PEI PROJECT SUMMARY

Form No. 3

County: San Diego **PEI Project Name:** Central Region Community Violence Response Services **Date:**

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☐	☐	☐	☐
2. Psycho-Social Impact of Trauma	☒	☒	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☐	☐
5. Suicide Risk	☐	☐	☐	☐

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
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	☒	☒		
6. Underserved Cultural Populations	☒	☒	☐	☐

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B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Consistent with the MHSA guidelines, planning for MHSA-PEI Community and Domestic Violence services have been subject to an inclusive process. Below is a list of venues and opportunities offered to community stakeholders to participate in planning and to provide their valuable input.

There were two Community Forums held that informed this plan including the Early Childhood and Education Based Services – January 28, 2008 and the Community & Domestic Violence Forum – February 20, 2008. At both of these forums expert guest speakers presented material on child development and trauma as well as the effects of community and domestic violence. The forums were attended by the community members, providers, experts, and other key stakeholders. The following themes emerged from these two Community Forums as well as various Focus Groups focused on the needs of children and adolescents in areas that experience community violence:

- There is a need to focus services to children and families with specific indicators and/or going through life transition points, including educational transition points. Includes those who have experienced trauma, family stress, severe medical issues, or other emerging or existing behavioral issues that may indicate future mental health risk. Some of these suggested include:
    - Siblings of youth involved in juvenile justice
    - Children of parents/caregivers in drug or alcohol treatment, sober living or in recovery
    - Children of parents/caregivers incarcerated
    - Children of mentally ill parents
    - Immigrants and refugees from war torn regions, newly arrived refugees and immigrants
    - Youth who are wards or dependents
    - Children from families experiencing Domestic Violence
    - Children experiencing obesity or from families suffering from obesity.
    - Children of divorce and in co-parenting households
    - Children of Veterans or Active Military
    - Services during educational transition points; entering pre-school, kindergarten, grade school, middle school, high school
- There are resources for programming that support Risk and Resiliency Factors through the Office of Juvenile Justice Delinquency Prevention (OJJDP)
- Trauma and exposure to community and domestic violence could mean many things:
    - Refugees/Immigrants: displacement/instability (culture, home, family)
    - Poverty, chronic illness, suicide, loss/grief

- o War, gang violence, historical trauma
- o Natural disasters such as firestorms and flooding
- o Refugees- due to traumatic experiences in their home country and cultural barriers, domestic violence may go unreported.

•Focused interventions are needed for neighborhoods with high incidences of violence and where there are a high number of youth who are exposed to trauma & violence, including gang involvement. This increases the likelihood of adult onset PTSD. There is also a need to focus on high risk children and families identified by Child Welfare Services;
•There is a need for early intervention for youth in Southeast San Diego including African American youth.
•Gang prevention programming needs to start at a young age including grief groups for siblings, parents and others affected by gang violence.
•Teen Violence reduction programs are needed.
•Efforts are needed to break the cycle of violence for children exposed to domestic violence.
•There is a need to educate/train parents to recognize problems and communicate with at-risk children thereby reducing the need for higher level mental health services.
•The mental health system must enhance, integrate and coordinate services with other child/family services;
•Identify and engage community resources to provide both preventive interventions and/or mental health services to traumatized children and families.

Mental Health Board (MHB) Presentation, April 3, 2008. A summary of community input was presented to the MHB for their review and guidance. The Board reviewed inputs and concurred with Mental Health Services' assessments to develop programs based on the identified needs.

A Community & Domestic Violence workgroup was convened and attended by multiple representatives of County Mental Health, Executive Director of the San Diego Commission on Gang Prevention and Intervention, HHSA South Region Child Welfare Agency Staff, Mental Health Juvenile Forensic staff, County Juvenile Probation Department staff, the Office of Violence Prevention, and the San Diego First Five Commission.

This workgroup reviewed the community input and conducted additional research to develop San Diego's Community and Domestic Violence Project to be supported by Prevention and Early Intervention funding. The three programs within this Project area include:

1. A "Point of Engagement" Program in the South Region with the purpose of assessing families with children exposed to family violence and/or trauma and who may be at risk of entering the Child Welfare Services system (DV01);

2.The development of evidence-based referral services for those children assessed through the "Point of Engagement" Program in the South Region as well as children placed at the Polinsky Children's Center who have been determined to be without medical necessity for mental health treatment services (DV02); and

3.A Community Violence Response Services focused intervention program that addresses the needs of siblings of identified gang members and youth exposed to or at risk of exposure to violence. This community based program will work to enrich the skills of providers, including many grassroots, community based and faith based organizations, as well as neighborhood schools to ensure a coordinated and neighborhood response to gang/community violence (DV03).

