)	A specially trained master-level clinician works in close collaboration with a depressed patient's PCP to implement a comprehensive disease management program.	Primary Care	☐ C/Y ☐ TAY ☐ Adults ☒ Older Adults
Website: **http://www.sprc.org/featured_resources/bpr/ebpp_PDF/prospect.pdf**			
Specialized ER Intervention for Suicidal Adolescent Females	Provides specialized emergency room care for female adolescent suicide attempters and their mothers. Involves ER staff training, information regarding outpatient treatment and a session with a crisis therapist.	Primary Care—ER	☐ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.sprc.org/featured_resources/bpr/ebpp_PDF/spec_emergency_rm.pdf**			
*Post-suicide attempt: ER follow-up and support	Providing support for suicide attempters and their families after a suicide attempt.	Primary Care—ER	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: None			

Resource Materials for Suicide Prevention

3. Linkage and Support in Navigating Service Systems and Other Providers as Needed			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE*
*Emergency Department Means Restriction Education	Educates parents of youth at high risk for suicide about limiting access to lethal means for suicide (firearms, medications, alcohol etc). Education takes place in emergency departments.	Primary Care – ER	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.sprc.org/featured_resources/bpr/ebpp_PDF/emer_dept.pdf**			
Brief Psychological Intervention After Deliberate Self-Poisoning	Provides four psychotherapy sessions for adults who deliberately poisoned themselves. During each session, therapists assess the risk of suicide and communicate the assessment with the patient's general practitioner. This 60 to 90 minute training is for the general public and teaches participants the warning signs for suicide and the three-step QPR method. It is available in classroom settings, online and via interactive CD.	Primary Care Home-based	☐ C/Y ☐ TAY ☒ Adults ☒ Older Adults
Website: **http://www.sprc.org/featured_resources/bpr/ebpp_PDF/psy_intervention.pdf**			
ULifeline	ULifeline is an anonymous, confidential, online resource center, where college students can be comfortable searching for the information they need and want regarding mental health and suicide prevention. ULifeline is available where college students seek information the most - at their fingertips on the Internet.	Colleges and Universities	☐ C/Y ☐ TAY ☒ Adults ☒ Older Adults
Website: **http://www.ulifeline.org/main/page/75/AboutULifeline**			

Resource Materials for Suicide Prevention

*4. System Structure and Enhancements to Improve, Coordinate and Sustain Mental Health Programs and Interventions			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Question, Persuade, Refer (QPR) Gatekeeper Training	Warning signs for suicide and the three-step QPR method. It is available in classroom settings, online and via interactive CD.	Various	☐ C/Y ☐ TAY ☒ Adults ☒ Older Adults
Website: **http://www.qprinstitute.com/**			
Applied Suicide Intervention Skills Training (ASIST) by Livingworks	Two-day intensive, interactive and practice-dominated course designed to help individuals recognize and review risk, and intervene to prevent the immediate risk of suicide.	Various	☐ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.livingworks.net/**			
Applied Suicide Intervention Skills Training (ASIST) Training for Trainers (T4T)	Minimum five-day course that prepares local resource persons to be trainers of the ASIST workshop.	Various	☐ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.livingworks.net/**			
Family-to-Family	The NAMI Family-to-Family Education Program is a free, 12-week course for family caregivers of individuals with severe mental illnesses. The course is taught by trained family members.		☐ C/Y ☐ TAY ☒ Adults ☒ Older Adults
Website: **http://www.nami.org/Template.cfm?Section=Family-to-Family**			

Resource Materials for Suicide Prevention

*4. System Structure and Enhancements to Improve, Coordinate and Sustain Mental Health Programs and Interventions			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Professional Development	Capacity building for staff to identify and address potential mental health needs.	Various	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			

Resource Materials for Suicide Prevention

*5. General Resources			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Active Minds	Active Minds is a nonprofit organization headquartered in Washington, DC that develops and supports student-run mental health awareness, education, and advocacy chapters on college campuses across the country. Each student group's mission is to: Increase 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 liaison between students and the mental health community	Colleges and Universities	☐ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.activemindsoncampus.org/**			
Parents and Teachers as Allies	NAMI created *Parents and Teachers as Allies* to help families and school professionals identify the key warning signs of early-onset mental illnesses in children and adolescents in our schools. It focuses on the specific, age-related symptoms of mental illnesses in youngsters. The publication is intended to provide an educational tool for advancing mutual understanding and communication between families and school professionals.		☐ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.nami.org/Template.cfm?Section=Schools_and_Education&template=/ContentManagement/ContentDisplay.cfm&ContentID=38215**			
SAFE-T Protocol	The SAFE-T guides clinicians through five steps which address the patient's level of suicide risk and suggest appropriate interventions. It is intended to provide an accessible and portable resource to the professional whose clinical practice includes the suicide assessment.		☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **https://mentalhealthscreening.org/safet/overview.aspx**			

Resource Materials for Suicide Prevention

*5. General Resources			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
The JED Foundation	The Jed Foundation is the nation's leading organization working to prevent suicide and promote mental health among college students. JED Foundations board works to identify the underlying causes of suicide and produce effective prevention, awareness and intervention programs.		☐ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: **http://www.jedfoundation.org/index.php**			
The Road to Resilience	This brochure is intended to help readers with taking their own road to resilience. The information within describes resilience and some factors that affect how people deal with hardship. Much of the brochure focuses on developing and using a personal program for enhancing resilience.		☐ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website:**http://www.apahelpcenter.org/featuredtopics/feature.php?id=6&ch=0**			

Resource Materials for Stigma and Discrimination

Description of Community Need

Definition: Stigma and discrimination--PEI will reduce stigma and discrimination impacting individuals with mental illness and mental health problems.

This document suggests various approaches to reduce stigma and discrimination associated with mental illness, including the following:

- 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

Efforts to counter stigma should move toward a positive, "help first" approach reflective of a society that recognizes and honors its responsibility to help individuals with mental health issues.

> Stigmatization of people with mental disorders has persisted throughout history. It is manifested by bias, distrust, stereotyping, fear, embarrassment and/or avoidance. Stigma leads others to avoid living, socialization or working with, renting to, or employing people with mental disorders, especially severe disorders such as schizophrenia. It reduces access to resources and opportunities and leads to low self esteem, isolation and hopelessness. (US Surgeon General, 1999)
>
> The Surgeon General concludes, "Racism and discrimination are clearly stressful events that adversely affect health and mental health and place persons of color at risk for mental disorder." (US Department of Health and Human Services, 2001, P. 38)

This document also suggests approaches to reducing discrimination against individuals living with mental illness or social/emotional/behavioral disorders. Discrimination occurs when people and societies *act* upon their feelings of rejection and discomfort with mental illness by depriving those associated with it the rights and life opportunities that are afforded to all other people.

Many of the most common manifestations of discrimination are unlawful, including depriving people of housing, employment and educational opportunities. Many laws specifically prohibit discrimination on the basis of disability, yet discrimination is still highly prevalent. Discrimination reduction programs demonstrate effectiveness or promise in eliminating discrimination against children and youth living with serious

emotional and behavioral disorders and their parents, caregivers and families, as well as adults living with mental illness and their families.

Research shows better outcomes when interventions are targeted and cater to specific groups (Corrigan, 1995). In particular, adaptation of messages to underserved ethnic, racial and cultural populations is necessary for successful interventions. Counties are encouraged to develop a targeted approach to reduce stigma and discrimination that focuses on changing specific discriminatory behaviors of certain groups (e.g., employers, landlords, law enforcement, primary care providers, the media, etc.).

Activities to reduce Stigma and Discrimination will also be addressed through state-administered programs that will complement county level interventions. Counties are encouraged to focus on programs that target specific local issues and to coordinate their interventions with state-administered projects.[9]

Counties may implement programs and approaches to reduce stigma and discrimination, as well as embed stigma and discrimination reduction in all other selected PEI programs (e.g., trauma exposed, children/youth at risk of school failure, children/youth in stressed families, children/youth at risk of or experiencing juvenile justice involvement). Also, primary care providers play a key role in reducing stigma and discrimination, because they are a non-traditional setting for mental health services, and for many individuals, provide a more natural environment in which to discuss all health-related concerns, including mental health. This is especially true for cultural and immigrant groups for whom Western concepts around mental illness are foreign and difficult to relate to. Also, many primary care providers, particularly community clinics and health centers, have staff who are multi-lingual and culturally competent, which contributes to reducing the stigma and shame of seeking mental health services.

Potential Funding and Resource Partners

Potential funding and resource partners for this program include the following groups:

- Non-profit housing developers
- Department of Education
- National Mental Health Awareness Campaign
- Ad Council
- First 5 California
- Cultural and ethnic organizations
- Schools (preK-12)
- Higher education
- Spiritual and faith organizations
- Probation/law enforcement

[9] The State anticipates conducting a social marketing campaign and providing training curricula to counties, with county input. Therefore, counties will not need to develop these activities.

- Primary care
- Foundations

*Note: The listed programs indicated by an asterisk are not sufficient in and of themselves to comprise a PEI Project. It is recommended that counties should combine programs and seek additional leveraged funding or resources in each PEI Project to achieve desired PEI outcomes at the individual/family, program/system and, if applicable, community levels.

