

California Department of Aging (CDA)
Review of Mental Health Services Act (MHSA) Prevention & Early Intervention (PEI) Plans Submitted to/Approved by the
Mental Health Services Oversight and Accountability Commission (MHSOAC) As of 1-21-11 (Revised)

<u>County/City PEI Plan</u> <i>*Indicates Small County (Population < 200,000)</i> <u>MHSOAC Approval Date of PEI Plan</u>	<u>Older Adult-Specific PEI Program to be Funded (Yes/No)</u>	<u>Name of Older Adult –Specific PEI Program</u> <u>Community Needs & Priority Populations</u> <u>Older Adult-Specific PEI Program Highlights</u> <i>+ Indicates an Evidence-Base Practice (EBP) or Promising Practice (PP) Program Model</i>	<u># Older Adults/ Families To Be Served by Older Adult-Specific PEI Program</u> <u>(Unduplicated)</u>	<u>Funding Amount Requested for Older Adult-Specific PEI Program</u>	<u>Name of PEI Programs Targeting Multiple Ages including Older Adults</u> <u>Specific Age Groups Allocated Funding (Children, Youth, Families-C/Y; Transition Age Youth-TAY; Adults-A; Older Adults-OA)</u> <i>Indicate if Older Adults are not included in any PEI Plans</i>	<u>Total Funding Requested for PEI Programs Targeting Older Adults(Older Adult Specific and Multi-Age Programs)/ Total PEI Funds Requested (for all age groups)</u> <u>% of Total PEI Funds Allocated for Older Adults</u>
Alameda 11-3-08	Yes	<p><u>Mental Health-Primary Care Integration for Older Adults</u></p> <p>Community Needs & Priority Populations: Disparities in Access to Mental Health Services, Psycho-Social Impact of Trauma, Stigma/Discrimination, Suicide Risk, Trauma Exposed Individuals.</p> <p>Mental health screening/services will be provided to older adults in community clinics serving Latino and Asian Pacific Islanders (API) and in hospital ERs to reduce stigma and improve access to services for Latino and API elders. Mental Health Specialist “nested” in exam area of the primary care settings and available to primary care clients through a “warm hand-off” based on mental health screening results; Geriatric Assessment Response Team (GART) comprised of primary care and mental health specialists will be available to hospital ERs to provide assessment, brief treatment, linkage and referral to appropriate level of care.</p> <p>+Mendocino Community Health Clinics, CA (PP);</p>	215 (Annual target served for individuals and families)	\$733,152	<ul style="list-style-type: none"> • Stigma & Discrimination Reduction Campaign (C/Y, TAY, A, OA) • Outreach, Education & Consultation for the Latino, Asian Pacific Islander, South Asian/Afghan and Native American Communities (C/Y, TAY, A, OA) 	\$1,075,792/ \$4,891,876 21.9% of Funds Allocated for Older Adults

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		+Mountain Park Health Center, AZ (PP)				
Alpine* 7-13-09	No			0	<ul style="list-style-type: none"> Strengthening Families (C/Y, TAY, A, OA)-Indicates older adults on Form 3 but no mention of older adults in narrative or service strategies Second Step-Children & Youth Program (C/Y, TAY, A, OA)- Form 3 Indicates funding allocated to older adults but no mention of older adults in narrative/or service strategies 	\$45,550/ \$226,652 20% of Funds Allocated for Older Adults
Amador* 4-7-10	Yes	<u>Respite for Parenting Grandparents</u> Supports wellbeing and stress-reduction for grandparents raising grandchildren through respite care and educational workshops to mobilize their social support networks and help them better adapt to their role as primary caregivers. One third of Amador County's population is older adults, a concentration higher than the state and national average. 5.6% of Amador County's children are raised by a grandparent (national average, 5.2%) and 11% of households in Amador County are headed by older adults. Reasons include impacts of poverty, unemployment, marked increased in substance	20	\$37,260	<ul style="list-style-type: none"> Mental Health Liaison to Primary Care (TAY, A, OA) Promotores de Salud (TAY, A, OA) 	\$96,442/ \$417,195 23% of Funds Allocated for Older Adults

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Amador cont.		abuse among residents, particularly methamphetamine. Yet, grandparents are living in poverty, facing challenges with aging, isolation, depression, suicide.				
Berkeley City 3-9-09	No			0	<ul style="list-style-type: none"> Community Education/ Supports (TAY, A, OA) 	\$121,709/ \$966,700 12.5% Allocated for Older Adults
Butte 5-12-09	Yes	<u>Older Adult Suicide Prevention, Early Intervention & Education Program (OASP)</u> Community Needs & Priority Populations: Suicide Risk, Trauma Exposed Individuals Provide mental health screening/assessment to seniors experiencing isolation, loss, trauma, depression/suicide risk, complicated grief, substance use. Strategies include Brown Bag clinics (medication review), possible Friendship Line in partnership with Institute on Aging.	800/70	\$161,073	<ul style="list-style-type: none"> Integrated Primary Care & Mental Health (C/Y, TAY, A, OA) Mental Health Awareness (TAY, A, OA) African American Cultural Center (C/Y, TAY, A, OA) 	\$326,785/ \$1,823,300 17.9% Allocated for Older Adults
Calaveras* 4-16-09	No			0	<ul style="list-style-type: none"> Suicide Prevention (C/Y, TAY, A, OA) Grandparents Project (C/Y)- targets grandparents, other relatives raising grandchildren in narrative, but does not allocate funding to older adults on Budget Form 6. 	\$9,483/ \$291,000 3.2% Allocated for Older Adults

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Contra Costa cont.		competency and language capacity for communities speaking Spanish, Vietnamese, and at least one Asian language. Clients are referred from Adult Protective Services, senior centers, information/referral services, primary care and mental health providers, and sources. +Senior Peer Counseling Program Model-Santa Monica (PP) 2-Community Based Social Supports for Isolated Older Adults: Provide culturally-appropriate community-based social supports and activities for isolated older adults, including transportation.	200/0			
Del Norte* 9-1-10	No		0	0	No Multi-Age Programs Serving Older Adults <ul style="list-style-type: none"> Strengthening Families & Parent Support (C/Y, A) Reach for Success (C/Y,TAY) 	0/ \$415,800 0% Allocated for Older Adults
El Dorado* 11-19-09	Yes	<u>for Older Adults</u> Community Needs & Priority Populations: Disparities in Access, Psycho-Social Impact of Trauma, Stigma/Discrimination, Suicide Risk, Trauma Exposed Individuals, Individuals Experiencing Onset of SMI. Community education, early identification and	426/110	\$61,686	<ul style="list-style-type: none"> Wennem Wadati - A Native Path to Healing; (C/Y, TAY, A, OA) Health Disparities Initiative (C/Y,TAY,A,OA) 	\$89,897/ \$635,997 14.1% Allocated for Older Adults