All three programs will be community-based, family driven, evidence-based and with emphasis on collaborations with existing programs and agencies. These programs will address the disparity in access to mental health services; educate providers and victims as to the psycho-social impact of trauma; identify the risk for stigmatization and discrimination subsequent to exposure to trauma; identify the risk of suicide due to exposure to trauma; and provide prevention and early intervention services in conjunction with referral for comprehensive mental health services when the need is identified.

Other Data Analysis to support the selection of this program:

As part of the workgroup planning process the following additional data was reviewed:

- During the time period of January 1, 2006 through March 31, 2007 there were a total of 434 crimes handled by the San Diego Police Department's gang unit.
- In 2007 the following gang related crimes were committed in San Diego: twelve (12) homicides, nine (9) reported shootings, and eight (8) attempted homicides.
- Assault with a deadly weapon was the second most prevalent gang related crime and appears to be on the rise in 2008 (140 incidences reported to date) compared to 2007 (134 incidences).

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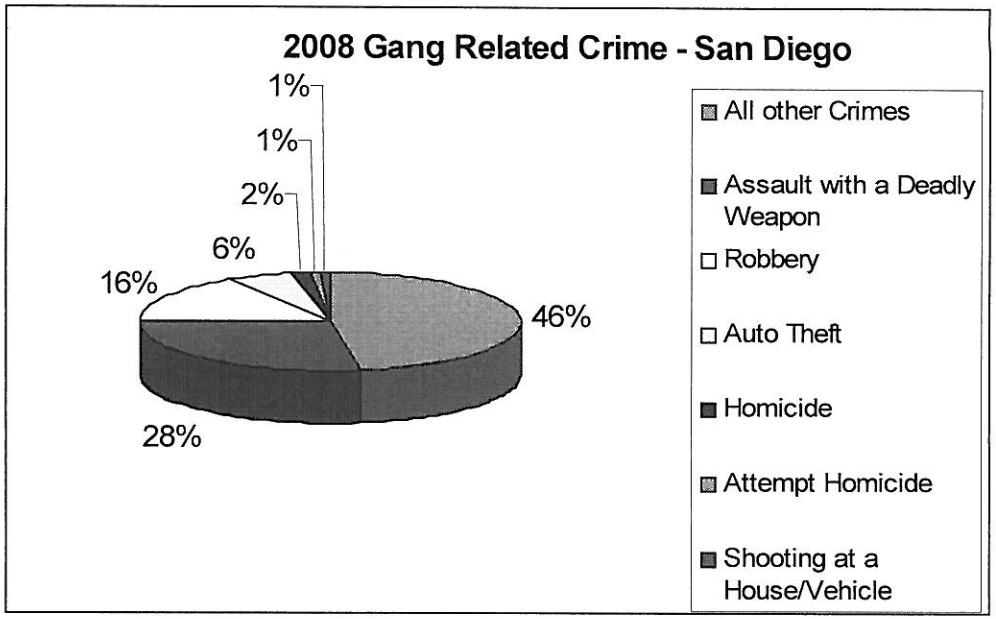

San Diego Police Department Gang Unit

•The four zip code area that approximately makes up Southeastern San Diego (92102, 92113, 92105, 92114) accounts for 38% of the gang related crimes in San Diego. (San Diego Police Department's Gang Unit)

•Documentation of gang membership is on the rise in San Diego, from 210 documented cases in 2007 and 337 reported through June 2008, this accounts for a 60% increase in the first half of 2008. (San Diego Police Department's Gang Unit)

•The majority of youth supervised by the Juvenile Probation Department are between the ages of 16-17, followed by the next most prevalent age group of 13-15 year olds. This data points to the need for services prior to teen years to avoid further progression into the criminal justice system. (County of San Diego Juvenile Probation)

