



MENTAL HEALTH SERVICES ACT

Prevention and Early Intervention (PEI) Stakeholder Workshop

Prevention and Early Intervention (PEI) Stakeholder Workshops April 13 & 26, 2007

California Department of Mental Health (DMH)
Mental Health Services Oversight and Accountability Commission (MHSOAC)



PEI Stakeholder Workshop Agenda

- 9:30 **Welcome, Introduction and Purpose**
Bobbie Wunsch, Workshop Facilitator
Carol Hood, Deputy Director, DMH Systems of Care
- 9:40 **Overview of PEI**
Jennifer Clancy, Executive Director, MHSOAC
Emily Nahat, Chief, PEI, DMH
- 10:30 **Questions and Answers**
- 11:15 **Outreach to Ethnic and Underserved Communities**
Sergio Aguilar-Gaxiola, MD, Ph.D., Director, UCD CRHD
- 11:45 **Questions and Answers**
- 12:00 **Process for Afternoon Breakout Sessions**
Bobbie Wunsch, Workshop Facilitator
- 12:15 **Lunch**



PEI Stakeholder Workshop Agenda

- 1:30 Breakout Sessions for Priority Populations:
- Trauma-Exposed Individuals
 - Children/Youth at Risk for School Failure
 - Suicide Prevention
 - Children/Youth in Stressed Families
 - Onset of Serious Psychiatric Illness
 - Children/Youth at Risk of Juvenile Justice Involvement
- 2:40 Break
- 3:00 Repeat Breakout Sessions for Priority Populations
- 4:00 Adjourn



Purpose of the Workshop

- Provide an Overview of the PEI Component and Decisions
- Overview of Outreach to Ethnic and Underserved Communities
- Answer Questions
- Obtain Initial PEI Stakeholder Input



MHSA PEI Stakeholder Workshops and Public Hearings

- Riverside, CA (Mission Inn)
 - April 12, 2007, 3:00 pm – 6:00 pm
OAC Stigma and Discrimination Public Hearing
 - April 13, 2007, 9:30 am - 4:00 pm
Prevention and Early Intervention Workshop
- Emeryville, CA (Hilton Garden Inn)
 - April 26, 2007, 9:30 am - 4:00 pm
Prevention and Early Intervention Workshop
 - April 26, 2007, 6:00 pm – 9:00 pm
OAC Stigma and Discrimination Public Hearing



PEI Stakeholder Workshop

- Welcome and Introduction
 - *Bobbie Wunsch, Workshop Facilitator*

- Purpose: Framing PEI within the MHSA
 - *Carol Hood, Deputy Director, DMH MHSA Project*



Overview of Prevention and Early Intervention

- MHSOAC Recommendations on MHSA Prevention and Early Intervention: Key Policy Issues
 - *Jennifer Clancy, Executive Director, MHSOAC*
- PEI Timeline, Stakeholder Process, and Next Steps
 - *Emily Nahat, Chief, PEI, DMH*



MHSOAC Recommendations on MHSA Prevention and Early Intervention: *Key Policy Issues*

Jennifer Clancy, Executive Director, MHSOAC

- Context for MHSA Prevention and Early Intervention Policy Development
- Statewide Priorities & Local Flexibility in PEI
- Review of Key PEI Policy Direction: County Plans & Statewide Projects



Context for PEI Policy Development

- MHSOAC PEI Committee Recommendations Adopted by Commission – October 2006
- MHSOAC Adopted Process to Create Draft Requirements – October 2006
- Pursuant to October 2006 meeting, 15 County and State PEI Policy Recommendations were developed
- MHSOAC voted and approved PEI Policies – January 26, 2007



Policy 1: Key CA Community Mental Health Needs

- Disparities In Access to Mental Health Services
- Psycho-social Impact of Trauma
- At-Risk Children, Youth, and Young Adults
- Stigma & Discrimination
- Suicide Risk



Policy 1: Key CA Community Mental Health Needs

- Homelessness and Unemployment: PEI Committee Priorities
- Homelessness to be Addressed by Housing Initiative
- Unemployment reduced by addressing the 5 Key Mental Health Needs