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El Dorado* cont.		<p>intervention to mitigate the impact of late onset depression for seniors receiving home delivered meals who are isolated, have limited social supports and are at risk for depression and suicide. Enhance the existing home delivered meals program provided by County Human Services Department that serves 800 seniors. Provide education/training to staff, volunteers, clients and community on older adult mental health issues. Screen older adults and caregivers for depression. Provide brief treatment and/or referral as appropriate. Target Latino, Native American, African American, Asian populations. Provide link with Senior Peer Counseling, Friendly Visitor, Community Services & Supports (CSS) Wellness & Recovery Program.</p> <p>+Meals On Wheels MH Outreach Program Model-Redwood Coast Seniors Inc.(PP)</p> <p>+Gatekeeper Training (PP)-for drivers and volunteers of meals program, and community</p> <p>+Problem Solving Treatment Model (EBP)</p>				
Fresno 9-10-09	No			0	<ul style="list-style-type: none"> Integration of Primary Care & Mental Health (C/Y, TAY, A, OA)-Intervention at Federally Funded Clinics-Rural, Native American or Community Clinics for Indigent Care 	<p>\$1,181,324/ \$6,537,258</p> <p>18% Allocated for Older Adults</p>

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Fresno cont.					<ul style="list-style-type: none"> • Cultural-based Access and Navigation Specialists & Community-Based Peer Support (A,OA) • Horticultural Therapeutic Community Centers (TAY, A, OA) • First Onset Consumer & Family Support (TAY, A, OA) • Crisis & Acute Care Prevention/Early Intervention Project (TAY, A, OA) • Funding PEI Activities in CSS through PEI (C/Y,TAY,A, OA) 	
Glenn* 9-30-08	No			0	<ul style="list-style-type: none"> • Welcoming Line/Warm Phone Line (C/Y, TAY, A, OA)-Complements existing Crisis Line. +Applied Suicide Intervention Skills Training/ASIST (EBP) 	\$13,164/ \$155,300 8.4% Allocated for Older Adults
Humboldt* 1-15-09	No			0	<ul style="list-style-type: none"> • Suicide Prevention (C/Y, TAY, A, OA) • Stigma Reduction (C/Y, TAY, A, OA) 	\$53,181/ \$613,853 8.6 % Allocated for Older Adults

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Imperial* 7-13-09	No			0	<ul style="list-style-type: none"> Trauma Exposed Individuals (C/Y, TAY, OA) +PEARLS (EBP) embedded in the multi-age PEI Trauma Exposed Program for OA. 	\$296,638/ \$1,835,124 16.1 % Allocated for Older Adults
Inyo* 5-29-09	Yes	<u>Older Adult Prevention & Early Intervention Services</u> Community Needs & Priority Populations: Disparities in Access, Psycho-Social Impact of Trauma, Stigma/Discrimination, Suicide Risk, Trauma Exposed Individuals, Individuals Experiencing Onset of SMI. Early mental health screening and early intervention to older adults receiving services from Linkages, In Home Supportive Services (IHSS), Meals on Wheels. Provide linkage and support to promote access to mental health and healthcare services. Collaborate with and train agency partners to recognize signs/symptoms of mental illness in older adults and use brief screening tools. Agency partners include physicians, public health, home health, Adult Protective Services. Link family caregivers to support groups. Hire bilingual/bicultural staff to provide culturally sensitive services. +Gatekeeper Training (PP)	35/30	\$28,219		\$28,219/ \$150,000 18.8% Allocated for Older Adults

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Kern 10-1-09	Yes	<p><u>Senior Volunteer Outreach</u> Community Needs & Priority Populations: Disparities in Access, Psycho-Social Impact of Trauma, Suicide Risk, Trauma Exposed Individuals.</p> <p>Utilize trained senior volunteers who are culturally and linguistically competent to provide counseling and socialization support to at-risk older adults. Volunteers monitor for signs/symptoms of mental health needs, promote socialization and linkage with services and supports. Services targets older adults who are isolated, lonely, experiencing loss, grief, depression, substance use and are at risk for suicide, particularly seniors from ethnic/cultural populations in rural, geographically- isolated areas (African American, Asian/Pacific Islander, Hispanic/Latino, Filipino, Native American, Caucasian.) Program to recruit culturally aware Spanish-speaking counselors to work with Hispanic/Latino communities. Additional training in cultural competency and peer counseling skills are provided.</p> <p>+Santa Monica Senior Peer Counseling Program Model (PP).</p>	900/0	\$628,616	<ul style="list-style-type: none"> Integrated Physical and Behavioral Healthcare Project (C/Y, TAY, A, OA, Including military veterans) 	\$718,527/ \$3,859,069 18.6% Allocated for Older Adults
Kings* 5-18-10	No		0	0	<ul style="list-style-type: none"> In-Common (TAY, A, OA-20 individuals) (Elder provider support and social group; grief and transition for 	\$74,113/ \$1,265,919 5.8% of Funds Allocated

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Kings* cont.					older adults; prevention respite fund for elder caregivers)	for Older Adults
Lake* 2-25-10	Yes	<u>Older Adult Outreach and Prevention</u> Community Needs & Priority Populations: Disparities in Access, Psycho-Social Impact of Trauma, Stigma/Discrimination, Suicide Risk, Trauma Exposed Individuals, Individuals Experiencing Onset of Serious SMI, Underserved Cultural Populations. Develop Friendly Visitor Program to provide prevention/early intervention services for older adults in the northern part of county similar to existing Friendly Visitor Program in southern part. Peer volunteers trained to provide companionship to vulnerable homebound older adults, to offer individualized companionship, understanding, friendship and reassuring phone calls on a regular basis to seniors who have limited access to outside activities. Program will link with MHSA-funded Senior Peer Counseling Program. Specific outreach to Latino and Native American populations. +Friendly Visitor Program (PP)	48/0	\$20,000	<ul style="list-style-type: none"> Prevention and Early Intervention Coordination (C/Y, TAY, A, OA) Community-Based Wellness Centers (C/Y, TAY, A, OA) Mental Health Screening and Early Intervention (C/Y, TAY, A, OA) 	\$66,189/ \$410,000 16.1% of Funds Allocated for Older Adults