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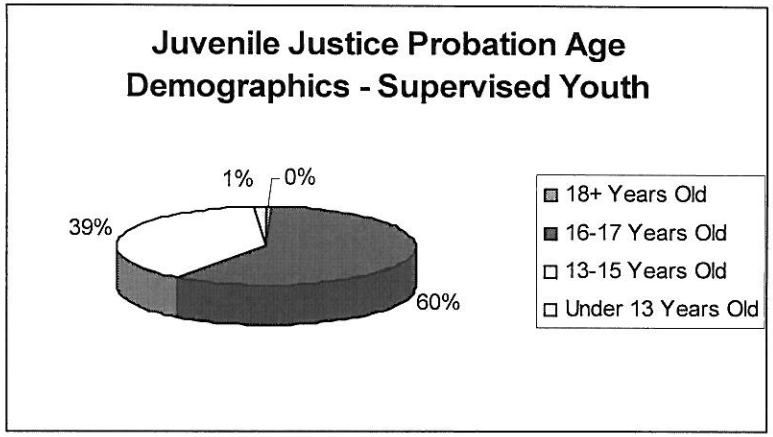
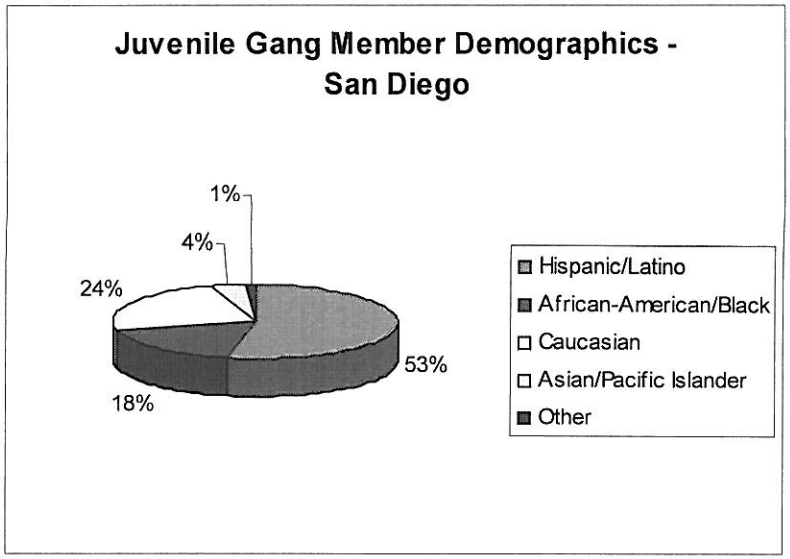
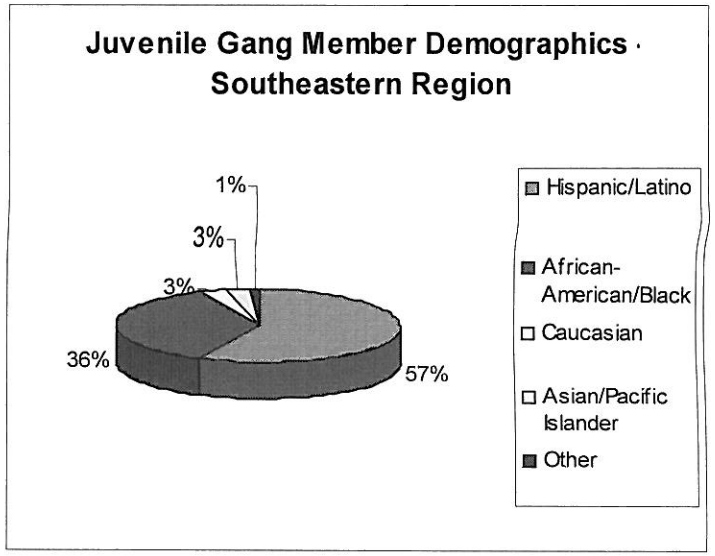


County of San Diego Juvenile Probation

•A typical case study of a gang member in San Diego reveals: a minority male, age 16 years old, living at home with a head of household mother. Each parent has a criminal history. The household typically includes younger siblings as well as other extended family members. (San Diego Commission on Gang Prevention and Intervention)





San Diego Police Department Gang Unit

•Research on gang prevention programming points to the effectiveness of building family, individual and community resiliency through the development of the following: social competence, problem solving, autonomy and sense of purpose.

•*Murder is no Accident* (2004), the authors Stith and Spivak recommend "that a single approach to the issue of youth violence will not be effective." Instead the authors assert that strategies should include, "a change in social norms and cultural attitudes and behaviors, "A collective effort involving every discipline, every family and especially the entertainment media is necessary."