Resource Materials for Stigma and Discrimination

EXAMPLES OF PROGRAMS

1. Education			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*Breaking the Silence	Lessons, games and posters designed to break the silence of mental illness in schools.	Schools	☐ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.btslessonplans.org/**			
*Teenage Health Teaching Modules (THTM)	Comprehensive school health curriculum for grades 6 to 12. It provides adolescents with the knowledge and skills to act in ways that enhance their immediate and long-term health. The evaluation of THTM concluded that the curriculum produced positive effects on students' health knowledge, attitudes, and self-reported behaviors.	Schools- High school	☐ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.thtm.org/**			
NAMI Anti-Stigma Campaign	PSA campaign to reduce stigma and encourage support of people with mental illnesses. The campaign targets 18-25 year olds.	Various	☐ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **www.whatadifference.org**			

Resource Materials for Stigma and Discrimination

1. Education			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*The Science of Mental Illness	The National Institute of Health has developed a school based curriculum for grades 6-8 that educates students on mental health. Students gain insight into the biological basis of mental illnesses and how scientific evidence and research can help us understand its causes and lead to treatments and, ultimately, cures.	Junior High School	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: **http://science-education.nih.gov/customers.nsf/MSMental**			
*Eliminating Barriers Initiative (EBI)	The EBI was a three-year pilot project launched in 2003 in eight States to provide public education to reduce mental health stigma and discrimination. Rather than target a specific audience, EBI aimed to change mental health attitudes in the overall population.	Various	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://allmentalhealth.samhsa.gov/aboutebi.html**			
Integrated primary care and mental health services—reduces stigma through providing complete health and wellness services, including education	Multidisciplinary team with mental health specialists embedded in services: • Promotion of optimal mental health for everyone; • Universal voluntary screening of all individuals; • Early intervention, if appropriate (support groups, classes, etc.); • Mental health assessment and referral • Psychotherapy/counseling for less than one year	CCHC FQHC NA Health Centers, Rural Health Centers, Other clinics providing primary care.	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.astho.org/pubs/MentalHealthIntegration.pdf**			

Resource Materials for Stigma and Discrimination

1. Education			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*In Our Own Voice	In Our Own Voice (IOOV) is a public education program developed by NAMI, in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery.	Consumer groups, students, law enforcement officials, educators, providers, faith community members, politicians, professionals, and interested civic groups.	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.nami.org/Content/NavigationMenu/Find_Support/Education_and_Training/Education_Training_and_Peer_Support_Center/In_Our_Own_Voice/In_Our_Own_Voice1.htm**			

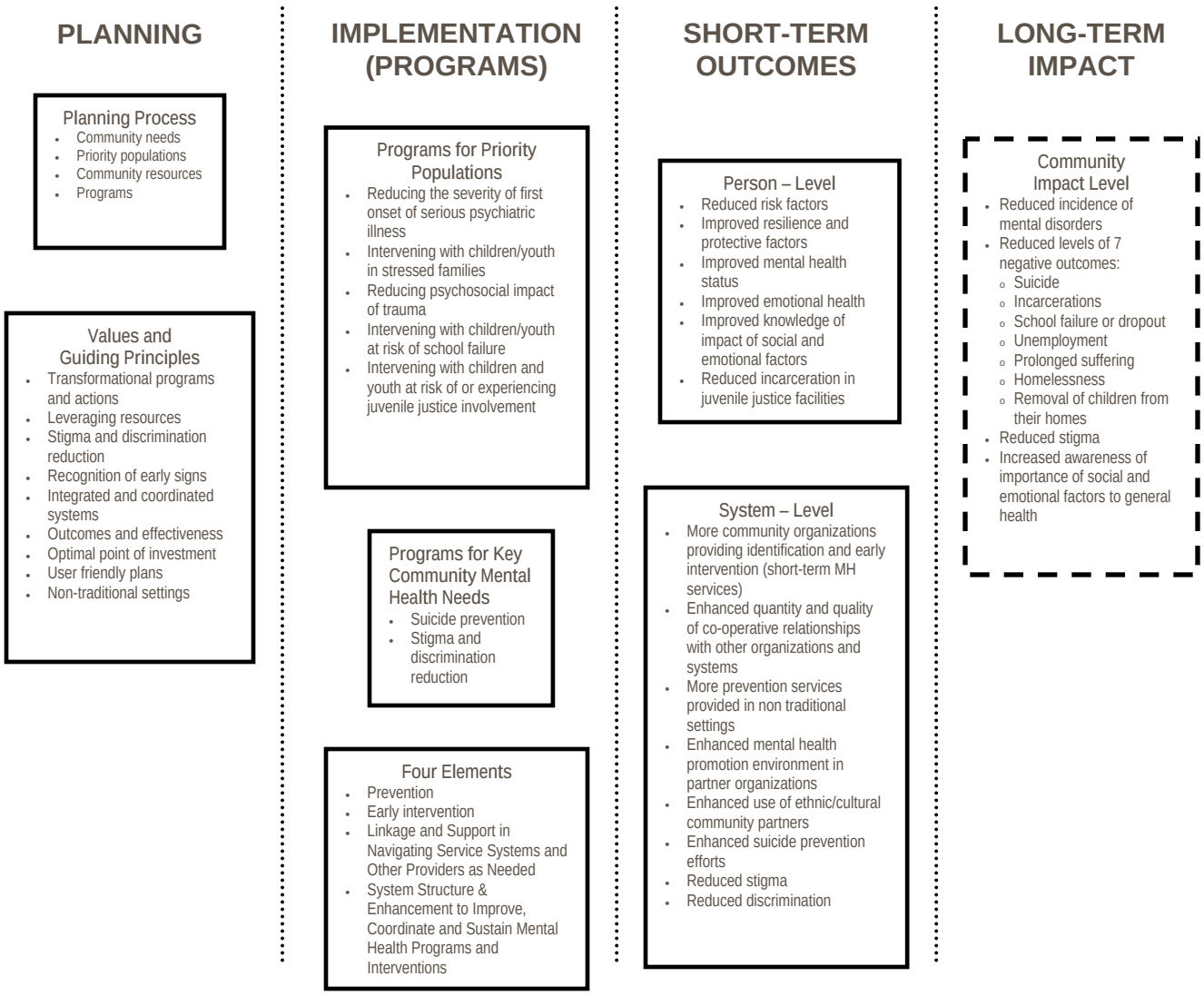
Resource Materials for Stigma and Discrimination

2. Contact			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*National Mental Health Awareness Campaign	A group of transitional age youth who have experienced mental illness and who present at high school assemblies around the country.	Schools High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: **http://www.nostigma.org/**			
Stamp Out Stigma	A community advocacy and educational outreach program dedicated to eradicating the stigma associated with mental illness. Stamp Out Stigma is unique in its anti-stigma approach, by creating a forum in which individuals with mental illness share their personal experiences with the community at large.	Various	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.stampoutstigma.org/**			

Resource Materials for Stigma and Discrimination

3. Protest			
EXAMPLES OF PROGRAMS	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
*NAMI Stigma Busters	NAMI Stigma Busters is a network of dedicated advocates across the country and around the world who seek to fight inaccurate and hurtful representations of mental illness.	Various	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.nami.org/Template.cfm?Section=Fight_Stigma**			
*The Voice Awards	Program sponsored by the US Department of Health and Human Services to recognize accurate and respectful portrayals of persons with mental illness on television, radio and film.	Various	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://allmentalhealth.samhsa.gov/voiceawards/**			

PEI LOGIC MODEL



POTENTIAL OUTCOMES OF PEI PROGRAMS

	Individual/Family	**Program/System**	**Long-term Community**
Prevention/Early Intervention	*For prevention activities*: • Increased knowledge of social, emotional and behavioral issues • Increased knowledge of risk and resilience/protective factors *For early intervention (EI) activities:* • Enhanced resilience and protective factors • Reduced (controllable) risk factors • Improved mental health status • Improved parenting knowledge and skills • Enhanced early age attachment • Reduced school drop-out, expulsion, suspensions • Improved school performance • Reduced family stress/discord • Reduced involvement with law enforcement and courts, reduced incarceration in Juvenile Justice facilities • Reduced violence • Reduced isolation • Increased social support • Increased appropriate help-seeking	*Changes in non MH partner organizations:* • Increase in number of organizations with a formal process for identifying individuals/families with social, emotional and behavioral issues • Enhanced capacity of organizations to provide prevention programs and EI services • Increase in number of prevention programs and EI activities • Increase in number of organizations providing prevention programs and EI programs *Results:* • Increase in number of individuals and families identified as needing prevention programs and EI services • Increase in number of individuals/families who receive prevention programs and EI services • Increase in the number of individuals/families from underserved populations who receive prevention programs and EI services	• Lower incidence of mental illness • Enhanced wellness and resilience • Reduced stigma • Earlier access to MH services • Reduced suicide