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Lassen* 4-15-09	No			0	<ul style="list-style-type: none"> • No PEI Plan Targets Adults or Older Adults One County PEI Plan- Supporting Lassen Families (CY, TAY) 	0/\$156,600 0% Allocated for Older Adults
Los Angeles 8-18-09	Yes	<u>Early Care & Support for Older Adults</u> Community Needs & Priority Populations: Disparities in Access; Psycho-Social Impact of Trauma; At-risk Children, Youth, Young Adult; Stigma/Discrimination; Suicide Risk; Trauma Exposed, Individuals Experiencing Onset of SMI, Children/Youth (C/Y) in Stressed Families, C/Y at Risk for School Failure, C/Y at Risk/Experiencing Juvenile Justice Involvement, Underserved Cultural Populations. Establish strategies to identify/link older adults who need mental health treatment but may be reluctant, hidden, unknown/unaware of need. Services provided to prevent/alleviate depressive disorders, provide brief mental health treatment, and address stigma to eliminate barrier to treatment before illness progresses. Services are targeted to older adults, family members, caregivers and others who interact with/provide services to seniors. Programs will provide culturally/ linguistically appropriate community education, screening, assessment, brief intervention, referral, linkage, follow-up to older adults, family members and caregivers. Outreach	Total: 30,095/ 10,026	\$9,026,660	<ul style="list-style-type: none"> • Trauma Recovery Services (C/Y, TAY, A, OA) • Primary Care & Behavioral Health (C/Y, TAY, A, OA) • Improving Access for Underserved Populations (C/Y, TAY, A, OA) 	\$17,487,504/ \$121,661,559 14.3% Allocated for Older Adults

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Los Angeles cont.		<p>and Engagement to Un-served and Under-served Communities is a critical element of this PEI Program to reduce mental health disparities experienced by older adult racial/ethnic and cultural groups. Refer to plan for details on broad range of diverse populations targeted for each program component.</p> <p>Six Components: 1-+Cognitive Behavioral Therapy/CBT for Late Life Depression (EBP)-Time limited structured problem-solving approach. Clients taught to identify, monitor, challenge negative thoughts about themselves/their situations and develop more adaptive/flexible thoughts. 2-+Gatekeeper Case-finding Model (EBP)-Identify at-risk older adults who do not typically come to attention of mental health and aging service delivery systems. Non-traditional community referral sources are organized and trained to identify high-risk elders experiencing problems that threaten ability to live independently and safely in community. Gatekeepers refer older person to designated agency for comprehensive assessment and linkage to mental health, aging, medical, social services. 3-+Live Well, Live Long, Steps to Mental Wellness (EBP)-Address health promotion for seniors with</p>	<p>CBT: 975/321</p> <p>Gatekeeper: 3,750/1,250</p> <p>Live Well: 23,250/7749</p>			

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Los Angeles cont.		<p>symptoms of depression/anxiety on fixed incomes, homebound, have chronic illness, live along/isolated, without culturally responsive services. Use health promotion strategies developed by the American Society on Aging and Centers for Disease Control and Prevention</p> <p>3-+Psychogeriatric Assessment and Treatment in City Housing (PATCH) (EBP)-Address mental health needs of older adults in public housing or other social living settings; improve and coordinate community services to elderly and educate caregivers about their special needs. Uses two part-time psychiatrists and nurse to provide mental health assessments and referral.</p> <p>4-+Program to Encourage Active Rewarding Lives for Seniors (PEARL) (EBP)-Targets older adults with minor depression/dysthymia receiving home-based social services. Use depression management techniques: Problem solving treatment, Social and physical activity planning, Participation in pleasant events.</p> <p>5-+Promotores de Salud (PP)-mental and physical health conditions (diabetes & depression.) Train volunteer community members in outreach and education specific to common physical health conditions and co-occurring mental health conditions common in Latino older adults;</p>	<p>PATCH: 100/33</p> <p>PEARLS: 1620/540</p> <p>Promotores: 400/133</p>			

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Los Angeles cont.		Conduct basic physical health status assessments and follow-up with Latino elders who have evidence of chronic health conditions.				
Madera* 3-16-09	No			0	<ul style="list-style-type: none"> Community Outreach & Wellness Center (C/Y, TAY, A, OA); Latino & Native American; +Senior Peer Counseling Program (PP); +Promotores (PP). WET funds for training. Focus on Early Intervention (all ages) 	\$96,895/ \$1,247,900 7.7% Allocated for Older adults
Marin 2-9-09	Yes	<u>Home Delivered Meals Prevention/Early Intervention</u> Community Needs & Priority Populations: Disparities in Access, Psycho-Social Impact of Trauma, Suicide Risk, Trauma Exposed Individuals, Underserved Cultural Populations. Mental health screening, education and early intervention to older adults receiving home delivered meals who have multiple risk factors for mental health concerns such as depression and suicide risk. Risk factors include isolation, illness,	500/0	\$47,833	<ul style="list-style-type: none"> Integrating Behavioral Health in Primary Care (TAY, A, OA) Suicide Prevention (TAY, A, OA) Mental Health Awareness & Stigma Reduction (TAY, A, OA) 	\$124,491/ \$1,338,927 9.2% Allocated for Older Adults