•*Youth Violence, Prevention Intervention and Social Policy* (1999) states that "it is clear that effective prevention efforts must include as a primary target, improved parenting practices...However, concentration on parenting without attention too other important aspects of family function such as family relationship characteristics are not likely to have limited impact."

•*Youth Violence: A Report of the Surgeon General* details promising practices for violence prevention programs and recommends including system wide strategies.

3. PEI Project Description:

This program will provide prevention and early intervention services to those living in the Central Region of San Diego County with attention in the Southeastern region. The goals of this program are to:

•Increase the knowledge of parents, professionals, organizations, schools and the community regarding appropriate responses to violence in the community through establishing multidisciplinary response teams ;

•Increase the resiliency of individuals, families and the community to address and reduce the impact of community violence and trauma;

•Provide home based services in response to trauma as well as to provide on-going family supports;

•Provide direct support and positive alternatives to gang involvement for at-risk children;

•Build family assets for positive parenting;

•Provide a convening function to improve collaboration through joint training and information sharing; and

•Establish asset based linkages between the community and law enforcement, courts, and probation services.

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There are two components of the Community Violence Response Services (DV03):

1. Direct services to children at-risk for gang involvement and their families; and
2. Trauma response services.

A service provider will be competitively selected who has an understanding of community needs and resources in the Southeastern San Diego to provide both of the above components. This includes culturally competent programming that demonstrates an awareness of and addresses the culture and history of the neighborhood. In addition, culturally competent activities, services, and staffing, the selected service provider will be required to provide services in Spanish.

Direct Services to Children At-Risk and Their Families

The primary focus population for this component will be younger siblings of adolescents and young adults who have been identified as gang members or affiliates. Participants may also be children of incarcerated parents. The age range for youth will be 10-14 years old, middle school aged, boys and girls. This population is at risk for future juvenile justice involvement including involvement in gangs, and are at-risk for trauma due too exposure to community and household violence. In addition, the parents of these youth will be served through both home based services and parenting support.

Services will include: anger management, conflict resolution, positive peer based services, grief awareness, cognitive behavioral interventions that addresses the effects of historical trauma, resiliency building activities, activities that create positive peer networks, mentoring, youth leadership, case management, family advocacy and support, school based support including interventions and advocacy for behavioral referrals, and parenting classes, and/or parent child interaction therapy.

Referrals will come from schools, probation department, faith-based and community based organizations, law enforcement, San Diego Family Justice Center, community members as well as other youth.

The program design will be informed by evidenced based and/or promising practices with the final design determined by the selected service provider. The selected service provider will be required to demonstrate the ability to engage collaborative partnerships with faith based organizations, community based organization, schools, law enforcement and other community stakeholders in Southeastern San Diego.

Community Violence Response Services

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Community violence response services are to be provided when community violence, specifically violent gang related crimes occur. This includes things such as stabbings, violent assaults, and homicides. A Community Violence Response Team (CVR Team) lead by a PEI funded service provider will partner with law enforcement, faith based organizations, schools, Probation Department, public health facilities, the Commission on Gang Prevention and Intervention, San Diego Foundation's STOP Now, and other community organizations, including grassroots groups to assist in the CVR Team and any subsequent service referrals.

The CVR Team will focus on addressing the emotional effects of this violence on youth, family and the community. The intent is for the program to become established in the neighborhood and gain the trust and recognition of the community through its availability and response to the needs of the community.

Services may include culturally competent personal/family grief sessions, immediate assessment of situations after traumatic events, identifying and contacting those children and families who may be experiencing trauma related difficulties, referring these families to comprehensive services when appropriate including medical, emotional, educational and financial services, interfacing with schools, churches, pastors in order to help educators, school counselors and pastors support students/their families and parishioners who are emotionally affected by the incidents. Educators, ministers and other groups will be taught and encouraged to discuss publicly the traumatic affects of violence so as to encourage families with young children to seek mental health support and care. Typically families and individuals will be served for several weeks to several months after such events in order to provide consistency and on-going support.

The population to be served will include, but not be limited to, victims of violence, witnesses, siblings of victims and witnesses and other members of the community effected. The selected service provider will identify appropriate culturally and ethnically diverse evidence based models such as, THRIVE, Promoting Alternative Thinking Strategies (PATHS) , Incredible Years, Functional Family Therapy, and Strengthening Families Program. This may also include public service education and train-the-trainer model.