POTENTIAL OUTCOMES OF PEI PROGRAMS

	Individual/Family	**Program/System**	**Long-term Community**
Linkage to Other Needed Services	• Increase in successful follow-through on linkage/referrals • Satisfaction with linkage/referral process	*Changes in non MH partner organizations*: • Increase in number of organizations with capacity to ensure effective linkage to services • Increase in number and quality of linkage relationships to MH and other critical service organizations, e.g., substance abuse and domestic violence programs *Changes in MH system:* • Development of procedures to improve access for referred individuals and families • Enhanced cultural competence in dealing with referrals *Results:* • Increase in number of appropriate referrals to MH system • Increase in proportion of referrals to MH system resulting in receipt of services	• Earlier access to MH treatment and services, as appropriate • Shorter duration of untreated mental illness • Reduced negative consequences of untreated serious mental illness
System Enhancement		• Enhanced mental health promotion environment in partner organizations • Enhanced quantity and quality of cooperative relationships with other organizations and systems • Enhanced partnering with ethnic/cultural organizations	• Reduced stigma • Reduced discrimination

STIGMA AND DISCRIMINATION REDUCTION OUTCOMES

	Person/Family	**Program/System**	**LT Community**
Education	• Reduced stigmatizing attitudes about mental illness and/or use of services • Increased knowledge of mental illness	*Activities:* • Number of education programs designed specifically to address stigma/discrimination • Number of individuals/families who receive services who participate in education programs *Results:* • Number of people reached	• Reduction in stigmatizing attitudes • Increase in numbers served by MH system • Reduction in discrimination
Contacts	• Reduced stigmatizing attitudes towards people with mental illness • Increased knowledge of mental illness • Increased contact with persons with mental illness	*Activities:* • Number of contacts designed specifically to address stigma/discrimination • Number of individuals/families who receive services who participate in contacts *Results:* • Number of people reached	• Reduction in stigmatizing attitudes • Reduction in discrimination • Reduction in NIMBY
Protest		*Activities:* • Number of protests *Results:* • Changes in policies or procedures or actions	• Reduction in stigmatizing attitudes • Reduced numbers of discriminatory policies and practices

Attachment B

COUNTY OF SISKIYOU CONTRACT TEMPLATE

Attachment B

COUNTY OF SISKIYOU
CONTRACT FOR SERVICES
FOR BOARD OF SUPERVISORS SIGNATURE

This Contract is entered into on the date when it has been both approved by the Board and signed by all other parties to it.

COUNTY: Siskiyou County Health and Human Services Agency
Behavioral Health Division
2060 Campus Drive
Yreka, CA 96097
(530) 841-4100 Phone
(530) 841-4133 Fax

And

CONTRACTOR: NAME OF CONTRACTOR
ADDRESS
PHONE NUMBER
FAX NUMBER

ARTICLE 1. TERM OF CONTRACT

1.01 Contract Term: This Contract shall become effective on _____ and shall terminate on _____, unless terminated in accordance with the provisions of Article 7 of this Contract or as otherwise provided herein.

ARTICLE 2. INDEPENDENT CONTRACTOR STATUS

2.01 Independent Contractor: It is the express intention of the parties that Contractor is an independent contractor and not an employee, agent, joint venture or partner of County. Nothing in this Contract shall be interpreted or construed as creating or establishing the relationship of employer and employee between County and Contractor or any employee or agent of Contractor. Both parties acknowledge that Contractor is not an employee for state or federal tax purposes. Contractor shall retain the right to perform services for others during the term of this Contract.

ARTICLE 3. SERVICES

3.01 Scope of Services: Contractor agrees to furnish the following services: Contractor shall provide the services described in Exhibit “A” attached hereto.

No additional services shall be performed by Contractor unless approved in advance in writing by the County stating the dollar value of the services, the method of payment, and any adjustment in contract time or other contract terms.

All such services are to be coordinated with County and the results of the work shall be monitored by the Health and Human Services Agency Director or his or her designee.

To the extent that Exhibit A contains terms in conflict with this Contract or to the extent that it seeks to supplement a provision regarding a subject already fully addressed in this Contract, including a clause similar to this seeking to render its language superior to conflicting language in this Contract, such language is hereby expressly deemed null and void by all parties upon execution of this Contract.

3.02 Method of Performing Services: Contractor will determine the method, details, and means of performing the above-described services including measures to protect the safety of the traveling public and Contractor's employees. County shall not have the right to, and shall not, control the manner or determine the method of accomplishing Contractor's services.

3.03 Employment of Assistants: Contractor may, at the Contractor's own expense, employ such assistants as Contractor deems necessary to perform the services required of Contractor by this Contract. County may not control, direct, or supervise Contractor's assistants or employees in the performance of those services.

ARTICLE 4. COMPENSATION

4.01 Compensation: In consideration for the services to be performed by Contractor, County agrees to pay Contractor in proportion to services satisfactorily performed as specified in Exhibit "A". Payment shall not exceed amount appropriated by the Board of Supervisors for such services for the fiscal year.

4.02 Invoices: Contractor shall submit original detailed invoices for all services being rendered.

4.03 Date for Payment of Compensation: County shall pay within 30 days of receipt of invoices from the Contractor to the County, and approval and acceptance of the work by the County.

4.04 Expenses: Contractor shall be responsible for all costs and expenses incident to the performance of services for County, including but not limited to, all costs of materials, equipment, all fees, fines, licenses, bonds or taxes required of or imposed against Contractor and all other of Contractor's costs of doing business. County shall not be responsible for any expense incurred by Contractor in performing services for County.

ARTICLE 5. OBLIGATIONS OF CONTRACTOR

5.01 Contractor Qualifications: Contractor warrants that Contractor has the necessary licenses, experience and technical skills to provide services under this Contract.

5.02 Contract Management: Contractor shall report to the Health and Human Services Agency Director or his or her designee who will review the activities and performance of the Contractor and administer this Contract.

5.03 Tools and Instrumentalities: Contractor will supply all tools and instrumentalities required to perform the services under this Contract. Contractor is not required to purchase or rent any tools, equipment or services from County.

5.04 Workers' Compensation: Contractor shall maintain a workers' compensation plan covering all its employees as required by California Labor Code Section 3700, either through workers' compensation insurance issued by an insurance company or through a plan of self-insurance certified by the State Director of Industrial Relations. If Contractor elects to be self-insured, the certificate of insurance otherwise required by this Contract shall be replaced with a consent to self-insure issued by the State Director of Industrial Relations. Proof of such insurance shall be provided before any work is commenced under this contract. No payment shall be made unless such proof of insurance is provided.

5.05 Indemnification: Contractor shall indemnify and hold County harmless against any and all liability imposed or claimed, including attorney's fees and other legal expenses, arising directly or indirectly from any act or failure of Contractor or Contractor's assistants, employees or agents, including all claims relating to the injury or death of any person or damage to any property. Contractor agrees to maintain a policy of liability insurance in the minimum amount of ($1,000,000) One Million Dollars, to cover such claims or in an amount determined appropriate by the County Risk Manager. If the amount of insurance is reduced by the County Risk Manager such reduction must be in writing. Contractor shall furnish a certificate of insurance evidencing such insurance and naming the County as an additional insured for the above-cited liability coverage prior to commencing work. It is understood that the duty of Contractor to indemnify and hold harmless includes the duty to defend as set forth in Section 2778 of the California Civil Code. Acceptance by County of insurance certificates and endorsements required under this Contract does not relieve Contractor from liability or limit Contractor's liability under this indemnification and hold harmless clause. This indemnification and hold harmless clause shall apply to any damages or claims for damages whether or not such insurance policies shall have been determined to apply. By execution of this Contract, Contractor acknowledges and agrees to the provisions of this Section and that it is a material element of consideration.

5.06 General Liability and Automobile Insurance: During the term of this Contract, Contractor shall obtain and keep in full force and effect a commercial, general liability and automobile policy or policies of at least ($1,000,000) One Million Dollars, combined limit for bodily injury and property damage; the County, its officers, employees, volunteers and agents are to be named additional insured under the policies, and the policies shall stipulate that this insurance will operate as primary insurance for work performed by Contractor and its sub-contractors, and that no other insurance effected by County or other named insured will be

called on to cover a loss covered thereunder. All insurance required herein shall be provided by a company authorized to do business in the State of California and possess at least a Best A:VII rating or as may otherwise be acceptable to County. The General Liability insurance shall be provided by an ISO Commercial General Liability policy, with edition dates of 1985, 1988, or 1990 or other form satisfactory to County. The County will be named as an additional insured using ISO form CG 2010 1185 or the same form with an edition date no later than 1990, or in other form satisfactory to County.

5.07 Certificate of Insurance and Endorsements: Contractor shall obtain and file with the County prior to engaging in any operation or activity set forth in this Contract, certificates of insurance evidencing additional insured coverage as set forth in paragraphs 5.04 and 5.10 and which shall provide that no cancellation, reduction in coverage or expiration by the insurance company will be made during the term of this Contract, without thirty (30) days written notice to County prior to the effective date of such cancellation. **Naming the County as a "Certificate Holder" or other similar language is NOT sufficient satisfaction of the requirement.** Prior to commencement of performance of services by Contractor and prior to any obligations of County, contractor shall file certificates of insurance with County showing that Contractor has in effect the insurance required by this Contract. Contractor shall file a new or amended certificate on the certificate then on file. **If changes are made during the term of this Contract, no work shall be performed under this agreement, and no payment may be made until such certificate of insurance evidencing the coverage in paragraphs, 5.05, the general liability policy set forth in 5.06 and 5.10 are provided to County.**

5.08 Public Employees Retirement System (CalPERS): In the event that Contractor or any employee, agent, or subcontractor of Contractor providing services under this Contract is determined by a court of competent jurisdiction or the Public Employees Retirement System (CalPERS) to be eligible for enrollment in CalPERS as an employee of the County, Contractor shall indemnify, defend, and hold harmless County for the payment of any employee and/or employer contributions of CalPERS benefits on behalf of Contractor or its employees, agents, or subcontractors, as well as for the payment of any penalties and interest on such contributions, which would otherwise be the responsibility of County. Contractor understands and agrees that his personnel are not, and will not be, eligible for memberships in, or any benefits from, any County group plan for hospital, surgical or medical insurance, or for membership in any County retirement program, or for paid vacation, paid sick leave, or other leave, with or without pay, or for any other benefit which accrues to a County employee.