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Marin cont.		disability, low income, nutritional risk, substance use/abuse. Improve their access to and utilization of mental health services. Targets diverse elders; hire culturally/linguistically appropriate staff. +Meals on Wheels Mental Health Outreach Program of Redwood Coast Seniors Inc. (PP); +Problem Solving Therapy (EBP); +Behavioral Activation Treatment (EBP) +Evidence-based screening tools (Geriatric Depression Scale, Patient Health Questionnaire (PHQ-9), Michigan Alcohol Screening Test (Short MAST-G), Complaint-Annoyed-Guilty-Eye-Opener (CAGE)				
Mariposa* 3-16-09	No			0	<ul style="list-style-type: none"> • No PEI Plan targets Adults, Older Adults or TAY • Two PEI Projects for Children, Youth, Families only (SMILE Program; Project Respect) 	0/\$150,000 0% Allocated for Older Adults
Mendocino* 2-25-10	Yes	<u>Prevention, Early Intervention for Older Adults</u> Community Need & Priority Populations: Disparities in Access, Psycho-Social Impact of Trauma, Stigma/Discrimination, Suicide Risk, Trauma Exposed Individuals, Underserved Cultural Populations. Provide prevention, early intervention and support for seniors at risk for depression and	Total: 682/0 (Form 7-Evaluation)	\$19,120	<ul style="list-style-type: none"> • Education, De-Stigmatization & Peer Support (C/Y, TAY, A, OA) 	\$22,690/ \$187,409 12.1% Allocated for Older Adults

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Mendocino* cont.		<p>other debilitating Axis I mental health diagnoses. Provide senior peer counseling across the county, mental health case management, and mental health prevention services through senior center outreach and depression screening for homebound clients. Provide education and outreach to community at large and physicians, medical and social services staff and other professionals to de-stigmatize mental illness in older adults and improve identification and early intervention services. Provide clinical supervision for the senior peer counselors. Targets isolated seniors, Native American and Latino elders. +Senior Peer Counseling Model (PP)</p>				
Merced 9-18-08	No			0	<ul style="list-style-type: none"> Public Awareness & Education (C/Y, TAY, A, OA) Integrated Primary Care and Mental Health (A, OA) Older Adult PEI Program Models are embedded in the Integrated Primary Care & Mental Health Project : +PROSPECT training-Prevention of Suicide in Primary Care Elderly Collaborative Trial; +PEARLS-Program to Encourage Active, 	<p>\$190,000/ \$1,903,000</p> <p>9.9% Allocated for Older Adults</p>

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Merced cont.					Rewarding Lives for Seniors; + Promotores	
Modoc* 10-1-08	No			0	<ul style="list-style-type: none"> • No PEI Plan Targets TAY, Adults or Older Adults • Only one PEI Program: Developing Youth & Family Assets (C/Y) 	0/\$125,000 0% Allocated for Older Adults
Mono* 9-17-08	No			0	<ul style="list-style-type: none"> • No PEI Plan targets Adults or Older Adults • Only one PEI Program: School Counseling Project (C/Y, TAY) 	0/\$181,100 0% Allocated for Older Adults
Monterey 9-17-08	No			0	<ul style="list-style-type: none"> • Trauma Exposed Individuals (C/Y, TAY, A, OA) • Unserved Cultural Populations (C/Y, TAY, A, OA) • Children & Youth in Stressed Families (C/Y, TAY, A, OA) 	\$380,076.08/ \$3,357,700 11.3% Allocated for Older Adults
Napa* 4-30-10	Yes	<u>Older Adult PEI Project</u> Community Needs and Priority Populations: Disparities in Access, Psycho-Social Impact of Trauma, Trauma-Exposed Individuals, Onset of Serious Psychiatric Illness, Underserved Cultural Populations	3160 Individuals (Prevention) 64 Individuals (Early Intervention)	\$112,183	<ul style="list-style-type: none"> • LGBTQ (C/Y, TAY, A, OA) • Native American (C/Y, TAY, A, OA) 	\$154,112/ \$670,466 22.9% Allocated for Older Adults

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Napa* cont.		Provide early identification of older adults experiencing early onset of mental health issues, particularly elders who are isolated and underserved. Caregivers will be screened and referred to appropriate services. Services will be provided in homes of seniors and caregivers. Service providers serving seniors in their homes will be trained to screen, assess and refer seniors in need of prevention and early intervention— meals on wheels volunteers, family resource center, senior center staff, home care providers. Physicians/healthcare providers and social service providers will receive training on geriatric mental health issues, differential diagnosis of dementia from other mental illnesses, and local referral options. Community outreach and education to reduce stigma and improve access to mental health services. Multidisciplinary Team Case Manager will triage referrals and conduct comprehensive assessment. +Gatekeeper Model (PP)				
Nevada* 5-15-09	No			0	<ul style="list-style-type: none"> Access to Services Project (C/Y, TAY, A, OA) Outreach Project (C/Y, TAY, A, OA) 	\$360,025/ \$1,653,900 12% Allocated for Older Adults
Orange 1-29-09	No			0	<ul style="list-style-type: none"> Early Intervention Services (C/Y,TAY,A, OA) 	\$4,088,710/ \$31,146,234

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Orange cont.					<ul style="list-style-type: none"> Prevention Services (C/Y, TAY, A, OA) Outreach and Engagement Services (C/Y, TAY, A, OA) Screening & Assessment Services (C/Y,TAY,A,OA) Crisis & Referral Services (C/Y, TAY, A ,OA) Training Services (C/Y, TAY, A, OA) 	13% Allocated for Older Adults
Placer 1-5-09	No			0	<ul style="list-style-type: none"> Bridges to Wellness (C/Y,TAY,A, OA) Bye Bye Blues (C/Y, TAY, A, OA) Ready for Success (C/Y, TAY, A, OA) 	\$217, 369/ \$1,433,374 15.1% Allocated for Older Adults
Plumas* 6-24-09	No			0	<ul style="list-style-type: none"> No PEI Plan targets Adults or Older Adults Only one PEI Program: Family Therapy (12-15 sessions) (C/Y, TAY) 	0/\$225,000 0% Allocated for Older Adults
Riverside 10-1-09	Yes	<u>First Onset for Older Adults</u> Community Needs & Priority Populations: Disparities in Access, Stigma/Discrimination, Suicide Risk, Individuals Experiencing Onset of SMI.	Total: 3660/0	\$2,017,166	<ul style="list-style-type: none"> Mental Health Outreach, Awareness and Stigma Reduction (C/Y, TAY, A, OA) Trauma-Exposed Services For All Ages (C/Y, TAY, A, OA) 	\$3,248,145/ \$28,236,219 11.5% Allocated for Older Adults