Policy 2: Priority Age

- PEI County Plans
 1. Address all age groups
 2. A minimum of 51% of their overall PEI Plan budget must be dedicated to individuals who are between the ages of birth to 25
 3. Small Counties are excluded from this agreement
- Small County Definition
 1. Under 200,000 population as determined by the latest population estimates from Department of Finance
 2. 30 CA Counties meet this criterion
 3. 5.95% of the state's population



Policy 3: Priority Populations

- Underserved Cultural Populations
- Individuals Experiencing Onset of Serious Psychiatric Illness
- Children/Youth in Stressed Families
- Trauma-Exposed
- Children/Youth at Risk for School Failure
- Children and Youth at Risk of Juvenile Justice Involvement



Policy 4: Recommended PEI Programs, Interventions, and Strategies

- PEI County Plan Requirements would suggest programs, interventions, and strategies.
- DMH statewide projects would support these selected programs, interventions, and strategies.
- Counties would have ability to select county alternatives so long as they are justified.



Policy 5: Priority Principles

- Approval of PEI County Plans will be based on:
 - Demonstration of the Prevention and Early Intervention Principles and Criteria defined in the MHSOAC PEI Recommendations paper (adopted in October, 2006)
 - Meeting criteria in the proposed guidelines



Policy 6: Distinction between PEI & CSS

- Distinction between Prevention/Early Intervention and Community Services & Supports
- Operational definitions determined by DMH (e.g., early intervention/treatment nexus)
- Counties will have flexibility in their implementation of the operational definitions, with justification



Policy 7:

Priority Long Term Outcomes

- Priority outcomes defined in the Act are the 7 Overall Aims of Prevention and Early Intervention:
 1. Reduction of school failure
 2. Reduction of homelessness
 3. Reduction of prolonged suffering
 4. Reduction of unemployment
 5. Reduction of incarceration
 6. Reduction of removal of children from homes
 7. Reduction of suicide
- Counties will work toward achievement of those outcomes; each individual county will differ as to which outcomes are the most significant given local priorities



Policy 8:

Short-Term Goals, Evaluation Methods, Accountability Reporting

- Short-term goals, a set of required outcome indicators, and evaluation methods for PEI that are applicable at the State and County levels will be included in County Plan PEI Requirements.
- DMH will organize an Evaluation Work Group with representation from consumers, family members, program and evaluation experts in prevention and early intervention, CMHPC, CMHDA, OAC, and other critical partners, to shape recommendations for statewide PEI outcome accountability.



Policy 9: County Planning Process

- The County PEI Planning process will replicate the logic model used for County Community Services and Support Planning
- Application of the logic model: (within the parameters specified in the PEI Requirements) - Identify priority community needs, populations, strategies and outcomes



Policy 10: State-Administered Project- Suicide Prevention

- Fund dedicated to suicide prevention - \$14,000,000 annually for four years
- Statewide Suicide Prevention Strategic Planning - \$500,000 per year for 2 years



Policy 11: State-Administered Project- Stigma and Discrimination Reduction

- Fund of \$20,000,000 annually for four years
- Policy Writing Work Group, established by the OAC and led by the Center for Reducing Health Disparities, United Advocates for Children and Families, California Youth Connection, Client Network, and NAMI, will develop stigma and discrimination reduction priorities and strategies. Work overseen by Representative Advisory Group.
- Priorities and strategies to be reviewed at two public hearings - coordinated with Statewide PEI Stakeholder meetings.
- Strategies to be presented to the full Commission for action at the May 2007 OAC meeting.
- Based on OAC action, DMH then will produce a cost analysis for OAC approval prior to implementing the program.



Policy 12: State-Administered Project - Training, Technical Assistance, & Capacity Development

- Fund for PEI training and technical assistance of \$12,000,000 annually for four years.
- Goal of statewide training: improve the capacity of partners outside of the mental health system, i.e. education, law enforcement officers, primary care providers, to assist in prevention and early intervention efforts.
- Statewide training serves as an incentive, not a requirement.



Policy 13: Statewide Evaluation

- Investment of up to 5-8% of the MHSA County PEI fund will be spent annually on statewide PEI evaluation.
- To the extent possible, statewide evaluation paid for by the MHSA Administrative Budget.
- Counties need to be intimately involved in the evaluation design to ensure it is effective.