Key Milestones and Timelines

- Receive California DMH approval for Plan – month 1
- RFP developed, competitive procurement process completed – months 1-6 (completed within the first 6 months)
- Contract awarded - month 7
- Hire staff – within the first two months of contract execution -months 7-8
- Staff training begins – month 8
- The selected provider will obtain formal training to utilize approved evidenced based service model - first 2 months of contract execution.

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- It is expected that during the initial start up phase will be spent setting up infrastructure to develop a network of partners for the CRV Team including Southeastern San Diego community stakeholders such as law enforcement, faith based organizations, schools, Probation Department, public health facilities, the Commission on Gang Prevention and Intervention, San Diego Foundation's STOP Now, and other community organizations, including grassroots groups. This includes the development of policies and procedures – months 7-9
- Draft policies and procedures submitted to County for approval – months7-8
- Outcome tools identified, surveys created –months 8-9
- Create brochures and purchase materials to be offered at each facility – month 9
- Services Begin– month 9

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
	Individuals:200 Families:200	Individuals: Families:**200**	
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals:200 Families:200**	**Individuals: Families:200**	

Note on proposed numbers served:

- 200 youth and their families will be served in the Direct Services to Children At-Risk and Their Families component of this program
- 200 Families will be directly served by the Community Violence Response Teams. In addition, other community members will be served through this component.

5. Linkages to County Mental Health and Providers of Other Needed Services

- The contractor will be tasked with creating collaborations and partnerships with other providers throughout the Central Southeastern San Diego region with the intended goal of providing prevention and early intervention services and referrals as appropriate;
- The contractor will be expected to network with the law enforcement, faith based organizations, schools, Probation Department, public health facilities, the Commission on Gang Prevention and Intervention, San Diego Foundation's STOP Now, and other community organizations, including grassroots groups in order to coordinate services and potential referrals;
- The contractor may network with the Juvenile Forensic Services Crisis Team to both understand the role of juvenile justice and to provide continuity of care;
- The contractor will establish a partnership with Alcohol and Drug Services to facilitate the treatment of drug exposed children and youth;
- The contractor will establish partnerships with community-based and faith-based organizations to develop a unified response to community violence and trauma; and
- The contractor will develop a collaboration with the schools to develop a unified response to community violence and trauma, and to assist with referrals for additional mental health services

6. Collaboration and System Enhancements

The Community Violence Response services in Central Southeastern San Diego reflect a system change that offers a innovative approach to respond to neighborhood gang violence and trauma. This program utilizes a collaborative and multi-disciplinary approach and includes the family, youth and community in an asset-based, resiliency focused intervention. This program assists to fill a critical need in this region due to the high incidence of neighborhood gang related violence, high rates of juvenile delinquency, high rates of school failure and the effects of trauma on the entire community. This program has the ability to move beyond a singular response to these community issues and allows the integration of a multitude of community and individual assets to address the prevention of the on-going effect of trauma on the neighborhood and the individual.

7. Intended Outcomes

The assessment and measurement tool(s) are to identified based upon the selected evidenced based program. However, the intent is track the following outcomes:

- Increase knowledge of risk and resilience/protective factors – measured by pre-post assessments.

- Increase prevention efforts and response to early signs of trauma and emotional and behavioral health problems – measured by the increase in referrals and reduction of multiple referrals from the same households.
- Increase collaboration and integration among providers including the faith-based community – measured by narrative progress reports.
- Improve parenting knowledge and skills in order to promote the development, growth, health and social competence young children - measured by pre-post assessments.
- Reduce the incidence of juvenile delinquency – measured by juvenile probation data and referrals.
- Enhance the competence, resourcefulness and self sufficiency of parents raising children - measured by pre-post assessments.
- Reduce the negative psycho-social impact of trauma – measured by pre-post assessments.
- Increase services in under-served communities – measured by the establishment of an increase number of services.

8. Coordination with Other MHSA Components

Upon exposure and involvement in the program it is hypothesized that parents and the community in general will begin to develop an awareness of and trust in services being rendered and those available through other resources. Through the process some individuals and families will emerge as eligible for a higher level of intervention such as those programs provided through MHSA-CSS. The program will establish relationships with other providers in order to facilitate referrals and to educate parents regarding potential services for which they may be eligible.

9. Additional Comments (optional)