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		<p>Program/services will address prevention/early intervention needs of at-risk older adults and family caregivers through implementation of suicide prevention services, depression services, caregiver support groups, trauma intervention services, mental health awareness and stigma reducing activities, and parenting programs to benefit grandparents raising grandchildren. Program/services will target under-served older adult ethnic/cultural populations including LGBT elders and veterans.</p> <p>Four Components: 1-+Question, Persuade & Refer (QPR) Gatekeeper Training for Suicide Prevention (EBP)-Train gatekeepers who interact with older adults to recognize look for depression and suicidal behavior, to identify suicidal communications and to question, persuade and refer someone for help. Special outreach to older adult LGBTQ community.</p> <p>2-+Cognitive Behavioral Therapy for Late-Life Depression (CBT)(EBP)-Early intervention to reduce suicide risk and depression. CBT is time-limited structured problem-solving approach to challenge negative thoughts about themselves/their situations and develop more adaptive thoughts, increase pleasant events in</p>	<p>QPR: 900/0</p> <p>CBT: 180/0</p>			

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Riverside cont.		<p>daily lives using behavioral treatment procedures. Gatekeepers for QPR will link seniors to CBT services.</p> <p>3--Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) (EBP)-Early intervention for older adults with minor depression/dysthymia and receiving home-based social services from community service agencies. Counselors utilize depression management techniques: problem-solving treatment, social and physical activity planning, and pleasant event participation. QPR gatekeepers refer seniors to this program.</p> <p>4--Caregiver Support Program (PP)-Provides caregiver support groups for those at risk for mental health issues such as depression. Develop psycho-education curriculum and supportive interventions such as how to talk to the doctor, stress reduction techniques, assertion training, self care skills, medication management and exercise programs. Outreach to caregivers of individuals receiving PEI services, caregivers of seniors with mental illness, and caregivers of seniors with dementia. Referral partner agencies include Adult Protective Services, County Office on Aging, Community Health Agency and others.</p>	<p>PEARLS: 240/0</p> <p>Caregiver Support Groups: 0/2340</p>			

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Sacramento 10-8-09 (Early Starts Project Plan)	No			0	<ul style="list-style-type: none"> Suicide Prevention Project (C/Y, TAY, A, OA) 	\$400,000/ \$1,600,000 25% Allocated for Older Adults
Sacramento Remaining PEI Plan submitted 2-18-10	No				<ul style="list-style-type: none"> Strengthening Families (C/Y, TAY, A, OA) Integrated Health & Wellness (C/Y, TAY, A, OA) Health Promotion (C/Y, TAY, A, OA) 	\$1,309,650/ \$6,106,000 21.4% Allocated for Older Adults
San Benito* 5-29-09	Yes	<u>Older Adult PEI Services</u> Community Needs & Priority Populations: Disparities in Access, Psycho-Social Impact of Trauma, At risk Children, Youth, Youth Adult Populations, Stigma/Discrimination, Suicide Risk; Trauma Exposed Individuals, Individuals Experiencing Onset of SMI. Provide mental health screening/intervention to Latino seniors at risk for depression attending <i>Jovenes de Antano</i> (senior center) and older adults receiving meals on wheels. Train/assist senior center, home delivered meals program staff/volunteers and other agency partners including public health and physicians to recognize signs/symptoms of depression, suicide,	90/0	\$118,726	<ul style="list-style-type: none"> Suicide Prevention Training for First Responders (C/Y, TAY, A, OA) 	\$120,976/ \$426,300 28.3% Allocated for Older Adults

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San Bernardino cont.		2-Older Adult Wellness Services +Stamp Out Stigma (PP) 3-Older Adult Home Safety Program +Harvard Program in Refugee Trauma 4-Older Adult Suicide Prevention Program +Prevention of Suicide in Primary Care Elderly - PROSPECT (EBP); +Applied Suicide Intervention Skills Training (ASIST) by LivingWorks (EBP) +IMPACT (EBP) +Peer to Peer Model (PP)	Wellness: 580/0 Home Safety: 100/0 Suicide Prevention: 90/0			
San Diego 1-15-09	Yes (5)	<u>Five Older-Adult Specific PEI Programs:</u> <u>1-Elder Multicultural Access & Support Services</u> Community Needs & Priority Populations: Disparities in Access, Impact of Trauma, Stigma/Discrimination, Trauma Exposed, Individuals Experiencing Onset of SMI, Underserved Cultural Populations. Multicultural outreach, education, advocacy, peer counseling support and transportation services to older adult Hispanics, African refugees, African American and Filipino seniors. +Promotoras Model (PP)	800/0 (200 older adults to be transported to appropriate services)	\$514,153	<ul style="list-style-type: none"> • Outreach & Education: Media Campaigns & Targeted Populations (C/Y, TAY, A, OA) • Veterans & Families Outreach & Education (C/Y, TAY, A, OA) • Rural Integrated Behavioral Health & Primary Care Services (C/Y, TAY, A, OA) • Services Program with Elder Navigator (C/Y, TAY, A, OA) • Prevention Education to San 	\$4,046,579/ \$25,193,145 16% Allocated for Older Adults

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San Diego cont.		<p>centers, adult day health care centers, senior low income housing, faith-based organizations, educational campuses providing Lifelong Learning opportunities to seniors, family/caregivers, health/social services professionals. Education modules developed for seniors; family caregivers; primary care physicians, first responders, staff, allied professionals.</p> <p><u>4-REACHing Out/ Prevention/Early Intervention with Hispanic Alzheimer's Caregivers</u> Community Needs & Priority Populations: Disparities in Access, Stigma/Discrimination, Individuals Experiencing Onset of SMI, Underserved Cultural Populations.</p> <p>Provide screening, preventive and timely care, including education, respite and other services to caregivers. To improve health, reduce loneliness and isolation, prevent depression, substance use and enhance family caregiving of Hispanic caregivers of persons with a dementia. +REACH Model (PP) +Problem Solving Treatment (EBP); +Coping Skills Training (EBP)</p> <p><u>5-Salud Pilot Implementation: PEI of Co-Occurring Diabetes and Depression with Hispanic Elders</u></p>	<p>600 Hispanic Caregivers</p> <p>530/0</p>	<p>\$129,095 (Older Adults) \$387,285 (Adults)</p> <p>\$606,987</p>		