Policy 14: Prudent Reserve

- Statewide Prudent Reserve for Prevention and Early Intervention will be created from 2005-2006 PEI revenue.
- Prudent reserve will be the equivalent of 50% of the PEI service funds.
- County-specific amounts will be shown in the County Sub-accounts



Policy 15: Ethnically and Culturally Specific Programs and Interventions

- Fund up to \$15,000,000 annually for four years to support special projects for reducing ethnic disparities based on the results of the Ethnic Stakeholder process.
- This is in addition to, rather than instead of, expecting Counties to work toward reducing disparities in all County PEI Plans.



DMH MHSA Prevention and Early Intervention (PEI): *Progress and Next Steps*

Emily Nahat, Chief , PEI, DMH

- Foundation of Prevention and Early Intervention
- PEI Timeline
- Next Steps



Prevention and Early Intervention Values

- Collaboration
- Reducing disparities
- Expanding services while improving other key systems in the community
- Leveraging other funds and resources
- Having a focus
- Making an impact



Partners in Prevention and Early Intervention

- California Department of Mental Health (DMH)
- Mental Health Services Oversight and Accountability Commission (MHSOAC) and its Prevention and Early Intervention Committee
- California Mental Health Planning Council (CMHPC)
- California Mental Health Directors Association (CMHDA)
- Consumers, Family Members, and other Statewide and Community Stakeholders



Why Invest in Prevention and Early Intervention?

- Positive, proactive approach v. fail-first system
- Cost-effective
 - Reduces the need for more costly mental health treatment, special education and welfare supports
- Addressing a core set of risk factors for initial onset of mental health problems or disorders can reduce potential multiple negative outcomes



Prevention and Early Intervention Vision Statement

All Californians share responsibility for promoting strong mental health and resiliency among individuals in their many diverse communities and for supporting individuals in accessing mental health services without fear of disapproval or discrimination.

Prevention and early intervention approaches are tools for empowerment and social justice that emphasize holistic and integrated approaches to mental health.