5.09 IRS/FTB Indemnity Assignment: Contractor shall defend, indemnify, and hold harmless the County, its officers, agents, and employees, from and against any adverse determination made by the Internal Revenue Service of the State Franchise Tax Board with respect to Contractor's "independent contractor" status that would establish a liability for failure to make social security and income tax withholding payments.

5.10 Professional Liability: If Contractor or any of its officers, agents, employees, volunteers, contactors or subcontractors are required to be professionally licensed or certified by any agency of the State of California in order to perform any of the work or services identified herein, Contractor shall procure and maintain in force throughout the duration of the Contract a professional liability insurance policy with a minimum coverage level of ($1,000,000) One Million Dollars, or as determined in writing by County's Risk Management Department.

5.11 State and Federal Taxes: As Contractor is not County's employee, Contractor is responsible for paying all required state and federal taxes. In particular:

a. County will not withhold FICA (Social Security) from Contractor's payments;

b. County will not make state or federal unemployment insurance contributions on behalf of Contractor.

c. County will not withhold state or federal income tax from payment to Contractor.

d. County will not make disability insurance contributions on behalf of Contractor.

e. County will not obtain workers' compensation insurance on behalf of Contractor.

5.12 Records: All reports and other materials collected or produced by the Contractor or any subcontractor of Contractor shall, after completion and acceptance of the Contract, become the property of County, and shall not be subject to any copyright claimed by the Contractor, subcontractor, or their agents or employees. Contractor may retain copies of all such materials exclusively for administration purposes. Any use of completed or uncompleted documents for other projects by Contractor, any subcontractor, or any of their agents or employees, without the prior written consent of County is prohibited. It is further understood and agreed that all plans, studies, specifications, data magnetically or otherwise recorded on computer or computer diskettes, records, files, reports, etc., in possession of the Contractor relating to the matters covered by this Contract shall be the property of the County, and Contractor hereby agrees to deliver the same to the County upon request. It is also understood and agreed that the documents and other materials including but not limited to those set forth hereinabove, prepared pursuant to this Contract are prepared specifically for the County and are not necessarily suitable for any future or other use.

5.13 Contractor's Books and Records: Contractor shall maintain any and all ledgers, books of account, invoices, vouchers, canceled checks, and other records or documents evidencing or relating to charges for services or expenditures and disbursements charged to the County for a minimum of five (5) years, or for any longer period required by law, from the date of final payment to the Contractor under this Contract. Any records or documents required to be maintained shall be made available for inspection, audit and/or copying at any time during regular business hours, upon oral or written request of the County.

5.14 Assignability of Contract: It is understood and agreed that this Contract contemplates personal performance by the Contractor and is based upon a determination of its unique personal competence and experience and upon its specialized personal knowledge. Assignments of any or all rights, duties or obligations of the Contractor under this Contract will be permitted only with the express written consent of the County.

5.15 Warranty of Contractor: Contractor warrants that it, and each of its personnel, where necessary, are properly certified and licensed under the laws and regulations of the State of California to provide the special services agreed to.

5.16 Withholding for Non-Resident Contractor: Pursuant to California Revenue and Taxation Code Section 18662, payments made to nonresident independent contractors, including corporations and partnerships that do not have a permanent place of business in this state, are subject to 7 percent state income tax withholding.

Withholding is required if the total yearly payments made under this contract exceed $1,500.00.

Unless the Franchise Tax Board has authorized a reduced rate or waiver of withholding and County is provided evidence of such reduction/waiver, all nonresident contractors will be subject to the withholding. It is the responsibility of the Contractor to submit the Waiver Request (Form 588) to the Franchise Tax Board as soon as possible in order to allow time for the Franchise Tax Board to review the request.

5.17 Compliance with Child, Family and Spousal Support Reporting Obligations: Contractor's failure to comply with state and federal child, family and spousal support reporting requirements regarding contractor's employees or failure to implement lawfully served wage and earnings assignment orders or notices of assignment relating to child, family and spousal support obligations shall constitute a default under this Contract. Contractor's failure to cure such default within ninety (90) days of notice by County shall be grounds for termination of this Contract.

5.18 Conflict of Interest: Contractor covenants that it presently has no interest and shall not acquire an interest, direct or indirect, financial or otherwise, which would conflict in any manner or degree with the performance of the services hereunder. Contractor further covenants that, in the performance of this Contract, no subcontractor or person having such an interest shall be used or employed. Contractor certifies that no one who has or will have any financial interest under this contract is an officer or employee of County.

5.19 Compliance with Applicable Laws: Contractor shall comply with all applicable federal, state and local laws now or hereafter in force, and with any applicable regulations, in performing the work and providing the services specified in this Contract. This obligation includes, without limitations, the acquisition and

maintenance of any permits, licenses, or other entitlements necessary to perform the duties imposed expressly or impliedly under this Contract.

5.20 Bankruptcy: Contractor shall immediately notify County in the event that Contractor ceases conducting business in the normal manner, becomes insolvent, makes a general assignment for the benefit of creditors, suffer or permits the appointment of a receiver for its business or assets, or avails itself of, or becomes subject to, any proceeding under the Federal Bankruptcy Act or any other statute of any state relating to insolvency or protection of the rights of creditors.

5.21 Health Insurance Portability and Accountability Act (HIPAA): Contractor agrees to the terms and conditions set forth in the "Business Associates Agreement" attached hereto as Exhibit "C" and those terms and conditions are hereby incorporated into the Contract by reference. Additionally, Contractor shall comply with, and assist SCHHSA in complying with, the privacy and security requirements of the Health Insurance Portability and Accountability Act (HIPAA), as follows.

A. Use or Disclosure of Protected Health Information: Contractor may use or disclose protected health information (PHI) to perform its obligations under the Contract, provided that such use or disclosure does not violate this Agreement, is not prohibited by the Health Insurance Portability and Accountability Act (HIPAA) including, but not limited to, the provisions of Title 42, United States Code, Section 1320d et seq. and Title 45, Code of Federal Regulations (C.F.R.), Parts 142, 160, 162 and 164, or does not exceed the scope of how County could use or disclose the information.

Contractor shall not use, disclose or allow the disclosure of PHI except as permitted herein or as required or authorized by law. Contractor shall implement appropriate safeguards to prevent use or disclosure of PHI other than as provided herein. At the request of and in the time and manner designated by County, Contractor shall provide access to PHI in a designated record set as required by 45 C.F.R. Section 164.524. Contractor shall report to County any use or disclosure of PHI not provided for herein or HIPAA regulations.

If Contractor provides PHI to a third party, including officers, agents, employees, volunteers, contractors and subcontractors, pursuant to the terms of the Contract, Contractor shall ensure that the third party complies with all HIPAA regulations and the terms set forth herein.

B. Documentation and Accounting of Uses and Disclosures: Contractor shall document any disclosures of PHI in a manner that would allow County to respond to a request for an accounting of disclosures of PHI in accordance with 45 C.F.R. Section 164.528. Contractor shall provide County, in a time and manner designated by County, all information necessary to respond to a request for an accounting of disclosures of PHI.

C. Amendments to Designated Record Sets: In accordance with 45 C.F.R. Section 164.526, Contractor agrees to amend PHI in its possession as requested by an individual or as directed by County, in a time and manner designated by County.

D. Access to Records: Contractor shall make available to County or the Secretary of the United States Department of Health and Human Services (HHS), in the time and manner designated by County or HHS, any records related to the use, disclosure and privacy protections of PHI for the purpose of investigating or auditing County's compliance with HIPAA regulations.

E. Termination of Agreement: Upon County's knowledge of a material breach of these provisions or HIPAA regulations, County shall, at its option, either provide Contractor with an opportunity to cure the breach or immediately terminate this Contract. If Contractor is given an opportunity to cure the breach but fails to do so within the time specified by County, County may terminate the Contract without further notice.

F. Destruction of PHI: Upon termination of this Contract, Contractor shall return to County all PHI required to be retained and return or destroy all other PHI to comply with HIPAA regulations. This provision shall apply to PHI in the possession of Contractor's officers, agents, employees, volunteers, contractors and subcontractors who shall retain no copies of the PHI. If Contractor determines that returning or destroying the PHI is not feasible, Contractor shall provide County with notice specifying the conditions that make return or destruction not feasible. If County agrees that return of the PHI is not feasible, Contractor shall continue to extend the protections of this provision to the PHI for so long as Contractor or its officers, agents, employees, volunteers, contractors or subcontractors maintain such PHI.