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San Diego cont.		<p>Community Needs & Priority Populations: Disparities in Access, Stigma/Discrimination, Individuals Experiencing Onset of SMI, Underserved Cultural Populations.</p> <p>Provide prevention/early intervention in persons with co-occurring/co-morbid disorders; promote chronic disease management to prevent and address co-morbid depression in diabetic Hispanic elders, to improve diabetes care.</p> <p>+Chronic Care Model-Stanford University (EBP) +IMPACT Problem Solving Treatment (EBP) +Promotoras (PP)</p>				
San Francisco 3-24-09	Yes	<p><u>Depression Screening & Response</u></p> <p>Community Needs & Priority Populations: Disparities in Access, Stigma/Discrimination, Suicide Risk, Underserved Cultural Populations. Mental health screening and care management services provided in three health clinics serving seniors at risk for depression and suicide. Clinics will choose one of four coordinated care models based on their staff expertise and patient needs: +IMPACT, +PROSPECT, +PRISM-E, +TCE Supported Model.</p> <p>Core Components: 1-Training: Depression care/treatment, care model implementation. 2-Screening: PHQ2, PHQ9 in multiple languages),</p>	3000/0	\$323,533	<ul style="list-style-type: none"> No Multi-Age PEI Plans include Older Adults 	<p>\$323,533/ \$6, 172,079</p> <p>5.2% Allocated for Older Adults</p>

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San Francisco cont.		3-Care Management: Educate consumer about depression and develop care plan in consultation with healthcare provider; Provide short-term evidence-based therapy (Problem Solving Treatment, Behavioral Activation, Pleasant Events Scheduling). 4-Follow-up/Stepped Care: Provide phone check-ins and PHQ9 screenings at clinic visits; adjust treatment interventions as indicated.				
San Joaquin 5-29-09	Yes	<u>Connections for Seniors and Adults</u> Community Needs & Priority Populations: Disparities in Access, Impact of Trauma, Stigma/Discrimination, Trauma Exposed Individuals, Individuals Experiencing Onset of SMI, Underserved Cultural Populations. Connect seniors to support services and resources who are experiencing stress and trauma associated with economic stressors, family stressors (violence, substance use), traumatic experiences (losing child, war), particularly elders within diverse communities. Utilize Senior Peer Counseling Program and integration of mental health services within a county primary care health center. Utilize cultural brokers to ensure outreach and education within diverse ethnic communities. Provide public education and professional training.	Total: 945/5000	\$539,600	<ul style="list-style-type: none"> Suicide Prevention & Supports (C/Y, TAY, A, OA) 	\$559,600/ \$6,339,600 9.4% Allocated for Older Adults

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San Joaquin cont.		Four Components: 1-Mental Health in Older Adults Education Campaign. 2-Connections for Homebound Seniors +Home Delivered Meals Program (PP) 3-Senior Peer Counseling (PP)- Cultural competence training for volunteers +Senior Peer Counseling Model (PP) +PEARLS (EBP) +ASIST Suicide Prevention Training (EBP) 4-Mental Health at the Family Practice Clinic +IMPACT	120/5,000 500/0 45/0 280/0			
San Luis Obispo 12-26-08	No			0	<ul style="list-style-type: none"> Mental Health Awareness & Stigma Reduction (C/Y, TAY, A, OA) School-based Student Wellness (C/Y,TAY,A,OA) 	\$228,510/ \$1,979,500 11.5% Allocated for Older Adults
San Mateo 12-11-08	No			0	<ul style="list-style-type: none"> Primary Care/Behavioral Health Integration for Adults & Older Adults (TAY, A, OA) Total Wellness (TAY, A, OA) 	\$308,369/ \$2,071,177 14.8% Allocated for Older Adults
Santa Barbara 2-9-10	No			0	<ul style="list-style-type: none"> Community Mental Health Education & Support in Culturally Underserved 	\$263,376/ \$3,674,718

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6-8-10 (Update)					Communities (A,OA) <ul style="list-style-type: none"> Integrating Primary & Mental Health Care in Community Clinics (C/Y, TAY, A, OA) 	7.1% Allocated for Older Adults
Santa Clara 9-15-09	No			0	<ul style="list-style-type: none"> Community Engagement & Capacity Building for Reducing Stigma & Discrimination (C/Y, TAY, A, OA) PEI for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features (C/Y, TAY, A, OA) Primary Care/Behavioral Health Integration for Adults & Older Adults (TAY, A, OA) 	\$583,417/ \$12,429,997 4.6% Allocated for Older Adults
Santa Cruz 5-19-09	Yes	<u>Early Intervention Services for Older Adults</u> Community Needs & Priority Populations: Disparities in Access, Impact of Trauma, Stigma/Discrimination, Suicide Risk, Trauma Exposed Individuals, Individuals Experiencing Onset of SMI, Underserved Cultural Populations. Provides prevention to older adults who are	Total: 294/108	\$350,624	<ul style="list-style-type: none"> No Multi-Age Program including Older Adults 	\$350,624/ \$3,800,242 9.2% Allocated for Older Adults

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Santa Cruz cont.		<p>isolated and have difficulty accessing appropriate care. Targets elders who are at risk for depression. Utilizes Supervisor of MHSA Older Adult Full Service Partnership to provide clinical supervision to PEI staff.</p> <p>Three Components: 1-Field based mental health training and assessment services: Utilize Occupational Therapist with specialty in older adult mental health to provide outreach, assessment and short-term case management to older adults in their homes and other settings where they reside.</p> <p>2- + Senior Outreach through Peer Companions (PP) Utilize peer companions to provide early intervention counseling/therapy, companionship and light respite services for frail elderly using brief treatment model and include mobile services where seniors reside. Recruit monolingual Spanish speaking/bilingual capacity peer companions. Serve seniors in own homes, skilled nursing facilities, senior centers, residential care homes.</p> <p>3-+ Warm Line (PP) Provide quick telephone screening and referrals to senior resources for persons seeking older adult services. Staff will be trained to recognize</p>	<p>58/48</p> <p>36/10</p> <p>200/50</p>			