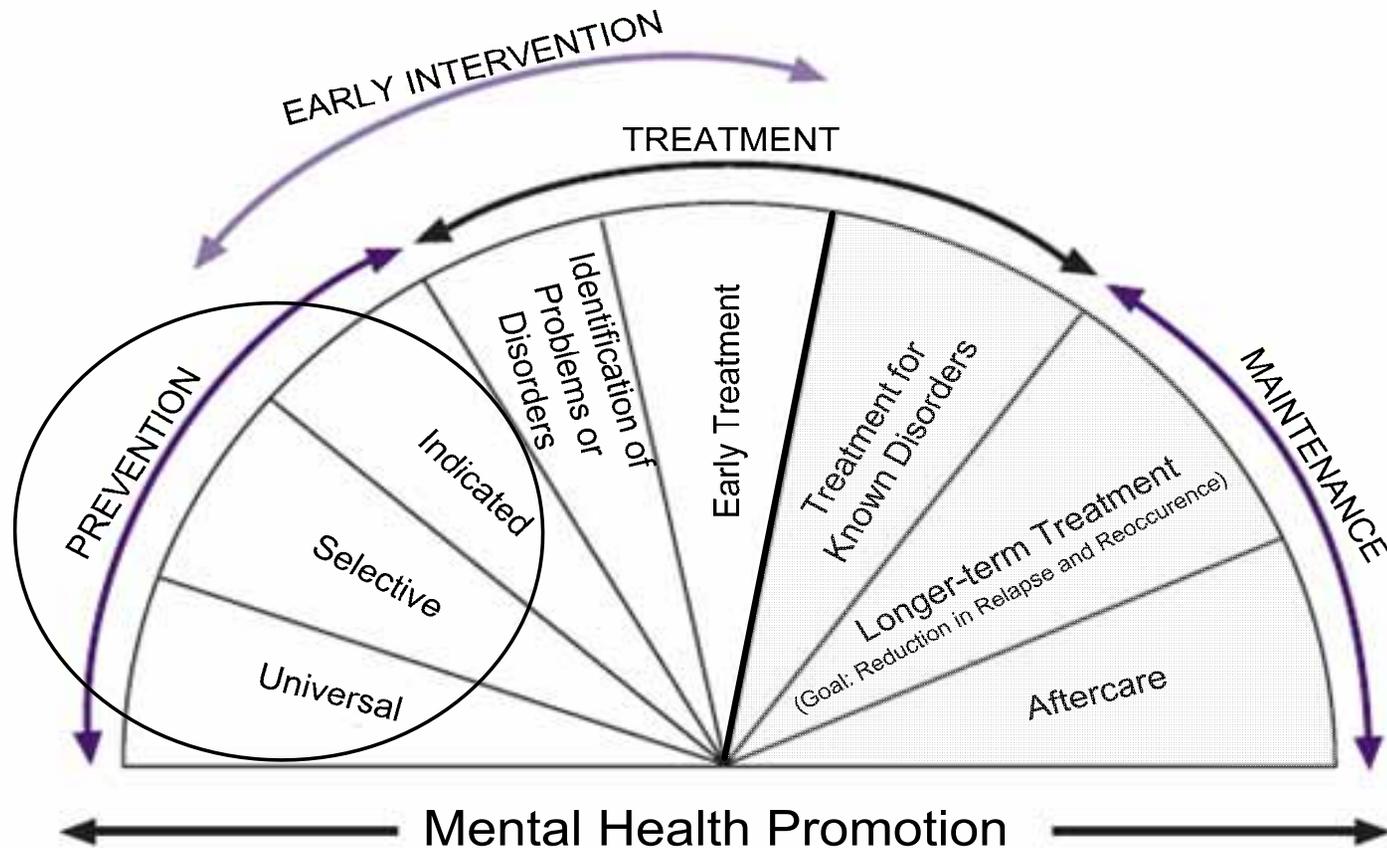


PEI Statutory Requirements

- Prevent mental illness from becoming severe and disabling
- Recognize the early signs of potentially severe and disabling mental illnesses
- Access and linkage to medically necessary care
- Reduction in stigma
- Reduction in discrimination



IOM Spectrum of Mental Health Interventions: PEI Funding Emphasis





Three Levels of Prevention

- Prevention interventions may be classified according to their target groups (IOM):
 1. Universal: Target the general public or a whole population group that has not been identified on the basis of individual risk. (Example: education for school-aged children and youth on mental illnesses and contact with clients to reduce stigma.)
 2. Selective: Target individuals or a subgroup whose risk of developing mental disorders is significantly higher than average. (Example: support group for elderly widows.)
 3. Indicated: Target individuals who are identified as having signs, symptoms, or genetic markers related to mental disorders, but who do not currently meet diagnostic criteria. (Example: parent-child interaction training for children identified by their parents as having behavioral problems.)



Broadening our Vision

- Addressing potential emotional issues or mental illness at the earliest stages
 - One Example: Maternal Depression
- Huge shift and new role in the mental health community
 - Historically limited resources for individuals with even the most serious mental illnesses



Prevention and Early Intervention Timeline

Task	Date
Release draft local plan guidelines to general stakeholders	June 2007
Broad stakeholder review of draft local plan guidelines – 2 meetings (North and South)	June 2007
Release Information Notice — Planning funding	July 2007
Release Information Notice — Final PEI guidelines and funding	August 2007
County plan submission and review	November 2007- Ongoing
County plan approval/contract amendment	January 2008 - Ongoing



DMH Prevention and Early Intervention Next Steps

- Stakeholder Input - Enhanced 3 Part Process
 - General, Large Stakeholder Meetings
 - Ethnic Specific Stakeholder Process
 - Transition Age Youth Stakeholder Process
- DMH Development of Local Plan Guidelines
 - Operational Definitions of PEI
 - Recommended Strategies
 - Accountability/Evaluation Framework
- County Plan Submission and Funding
- State-Administered Projects - Planning and Implementation



We need your input...

Breakout Sessions for Priority Populations:

- Trauma-Exposed Individuals
- Children/Youth at Risk for School Failure
- Suicide Prevention
- Children/Youth in Stressed Families
- Onset of Serious Psychiatric Illness
- Children/Youth at Risk of Juvenile Justice Involvement



Contact Information

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