5.22 Nondiscrimination: Contractor agrees to the terms and conditions set forth in the "Nondiscrimination in State and Federally-Assisted Programs" addendum, attached hereto as Exhibit "B" and those terms and conditions are hereby incorporated into the Contract by reference.

5.23 Grievance Procedure: If Contractor is required by ordinance, regulation, policy, the California Department of Social Services, County or other authority to have a procedure for filing and considering grievances, Contractor shall provide County with a copy of Contractor's grievance procedure prior to providing services under this Contract.

5.24 Child Abuse and Neglect Reporting: Contractor shall comply with all state and federal laws pertaining to the reporting of child abuse and/or neglect. Contractor's officers, employees, agents and volunteers shall report all known or suspected instances of child abuse and/or neglect to the Child Protective Services agency or other agency as required by Penal Code Section 11164 et seq.

5.25 Confidentiality: All information and records obtained in the course of providing services under this Agreement shall be confidential pursuant to Section 5328 of the Welfare and Institutions Code in accordance with applicable State and Federal law.

5.26 Patients' Rights: Contractor shall give the patients notice of their rights pursuant to and in compliance with: California Welfare and Institutions Code Section 5325 and 5325.1; California Administrative Code, Title 9, Chapter 1, Subchapter 4, Article 6. In addition, in all facilities providing the services described herein, the Contractor shall have prominently posted in the predominant languages of the community a list of the patient's rights.

ARTICLE 6. OBLIGATIONS OF COUNTY

6.01 Cooperation of County: County agrees to comply with all reasonable requests of Contractor (to provide reasonable access to documents and information as permitted by law) necessary to the performance of Contractor's duties under this Contract.

ARTICLE 7. TERMINATION

7.01 Termination on Occurrence of Stated Events: This Contract shall terminate automatically on the occurrence of any of the following events:

1. Bankruptcy or insolvency of Contractor
2. Death of Contractor

7.02 Termination by County for Default of Contractor: Should Contractor default in the performance of this Contract or materially breach any of its provisions, County, at County's option, may terminate this Contract by giving written notification to Contractor.

7.03 Termination for Convenience of County: County may terminate this Contract at any time by providing a notice in writing to Contractor that the Contract is terminated. Said Contract shall then be deemed terminated and no further work shall be performed by Contractor. If the Contract is so terminated, the Contractor shall be paid for that percentage of the phase of work actually completed, based on a pro rata portion of the compensation for said phase satisfactorily completed at the time of notice of termination is received.

7.04 Termination of Funding: County may terminate this Contract in any fiscal year in that it is determined there is not sufficient funding. California Constitution Article XVI Section 18.

ARTICLE 8. GENERAL PROVISIONS

8.01 Notices: Any notices to be given hereunder by either party to the other may be effected either by personal delivery in writing or by mail, registered or certified,

postage prepaid or return receipt requested. Mailed notices shall be addressed to the parties at the addresses appearing in the introductory paragraph of this Contract, but each party may change the address by written notice in accordance with the paragraph. Notices delivered personally will be deemed communicated as of actual receipt; mailed notices will be deemed communicated as of two (2) days after mailing.

8.02 Entire Agreement of the Parties: This contract supersedes any and all contracts, either oral or written, between the Parties hereto with respect to the rendering of services by Contractor for County and contains all the covenants and contracts between the parties with respect to the enduring of such services in any manner whatsoever. Each Party to this Contract acknowledges that no representations, inducements, promises, or contract, orally or otherwise, have been made by any party, or anyone acting on behalf of any Party, which are not embodied herein, and that no other contract, statement, or promise not contained in this Contract shall be valid or binding. Any modification of this Contract will be effective only if it is in writing signed by the Party to be charged and approved by the County as provided herein or as otherwise required by law.

8.03 Partial Invalidity: If any provision in this Contract is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will nevertheless continue in full force without being impaired or invalidated in any way.

8.04 Attorney's Fees: If any action at law or in equity, including an action for declaratory relief, is brought to enforce or interpret the provisions of this Contract, the prevailing Party will be entitled to reasonable attorney's fees, which may be set by the court in the same action or in a separate action brought for that purpose, in addition to any other relief to which that party may be entitled.

8.05 Conformance to Applicable Laws: Contractor shall comply with the standard of care regarding all applicable federal, state and county laws, rules and ordinances. Contractor shall not discriminate in the employment of persons who work under this contract because of race, the color, national origin, ancestry, disability, sex or religion of such person.

8.06 Waiver: In the event that either County or Contractor shall at any time or times waive any breach of this Contract by the other, such waiver shall not constitute a waiver of any other or succeeding breach of this Contract, whether of the same or any other covenant, condition or obligation.

8.07 Governing Law: This Contract and all matters relating to it shall be governed by the laws of the State of California and the County of Siskiyou and any action brought relating to this Contract shall be brought exclusively in a state court in the County of Siskiyou.

8.08 Reduction of Consideration: Contractor agrees that County shall have the right to deduct from any payments contracted for under this Contract any amount

owed to County by Contractor as a result of any obligation arising prior or subsequent to the execution of this contract. For purposes of this paragraph, obligations arising prior to the execution of this contract may include, but are not limited to any property tax, secured or unsecured, which tax is in arrears. If County exercises the right to reduce the consideration specified in this Contract, County shall give Contractor notice of the amount of any off-set and the reason for the deduction.

8.09 Negotiated Contract: This Contract has been arrived at through negotiation between the parties. Neither party is to be deemed the party which prepared this Contract within the meaning of California Civil Code Section 1654. Each party hereby represents and warrants that in executing this Contract it does so with full knowledge of the rights and duties it may have with respect to the other. Each party also represents and warrants that it has received independent legal advice from its attorney with respect to the matters set forth in this Contract and the rights and duties arising out of this Contract, or that such party willingly foregoes any such consultation.

8.10 Time is of the Essence: Time is of the essence in the performance of this Contract.

8.11 Materiality: The parties consider each and every term, covenant, and provision of this Contract to be material and reasonable.

8.12 Authority and Capacity: Contractor and Contractor's signatory each warrant and represent that each has full authority and capacity to enter into this Contract.

8.13 Binding on Successors: All of the conditions, covenants and terms herein contained shall apply to, and bind, the heirs, successors, executors, administrators and assigns of Contractor. Contractor and all of Contractor's heirs, successors, executors, administrators, and assigns shall be jointly and severally liable under the Contract.

8.14 Cumulation of Remedies: All of the various rights, options, elections, powers and remedies of the parties shall be construed as cumulative, and no one of them exclusive of any other or of any other legal or equitable remedy which a party might otherwise have in the event of a breach or default of any condition, covenant or term by the other party. The exercise of any single right, option, election, power or remedy shall not, in any way, impair any other right, option, election, power or remedy until all duties and obligations imposed shall have been fully performed.

8.15 No Reliance On Representations: Each party hereby represents and warrants that it is not relying, and has not relied upon any representation or statement made by the other party with respect to the facts involved or its rights or duties. Each party understands and agrees that the facts relevant, or believed to be relevant to this Contract, may hereunder turn out to be other than, or different from the facts now known to such party as true, or believed by such party to be

true. The parties expressly assume the risk of the facts turning out to be different and agree that this Contract shall be effective in all respects and shall not be subject to rescission by reason of any such difference in facts.

(SIGNATURES ON FOLLOWING PAGE)

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the dates set forth below, each signatory represents that they have the authority to execute this agreement and to bind the Party on whose behalf their execution is made.

COUNTY OF SISKIYOU:

Date: _____

_____
ED VALENZUELA, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

CONTRACTOR: [Name of contractor]

Date: _____

_____
[Contractor Signatory Name and Designate official capacity in the business]

Date: _____

_____
[Contractor Signatory Name and Designate official capacity in the business]

License No.:_____
(Licensed in accordance with an act providing for the registration of contractors)

Note to Contractor: For corporations, the contract must be signed by two officers. The first signature must be that of the chairman of the board, president or vice-president; the second signature must be that of the secretary, assistant secretary, chief financial officer or assistant treasurer. (Civ. Code, Sec. 1189 & 1190 and Corps. Code, Sec. 313.)

TAXPAYER I.D. On File

ACCOUNTING:
Fund Organization Account Activity Code (if applicable)

Encumbrance number

If not to exceed, include amount not to exceed:

Exhibit “A”

I. Scope of Services

II. Compensation

Exhibit “B”

ASSURANCE OF COMPLIANCE WITH THE SISKIYOU COUNTY HEALTH AND HUMAN SERVICES AGENCY – BEHAVIORAL HEALTH DIVISION NONDISCRIMINATION IN STATE AND FEDERALLY – ASSISTED PROGRAMS

CONTRACTOR HEREBY AGREES THAT it will comply with the nondiscrimination provisions of this contract as further described below and referenced in the California Department of Health Care Services Specialty Mental Health Services Agreement Exhibit E, Section 3 -

1) Consistent with the requirements of applicable federal law such as 42 C.F.R. §§ 438.6(d)(3) and (4) or state law, the Contractor shall not engage in any unlawful discriminatory practices in the admission of beneficiaries, assignments of accommodations, treatment, evaluation, employment of personnel, or in any other respect on the basis of race, color, gender, religion, marital status, national origin, age, sexual preference or mental or physical handicap. The Contractor will not discriminate against beneficiaries on the basis of health status or need for health care services, pursuant to 42 C.F.R. § 438.6(d)(3).