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Shasta cont.		2-Referral System: Refer to single point of contact/entry for all Project referrals (Gatekeeper Program Referral Phone Number); Case manager reviews referral and takes appropriate action. May refer into “Gatekeeper Program’s Response System.” 3- Response System-Case manager assessment including depression screening; link with appropriate services (mental health, in-home support services, meals, healthcare, caregiver respite, adult day programs, minor home repairs. If intensive support is needed due to mental illness, refer to county mental health Full Service Partnership, Crisis Stabilization Services, Crisis Residential Recovery Clinic, MHSA Housing or other programs/services. Outreach to the Hispanic/Latino Coalition & Multi-cultural Celebration.	50/0 20/0			
Sierra* 3-10-10	No		0	0	No Multi-Age Programs Including Older Adults • Student Assistance Program (Only Program Funded-C/Y, TAY)	0/ \$171,967 0% Allocated for Older Adults
Siskiyou* 3-10-10 8-24-10 (Update)	Yes	<u>Older Adult Integrated Service</u> Community Needs and Priority Populations: Disparities in Access, Psycho-social impact of trauma, Stigma/Discrimination, Suicide Risk,	150 Individuals (Prevention) 65 Individuals	\$75,000	No Multi-Age Programs including Older Adults One Additional PEI Program	\$75,000/ \$226,000 33% Allocated for Older

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Siskiyou*		<p>Trauma-exposed individuals, Onset of Serious Psychiatric Illness, Underserved Cultural Populations</p> <p>Case management program to promote access to services to reduce isolation. Uses existing 10 Family/Community Resource Centers in 10 Siskiyou County communities to employ MHSA CSS plan funded Personal Service Coordinators to provide the designated services. Develop partnerships with community organizations/agencies that target the needs of older adults and will refer for services—primary care, senior services, human services, public health, Area Agency on Aging, veterans services, senior meal services, tribal health clinic and others. to develop/maintain services; Adult Mentoring-older adults become mentors for others; Transportation to promote access to services, socialization opportunities, appointments.</p>	(Early Prevention)		Funded: <ul style="list-style-type: none"> • PEI Mobile Services Project (TAY, A) 	Adults in FY 07/08
Solano 10-1-08	Yes	<u>Older Adult PEI Project</u> Community Needs & Priority Populations: Disparities in Access, Psycho-Social Impact of Trauma, Stigma/Discrimination, Suicide Risk, Trauma Exposed Individuals. Project will identify older adults at risk of trauma-induced mental illness, depression, anxiety,	Total: 11,200/0	\$340,062		\$340/062/ \$1,890,633 17.9% Allocated For Older Adults

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Solano cont.		<p>suicide, late onset mental illness, undiagnosed or misdiagnosed. Strategies include reaching older adults where they live by training those in contact with them on how to identify early signs of mental illness; establish a referral, support and case management process to link older adults to prevention/early intervention services; train health professionals in geriatric mental health screening, diagnosis, treatment.</p> <p>Four Components: 1-+ Gatekeeper Program (PP): Train those who come in contact with at-risk, isolated older adults, to recognize signs/symptoms of depression/other mental illness, to refer to system Navigators for information and assistance. Targeted outreach to faith-based communities, Filipino and African American Chambers of Commerce and other cultural brokers, Veterans organizations. Training available in Spanish. MHSOAC WET will fund Gatekeeper training. (4160 gatekeepers trained)</p> <p>2-+System Navigator/Care Mgrs (PP): Provide supplemental support in referral process, Assist/monitor older adults in gaining access to prevention/early intervention services. Provide screening, case management and brief intervention counseling (Problem Solving Treatment) if experiencing early onset of</p>	<p>9150 Older Adults Screened; 500 Referred to Navigators</p> <p>300/75 (50 older adults to receive case management)</p>			

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Solano cont.		psychiatric illness/prevent depression. Target older adults and caregivers. +Problem Solving Therapy (EBP) 3-Health Provider Education (professional development to improve mental health consultation in primary care) (150 trained): Increase health provider understanding of geriatric mental health—over-diagnosis and misdiagnosis of dementia. Target public/private physicians, nurse practitioners, nurses, emergency room professionals, mental health providers, Veterans Administration providers from the clinic and Travis Air Force Base, public health staff.	1000 Individuals to receive mental health assessments; 200 to receive mental health treatment.			
Sonoma 3-16-08	Yes	<u>Reduce Depression & Suicide Among Older Adults</u> <u>Community Needs & Priority Populations:</u> Disparities in Access, Psycho-Social Impact of Trauma, Stigma/Discrimination, Suicide Risk, Trauma Exposed Individuals, Individuals Experiencing Onset of SMI, Underserved Cultural Populations. Project will promote awareness, early identification/intervention for seniors suffering from depression, anxiety, suicidal ideation. Provide training to medical community and existing home visiting services (Meals on Wheels drivers) to identify signs/symptoms of depression and anxiety to prevent progression of more	Total: 1025/0	\$75,000	<ul style="list-style-type: none"> System Improvements (C/Y, TAY, A, OA) 	\$212,500/ \$1,396,300 15.2% Allocated for Older Adults

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Sonoma cont.		<p>serious mental health problems and suicide. Target geographical areas with higher concentration of diverse elders, particularly Latinos/Hispanics.</p> <p>Three Components: 1-Screening and Early Intervention Program: Provide mental health assessment/treatment in primary care in collaboration with mental health care manager. Link to appropriate community resources. +IMPACT (EBP) + Healthy IDEAS (EBP)-Depression Care Management)</p> <p>2-Home Visitation for Homebound Seniors: Visit/screen isolated, homebound older adults through collaborative partners (Friendly Visitors, In Home Support Services providers, Meals on Wheels drivers. Refer to local resources (social activities, peer support groups, “warm line.”) Provide transportation vouchers to reduce isolation +Senior Peer Counseling Program (PP) +Friendly Visitor (PP); +Warm Line (PP)</p> <p>3-+Question, Persuade, Refer (QPR) (EBP): Train gatekeepers to respond to suicide warning signs</p>	<p>750/0</p> <p>125/0</p> <p>250/0</p>			

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Sonoma cont.		by older adults. Gatekeepers include home visitor programs, primary care providers, case managers, faith-based organizations, mental health professionals. +QPR Gatekeeper Training				
Stanislaus 6-2-09	Yes	<u>Older Adult Resiliency & Social Connectedness</u> Community Needs & Priority Populations: Disparities in Access, Psycho-Social Impact of Trauma, Stigma/Discrimination, Suicide Risk, Trauma Exposed Individuals, Individuals Experiencing Onset of SMI, Underserved Cultural Populations. Project will address the social isolation and need for social connectedness among older adults, particularly those in outlying geographic areas and from ethnic minority populations. Older adults have lost social connections because they no longer drive or can access transportation, have outlived friends/family, have lost ability to function independently, placing them at risk for mental illness, depression, co-occurring issues of substance abuse and physical illnesses. This is compounded by undiagnosis/misdiagnosis of mental health needs resulting in lack of treatment. Project strategies will reach physically impaired and socially isolated seniors who are at higher risk for depression and suicide to promote community supports and access to services.	Total: 400/0	\$842,832	<ul style="list-style-type: none"> Community Capacity Building (C/Y, TAY, A, OA) Emotional Health & Wellness/Education Awareness & Education/Community Support Development (C/Y, TAY, A, OA) Childhood Adverse Experience Intervention (C/Y, TAY, A, OA) Adult Resiliency & Social Connectedness (A, OA) Health/Behavioral Health Integration (C/Y, TAY, A, OA)# 	\$2,386,400/ \$8,218,500 29% Allocated for Older Adults

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Stanislaus cont.		<p>Target Latino, Asian, African American, LGBTQ elders & geographically underserved communities. Programs will be linked with the PEI Community Capacity Building Project to provide necessary training and technical assistance.</p> <p><u>Three Components:</u></p> <p>1--PEARLS (EBP): Targets seniors who are isolated/homebound and at risk for or have minor depression as a result of loneliness, isolation, recent loss. Provides short-term counseling in home (Problem Solving Treatment) to promote social connection.</p> <p>2--Senior Peer Counseling (PP); Utilize volunteers to visit seniors where they go to access faith, social, recreational activities to assist them in working through issues of emerging mental illness or life changes. Program will match at-risk seniors with peer counselors with similar linguistic and cultural characteristics.</p> <p>3--Senior Center Without Walls (Community-defined evidence-(CDE): Using the telephone (group conference calls), provide friendly conversation, classes and support groups to homebound elders or those who have difficulty going to a community senior center. Promote</p>	<p>225/0</p> <p>75/0</p> <p>100/0</p>			

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Stanislaus cont.		group social connections.				
Sutter-Yuba* 8-18-09	No			0	<ul style="list-style-type: none"> First Onset (C/Y,TAY, A, OA) MH Consultation in Primary Care-total of 10 individuals and 10 families to be served for all ages. 	\$5,000/ \$1,350,300 3% Allocated for Older Adults
Tehama* 1-29-10	No			0	<ul style="list-style-type: none"> No PEI Plan targets Adults or Older Adults- Three Plans Target Children, Youth, Family, TAY (Nurturing Parent Programs; YES; TF-CBT) 	0/ \$497,500 0% Allocated for Older Adults
Tri-City 2-2-10 (Cities of LaVerne, Claremont, Pomona)	Yes	<u>Older Adult Wellbeing Project</u> Community Needs and Priority Populations: Disparities in Access, Suicide Risk, Onset of Serious Psychiatric Illness, Underserved Cultural Populations The Mental Health First Aid Program will provide training and support to older adults and to people who work in organizations serving older adults, particularly older adults in unserved and underserved communities and older adults at risk of mental and emotional distress. Senior Peer Counselors will be recruited and trained to assess mental health and wellbeing, to provide 1-1 peer counseling, and lead age-and issue-based peer	150 Individuals (Prevention) 85 Individuals (Early Intervention)	\$62,073	<ul style="list-style-type: none"> Community Capacity Building Project (C/Y, TAY, A, OA) Family Wellbeing Project Peer Support and Family Well-Being Project (C/Y, TAY, OA) 	\$306,688/ \$1,555,118 19.72% Allocated for Older Adults

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Tri-City cont.		support groups. They will also be trained as Mental Health First Aiders. Volunteers will be recruited who are fluent in languages other than English and conduct counseling sessions in these languages. Elders in need will be identified by community leaders from diverse/underserved communities: Native American, Vietnamese/API, Latino. Mental Health First Aiders will be located in non-traditional mental health settings across the three cities. +Senior Peer Counseling Program (PP) +Mental Health First Aid (PP?)				
Trinity* 1-12-09	No			0	<ul style="list-style-type: none"> STHS Primary Intervention (C/Y, TAY, A, OA) 	\$13,550/ \$125,000 10.8% Allocated for Older Adults
Tulare 5-15-09	No			0	<ul style="list-style-type: none"> Suicide Prevention (C/Y, TAY, A, OA) Reducing Disparities in Access to Mental Health Services (C/Y, TAY, A, OA) Reducing Stigma for Un/underserved (C/Y, TAY, A, OA) 	\$135,625/ \$816,912 16.6% Allocated for Older Adults

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Tuolumne* 12-26-08	No			0	<ul style="list-style-type: none"> Suicide Prevention & Stigma Reduction Projects (C, TAY, A, OA) 	\$15,136/ \$378,200 4% Allocated for Older Adults
Ventura 11-19-09	No			0	<ul style="list-style-type: none"> Primary Care (C/Y, A, OA) Community Coalitions (C/Y, TAY, A, OA) 	\$568,480/ \$5,250,583 10.8 % Allocated for Older Adults
Yolo* 4-14-09	Yes	<u>Yolo Wellness Project: Senior Peer Counselors Community Volunteer Program</u> Community Needs & Priority Populations: Disparities in Access, Stigma/Discrimination, Suicide Risk, Individuals Experiencing Onset of SMI, Underserved Cultural Populations. Program will expand, train and coordinate existing services provided to “at-risk” older adults by senior peer volunteers to promote earlier identification/intervention signs/symptoms of mental illness and suicide risk and to build protective factors and resiliency in at-risk individuals and families. Services will be provided in the home, senior centers, wherever seniors naturally gather. Volunteer training will include mental health literacy and support to provide prevention support and build resiliency for at-risk older adults and their families, to reduce stigma of	10/6	\$165,545	<ul style="list-style-type: none"> Early Signs: Early Signs Training (C/Y, TAY, A, OA) Early Signs: Crisis Intervention Training (C/Y, TAY, A, OA) 	\$322,834/ \$1,439,700 23.1% Allocated for Older Adults

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Yolo* cont.		seeking mental health services, to link with other needed services and supports not traditionally defined as mental health. Implementation partners include older adult consumers, family members, Yolo Area Agency on Aging, Adult Protective Services and other community-based organizations serving older adults. Bilingual/bicultural volunteers will be recruited to target Russian and Latino Communities. + Senior Peer Counselors Community Volunteer Program (PP).				