2) The Contractor shall comply with the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, pertaining to the prohibition of discrimination against qualified handicapped persons in all federally assisted programs or activities, as detailed in regulations signed by the Secretary of Health and Human Services, effective June 2, 1977, and found in the Federal Register, Volume 42, No. 86, dated May 4, 1977.

Contractor agrees this assurance is binding on the vendor/recipient directly or through contract, license, or other provider services, as long as it received federal or state assistance.

Exhibit “C”

BUSINESS ASSOCIATES AGREEMENT
UNDER THE HEALTH INSURANCE PORTABILITY AND
ACCOUNTABILITY ACT OF 1996 (HIPAA)

Siskiyou County Health and Human Services Agency, Behavioral Health Division (“County”) is a Covered Entity as defined by, and subject to the requirements and prohibitions of, the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA), and regulations promulgated thereunder, including the Privacy, Security, Breach Notification, and Enforcement Rules at 45 Code of Federal Regulations (C.F.R.) Parts 160 and 164 (collectively, the "HIPAA Rules").

Contractor performs or provides functions, activities or services to County that require Contractor, in order to provide such functions, activities or services, to create, access, receive, maintain, and/or transmit information that includes or that may include Protected Health Information, as defined by the HIPAA Rules. As such, Contractor is a Business Associate as defined by the HIPAA Rules, and is therefore subject to those provisions of the HIPAA Rules that are applicable to Business Associates.

The HIPAA Rules require a written agreement ("Business Associate Agreement") between County and Contractor in order to mandate certain protections for the privacy and security of Protected Health Information, and these HIPAA Rules prohibit the disclosure to or use of Protected Health Information by Contractor if such an agreement is not in place.

This Business Associate Agreement and its provisions are intended to protect the privacy and provide for the security of Protected Health Information disclosed to or used by Contractor in compliance with the HIPAA Rules.

Therefore, the parties agree as follows:

1. DEFINITIONS

1.1 "Breach" has the same meaning as the term "breach" at 45 C.F.R. § 164.402.

1.2 "Business Associate" has the same meaning as the term "business associate" at 45 C.F.R. § 160.103. For the convenience of the parties, a "business associate" is a person or entity, other than a member of the workforce of covered entity, who performs functions or activities on behalf of, or provides certain services to, a covered entity that involve access by the business associate to Protected Health Information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits Protected Health Information on behalf of another business associate. And in reference to the party to this Business Associate Agreement "Business Associate" shall mean Contractor.

1.3 "Covered Entity" has the same meaning as the term “covered entity” at 45 C.F.R. § 160.103, and in reference to the party to this Business Associate Agreement, "Covered Entity" shall mean Siskiyou County Health and Human Services Agency, Behavioral Health Division.

1.4 "Data Aggregation" has the same meaning as the term "data aggregation" at 45 C.F.R. § 164.501.

1.5 "De-identification" refers to the de-identification standard at 45 C.F.R. § 164.514.

1.6 "Designated Record Set" has the same meaning as the term "designated record set" at 45 C.F.R. § 164.501.

1.7 "Disclose" and "Disclosure" mean, with respect to Protected Health Information, the release, transfer, provision of access to, or divulging in any other manner of Protected Health Information outside Business Associate's internal operations or to other than its workforce. (See 45 C.F.R. § 160.103.)

1.8 "Electronic Health Record" means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. (See 42 U.S. C. § 17921.)

1.9 "Electronic Media" has the same meaning as the term "electronic media" at 45 C.F.R. § 160.103. For the convenience of the parties, electronic media means (1) Electronic storage material on which data is or may be recorded electronically, including, for example, devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; (2) Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the Internet, extranet or intranet, leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media if the information being exchanged did not exist in electronic form immediately before the transmission.

1.10 "Electronic Protected Health Information" has the same meaning as the term "electronic protected health information" at 45 C.F.R. § 160.103, limited to Protected Health Information created or received by Business Associate from or on behalf of Covered Entity. For the convenience of the parties, Electronic Protected Health Information means Protected Health Information that is (i) transmitted by electronic media; (ii) maintained in electronic media.

1.11 "Health Care Operations" has the same meaning as the term "health care operations" at 45 C.F.R. § 164.501.

1.12 "Individual" has the same meaning as the term "individual" at 45 C.F.R. § 160.103. For the convenience of the parties, Individual means the person who is the subject of Protected Health Information and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502 (g).

1.13 "Law Enforcement Official" has the same meaning as the term "law enforcement official" at 45 C.F.R. § 164.103.

1.14 "Minimum Necessary" refers to the minimum necessary standard at 45 C.F.R. § 162.502 (b).

1.15 "Protected Health Information" has the same meaning as the term "protected health information" at 45 C.F.R. § 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity. For the convenience of the parties, Protected Health Information includes information that (i) relates to the past,

present or future physical or mental health or condition of an Individual; the provision of health care to an Individual, or the past, present or future payment for the provision of health care to an Individual; (ii) identifies the Individual (or for which there is a reasonable basis for believing that the information can be used to identify the Individual); and (iii) is created, received, maintained, or transmitted by Business Associate from or on behalf of Covered Entity, and includes Protected Health Information that is made accessible to Business Associate by Covered Entity. “Protected Health Information” includes Electronic Protected Health Information.

1.16 “Required by Law” " has the same meaning as the term "required by law" at 45 C.F.R. § 164.103.

1.17 "Secretary" has the same meaning as the term "secretary" at 45 C.F.R. § 160.103

1.18 "Security Incident” has the same meaning as the term "security incident" at 45 C.F.R. § 164.304.

1.19 "Services” means, unless otherwise specified, those functions, activities, or services in the applicable underlying Agreement, Contract, Master Agreement, Work Order, or Purchase Order or other service arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

1.20 "Subcontractor" has the same meaning as the term "subcontractor" at 45 C.F.R. § 160.103.

1.21 "Unsecured Protected Health Information" has the same meaning as the term “unsecured protected health information" at 45 C.F.R. § 164.402.

1.22 “Use” or “Uses” means, with respect to Protected Health Information, the sharing, employment, application, utilization, examination or analysis of such Information within Business Associate’s internal operations. (See 45 C.F.R § 164.103.)

1.23 Terms used, but not otherwise defined in this Business Associate Agreement, have the same meaning as those terms in the HIPAA Rules.

2. PERMITTED AND REQUIRED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

2.1 Business Associate may only Use and/or Disclose Protected Health Information as necessary to perform Services, and/or as necessary to comply with the obligations of this Business Associate Agreement.

2.2 Business Associate may Use Protected Health Information for de-identification of the information if de-identification of the information is required to provide Services.

2.3 Business Associate may Use or Disclose Protected Health Information as Required by Law.

2.4 Business Associate shall make Uses and Disclosures and requests for Protected Health Information consistent with the Covered Entity’s applicable Minimum Necessary policies and procedures.

2.5 Business Associate may Use Protected Health Information as necessary for the proper management and administration of its business or to carry out its legal responsibilities.

2.6 Business Associate may Disclose Protected Health Information as necessary for the proper management and administration of its business or to carry out its legal responsibilities, provided the Disclosure is Required by Law or Business Associate obtains reasonable assurances from the person to whom the Protected Health Information is disclosed (i.e., the recipient) that it will be held confidentially and Used or further Disclosed only as Required by Law or for the purposes for which it was disclosed to the recipient and the recipient notifies Business Associate of any instances of which it is aware in which the confidentiality of the Protected Health Information has been breached.

2.7 Business Associate may provide Data Aggregation services relating to Covered Entity's Health Care Operations if such Data Aggregation services are necessary in order to provide Services.

3. PROHIBITED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

3.1 Business Associate shall not Use or Disclose Protected Health Information other than as permitted or required by this Business Associate Agreement or as Required by Law.

3.2 Business Associate shall not Use or Disclose Protected Health Information in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by Covered Entity, except for the specific Uses and Disclosures set forth in Sections 2.5 and 2.6.

3.3 Business Associate shall not Use or Disclose Protected Health Information for de-identification of the information except as set forth in section 2.2.

4. OBLIGATIONS TO SAFEGUARD PROTECTED HEALTH INFORMATION

4.1 Business Associate shall implement, use, and maintain appropriate safeguards to prevent the Use or Disclosure of Protected Health Information other than as provided for by this Business Associate Agreement.

4.2 Business Associate shall comply with Subpart C of 45 C.F.R Part 164 with respect to Electronic Protected Health Information, to prevent the Use or Disclosure of such information other than as provided for by this Business Associate Agreement.

5. REPORTING NON-PERMITTED USES OR DISCLOSURES, SECURITY INCIDENTS, AND BREACHES OF UNSECURED PROTECTED HEALTH INFORMATION

5.1 Business Associate shall report to Covered Entity any Use or Disclosure of Protected Health Information not permitted by this Business Associate Agreement, any Security Incident, and/ or any Breach of Unsecured Protected Health Information as further described in Sections 5.1.1, 5.1.2, and 5.1.3.

5.1.1 Business Associate shall report to Covered Entity any Use or Disclosure of Protected Health Information by Business Associate, its employees, representatives, agents or Subcontractors not provided for by this Agreement of which Business Associate becomes aware.

5.1.2 Business Associate shall report to Covered Entity any Security Incident of which Business Associate becomes aware.

5.1.3. Business Associate shall report to Covered Entity any Breach by Business Associate, its employees, representatives, agents, workforce members, or Subcontractors of Unsecured Protected Health Information that is known to Business Associate or, by exercising reasonable diligence, would have been known to Business Associate. Business Associate shall be deemed to have knowledge of a Breach of Unsecured Protected Health Information if the Breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the Breach, who is an employee, officer, or other agent of Business Associate, including a Subcontractor, as determined in accordance with the federal common law of agency.

5.2 Except as provided in Section 5.3, for any reporting required by Section 5.1, Business Associate shall provide, to the extent available, all information required by, and within the times frames specified in, Sections 5.2.1 and 5.2.2.

5.2.1 Business Associate shall make an immediate telephonic report upon discovery of the non-permitted Use or Disclosure of Protected Health Information, Security Incident or Breach of Unsecured Protected Health Information to **(530) 841-4805** that minimally includes:

(a) A brief description of what happened, including the date of the non-permitted Use or Disclosure, Security Incident, or Breach and the date of Discovery of the non-permitted Use or Disclosure, Security Incident, or Breach, if known;

(b) The number of Individuals whose Protected Health Information is involved;

(c) A description of the specific type of Protected Health Information involved in the non-permitted Use or Disclosure, Security Incident, or Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved);

(d) The name and contact information for a person highly knowledge of the facts and circumstances of the non-permitted Use or Disclosure of PHI, Security Incident, or Breach

5.2.2 Business Associate shall make a written report without unreasonable delay and in no event later than three (3) business days from the date of discovery by Business Associate of the non-permitted Use or Disclosure of Protected Health Information, Security Incident, or Breach of Unsecured Protected Health Information and to the **Health and Human Services Agency Privacy Officer at: Dee Barton, Privacy Officer, Siskiyou County Health and Human Services Agency, 2060 Campus Drive, Yreka, CA 96097, dbarton1@co.siskiyou.ca.us, Phone: (530) 841-4805, Fax: (530) 841-4133,** that includes, to the extent possible:

(a) A brief description of what happened, including the date of the non-permitted Use or Disclosure, Security Incident, or Breach and the date of Discovery of the non-permitted Use or Disclosure, Security Incident, or Breach, if known;

(b) The number of Individuals whose Protected Health Information is involved;

(c) A description of the specific type of Protected Health Information involved in the non-permitted Use or Disclosure, Security Incident, or Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved);

(d) The identification of each Individual whose Unsecured Protected Health Information has been, or is reasonably believed by Business Associate to have been, accessed, acquired, Used, or Disclosed;

(e) Any other information necessary to conduct an assessment of whether notification to the Individual(s) under 45 C.F.R. § 164.404 is required;

(f) Any steps Business Associate believes that the Individual(s) could take to protect him or herself from potential harm from the non-permitted Use or Disclosure, Security Incident, or Breach;

(g) A brief description of what Business Associate is doing to investigate, to mitigate harm to the Individual(s), and to protect against any further similar occurrences; and

(h) The name and contact information for a person highly knowledge of the facts and circumstances of the non-permitted Use or Disclosure of PHI, Security Incident, or Breach.

5.2.3 If Business Associate is not able to provide the information specified in Section 5.2.1 or 5.2.2 at the time of the required report, Business Associate shall provide such information promptly thereafter as such information becomes available.

5.3 Business Associate may delay the notification required by Section 5.1.3, if a law enforcement official states to Business Associate that notification would impede a criminal investigation or cause damage to national security.

5.3.1 If the law enforcement official's statement is in writing and specifies the time for which a delay is required, Business Associate shall delay its reporting and/or notification obligation(s) for the time period specified by the official.

5.3.2 If the statement is made orally, Business Associate shall document the statement, including the identity of the official making the statement, and delay its reporting and/or notification obligation(s) temporarily and no longer than 30 days from the date of the oral statement, unless a written statement as described in Section 5.3.1 is submitted during that time.

6. WRITTEN ASSURANCES OF SUBCONTRACTORS

6.1 In accordance with 45 C.F.R. § 164.502 (e)(1)(ii) and § 164.308 (b)(2), if applicable, Business Associate shall ensure that any Subcontractor that creates, receives, maintains, or transmits Protected Health Information on behalf of Business Associate is made aware of its status as a Business Associate with respect to such information and that Subcontractor agrees in writing to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such information.

6.2 Business Associate shall take reasonable steps to cure any material breach or violation by Subcontractor of the agreement required by Section 6.1.

6.3 If the steps required by Section 6.2 do not cure the breach or end the violation, Contractor shall terminate, if feasible, any arrangement with Subcontractor by which Subcontractor creates, receives, maintains, or transmits Protected Health Information on behalf of Business Associate.

6.4 If neither cure nor termination as set forth in Sections 6.2 and 6.3 is feasible, Business Associate shall immediately notify CalMHSA.

6.5 Without limiting the requirements of Section 6.1, the agreement required by Section 6.1 (Subcontractor Business Associate Agreement) shall require Subcontractor to contemporaneously notify Covered Entity in the event of a Breach of Unsecured Protected Health Information.

6.6 Without limiting the requirements of Section 6.1, agreement required by Section 6.1 (Subcontractor Business Associate Agreement) shall include a provision requiring Subcontractor to destroy, or in the alternative to return to Business Associate, any Protected Health Information created, received, maintained, or transmitted by Subcontractor on behalf of Business Associate so as to enable Business Associate to comply with the provisions of Section 18.4.

6.7 Business Associate shall provide to Covered Entity, at Covered Entity's request, a copy of any and all Subcontractor Business Associate Agreements required by Section 6.1.

6.8 Sections 6.1 and 6.7 are not intended by the parties to limit in any way the scope of Business Associate's obligations related to Subcontracts or Subcontracting in the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

7. ACCESS TO PROTECTED HEALTH INFORMATION

7.1 To the extent Covered Entity determines that Protected Health Information is maintained by Business Associate or its agents or Subcontractors in a Designated Record Set, Business Associate shall, within two (2) business days after receipt of a request from Covered Entity, make the Protected Health Information specified by Covered Entity available to the Individual(s) identified by Covered Entity as being entitled to access and shall provide such Individuals(s) or other person(s) designated by Covered Entity with a copy the specified Protected Health Information, in order for Covered Entity to meet the requirements of 45 C.F.R. § 164.524.

7.2 If any Individual requests access to Protected Health Information directly from Business Associate or its agents or Subcontractors, Business Associate shall notify Covered Entity in writing within two (2) days of the receipt of the request. Whether access shall be provided or denied shall be determined by Covered Entity.

7.3 To the extent that Business Associate maintains Protected Health Information that is subject to access as set forth above in one or more Designated Record Sets electronically and if the Individual requests an electronic copy of such information, Business Associate shall provide the Individual with access to the Protected Health Information in the electronic form and format requested by the Individual, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as agreed to by Covered Entity and the Individual.

8. AMENDMENT OF PROTECTED HEALTH INFORMATION

8.1 To the extent Covered Entity determines that any Protected Health Information is maintained by Business Associate or its agents or Subcontractors in a Designated Record Set, Business Associate shall, within ten (10) business days after receipt of a written request from Covered Entity, make any amendments to such Protected Health Information that are requested by Covered Entity, in order for Covered Entity to meet the requirements of 45 C.F.R. § 164.526.

8.2 If any Individual requests an amendment to Protected Health Information directly from Business Associate or its agents or Subcontractors, Business Associate shall notify Covered Entity in writing within five (5) days of the receipt of the request. Whether an amendment shall be granted or denied shall be determined by Covered Entity.

9. ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

9.1 Business Associate shall maintain an accounting of each Disclosure of Protected Health Information made by Business Associate or its employees, agents, representatives or Subcontractors, as is determined by Covered Entity to be necessary in order to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.

9.1.1 Any accounting of disclosures provided by Business Associate under Section 9.1 shall include:

(a) The date of the Disclosure;

(b) The name, and address if known, of the entity or person who received the Protected Health Information;

(c) A brief description of the Protected Health Information Disclosed; and

(d) A brief statement of the purpose of the Disclosure.

9.1.2 For each Disclosure that could require an accounting under Section 9.1, Business Associate shall document the information specified in Section 9.1.1, and shall maintain the information for six (6) years from the date of the Disclosure.

9.2 Business Associate shall provide to Covered Entity, within ten (10) business days after receipt of a written request from Covered Entity, information collected in accordance with Section 9.1.1 to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528

9.3 If any Individual requests an accounting of disclosures directly from Business Associate or its agents or Subcontractors, Business Associate shall notify Covered Entity in writing within five (5) days of the receipt of the request, and shall provide the requested accounting of disclosures to the Individual(s) within 30 days. The information provided in the accounting shall be in accordance with 45 C.F.R. § 164.528.

10. COMPLIANCE WITH APPLICABLE HIPAA RULES

10.1 To the extent Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 C.F.R. Part 164, Business Associate shall comply with the requirements of Subpart E that apply to Covered Entity's performance of such obligation(s).

10.2 Business Associate shall comply with all HIPAA Rules applicable to Business Associate in the performance of Services.

11. AVAILABILITY OF RECORDS

11.1 Business Associate shall make its internal practices, books, and records relating to the Use and Disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity available to the Secretary for purposes of determining Covered Entity's compliance with the Privacy and Security Regulations.

11.2 Unless prohibited by the Secretary, Business Associate shall immediately notify Covered Entity of any requests made by the Secretary and provide Covered Entity with copies of any documents produced in response to such request.

12. MITIGATION OF HARMFUL EFFECTS

12.1 Business Associate shall mitigate, to the extent practicable, any harmful effect of a Use or Disclosure of Protected Health Information by Business Associate in violation of the requirements of this Business Associate Agreement that is known to Business Associate.

13. BREACH NOTIFICATION TO INDIVIDUALS

13.1 Business Associate shall, to the extent Covered Entity determines that there has been a Breach of Unsecured Protected Health Information by Business Associate, its employees, representatives, agents or Subcontractors, provide breach notification to the Individual in a manner that permits Covered Entity to comply with its obligations under 45 C.F.R. § 164.404.

13.1.1 Business Associate shall notify, subject to the review and approval of Covered Entity, each Individual whose Unsecured Protected Health

Information has been, or is reasonably believed to have been, accessed, acquired, Used, or Disclosed as a result of any such Breach.

13.1.2 The notification provided by Business Associate shall be written in plain language, shall be subject to review and approval by Covered Entity, and shall include, to the extent possible:

(a) A brief description of what happened, including the date of the Breach and the date of the Discovery of the Breach, if known;

(b) A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);

(c) Any steps the Individual should take to protect him or herself from potential harm resulting from the Breach;

(d) A brief description of what Business Associate is doing to investigate the Breach, to mitigate harm to Individual(s), and to protect against any further Breaches; and

(e) Contact procedures for Individual(s) to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

13.2 Covered Entity, in its sole discretion, may elect to provide the notification required by Section 13.1 and/or to establish the contact procedures described in Section 13.1.2.

13.3 Business Associate shall reimburse Covered Entity any and all costs incurred by Covered Entity, in complying with Subpart D of 45 C.F.R. Part 164, including but not limited to costs of notification, internet posting, or media publication, as a result of Business Associate's Breach of Unsecured Protected Health Information; Covered Entity shall not be responsible for any costs incurred by Business Associate in providing the notification required by 13.1 or in establishing the contact procedures required by Section 13.1.2.

14. INDEMNIFICATION

14.1 Business Associate shall indemnify, defend, and hold harmless Covered Entity, its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, expenses (including attorney and expert witness fees), and penalties and/or fines (including regulatory penalties and/or fines), arising from or connected with Business Associate's acts and/or omissions arising from and/or relating to this Business Associate Agreement, including, but not limited to, compliance and/or enforcement actions and/or activities, whether formal or informal, by the Secretary or by the Attorney General of the State of California.

14.2 Section 14.1 is not intended by the parties to limit in any way the scope of Business Associate's obligations related to Insurance and/or Indemnification in the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order,

or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

15. OBLIGATIONS OF COVERED ENTITY

15.1 Covered Entity shall notify Business Associate of any current or future restrictions or limitations on the Use or Disclosure of Protected Health Information that would affect Business Associate's performance of the Services, and Business Associate shall thereafter restrict or limit its own Uses and Disclosures accordingly.

15.2 Covered Entity shall not request Business Associate to Use or Disclose Protected Health Information in any manner that would not be permissible under Subpart E of 45 C.F.R. Part 164 if done by Covered Entity, except to the extent that Business Associate may Use or Disclose Protected Health Information as provided in Sections 2.3, 2.5, and 2.6.

16. TERM

16.1 Unless sooner terminated as set forth in Section 17, the term of this Business Associate Agreement shall be the same as the term of the applicable underlying Agreement, Contract, Participation Agreement, Master Agreement, Work Order, Purchase Order, or other service arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

16.2 Notwithstanding Section 16.1, Business Associate's obligations under Sections 11, 14, and 18 shall survive the termination or expiration of this Business Associate Agreement.

17. TERMINATION FOR CAUSE

17.1 In addition to and notwithstanding the termination provisions set forth in the applicable underlying Agreement, Contract, Participation Agreement, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, if either party determines that the other party has violated a material term of this Business Associate Agreement, and the breaching party has not cured the breach or ended the violation within the time specified by the non-breaching party, which shall be reasonable given the nature of the breach and/or violation, the non-breaching party may terminate this Business Associate Agreement.

17.2 In addition to and notwithstanding the termination provisions set forth in the applicable underlying Agreement, Contract, Participation Agreement, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, if either party determines that the other party has violated a material term of this Business Associate Agreement, and cure is not feasible, the non-breaching party may terminate this Business Associate Agreement immediately.

18. DISPOSITION OF PROTECTED HEALTH INFORMATION UPON TERMINATION OR EXPIRATION

18.1 Except as provided in Section 18.3, upon termination for any reason or expiration of this Business Associate Agreement, Business Associate shall return or, if agreed to

by Covered entity, shall destroy as provided for in Section 18.2, all Protected Health Information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, that Business Associate, including any Subcontractor, still maintains in any form. Business Associate shall retain no copies of the Protected Health Information.

18.2 Destruction for purposes of Section 18.2 and Section 6.6 shall mean that media on which the Protected Health Information is stored or recorded has been destroyed and/or electronic media have been cleared, purged, or destroyed in accordance with the use of a technology or methodology specified by the Secretary in guidance for rendering Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals.

18.3 Notwithstanding Section 18.1, in the event that return or destruction of Protected Health Information is not feasible or Business Associate determines that any such Protected Health Information is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities, Business Associate may retain that Protected Health Information for which destruction or return is infeasible or that Protected Health Information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities and shall return or destroy all other Protected Health Information.

18.3.1 Business Associate shall extend the protections of this Business Associate Agreement to such Protected Health Information, including continuing to use appropriate safeguards and continuing to comply with Subpart C of 45 C.F.R Part 164 with respect to Electronic Protected Health Information, to prevent the Use or Disclosure of such information other than as provided for in Sections 2.5 and 2.6 for so long as such Protected Health Information is retained, and Business Associate shall not Use or Disclose such Protected Health Information other than for the purposes for which such Protected Health Information was retained.

18.3.2 Business Associate shall return or, if agreed to by Covered entity, destroy the Protected Health Information retained by Business Associate when it is no longer needed by Business Associate for Business Associate's proper management and administration or to carry out its legal responsibilities.

18.4 Business Associate shall ensure that all Protected Health Information created, maintained, or received by Subcontractors is returned or, if agreed to by Covered entity, destroyed as provided for in Section 18.2.

19. AUDIT, INSPECTION, AND EXAMINATION

19.1 Covered Entity reserves the right to conduct a reasonable inspection of the facilities, systems, information systems, books, records, agreements, and policies and procedures relating to the Use or Disclosure of Protected Health Information for the purpose determining whether Business Associate is in compliance with the terms of this Business Associate Agreement and any non-compliance may be a basis for termination of this Business Associate Agreement and the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, as provided for in section 17.

19.2 Covered Entity and Business Associate shall mutually agree in advance upon the scope, timing, and location of any such inspection.

19.3 At Business Associate's request, and to the extent permitted by law, Covered Entity shall execute a nondisclosure agreement, upon terms and conditions mutually agreed to by the parties.

19.4 That Covered Entity inspects, fails to inspect, or has the right to inspect as provided for in Section 19.1 does not relieve Business Associate of its responsibility to comply with this Business Associate Agreement and/or the HIPAA Rules or impose on Covered Entity any responsibility for Business Associate's compliance with any applicable HIPAA Rules.

19.5 Covered Entity's failure to detect, its detection but failure to notify Business Associate, or its detection but failure to require remediation by Business Associate of an unsatisfactory practice by Business Associate, shall not constitute acceptance of such practice or a waiver of Covered Entity's enforcement rights under this Business Associate Agreement or the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

19.6 Section 19.1 is not intended by the parties to limit in any way the scope of Business Associate's obligations related to Inspection and/or Audit and/or similar review in the applicable underlying Agreement, Contract, Participation Agreement, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

20. MISCELLANEOUS PROVISIONS

20.1 Disclaimer. Covered Entity makes no warranty or representation that compliance by Business Associate with the terms and conditions of this Business Associate Agreement will be adequate or satisfactory to meet the business needs or legal obligations of Business Associate.

20.2 HIPAA Requirements. The Parties agree that the provisions under HIPAA Rules that are required by law to be incorporated into this Amendment are hereby incorporated into this Agreement.

20.3 No Third Party Beneficiaries. Nothing in this Business Associate Agreement shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

20.4 Construction. In the event that a provision of this Business Associate Agreement is contrary to a provision of the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, the provision of this Business Associate Agreement shall control. Otherwise, this Business Associate Agreement shall be construed under, and in accordance with, the terms of the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

20.5 Regulatory References. A reference in this Business Associate Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

20.6 Interpretation. Any ambiguity in this Business Associate Agreement shall be resolved in favor of a meaning that permits the parties to comply with the HIPAA Rules.

20.7 Amendment. The parties agree to take such action as is necessary to amend this Business Associate Agreement from time to time as is necessary for Covered Entity or Business Associate to comply with the requirements of the HIPAA Rules and any other privacy laws governing Protected Health Information.