



California Department of Mental Health (DMH)

Presentation to the Mental Health Services
Oversight and Accountability Commission
October 27, 2006

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Prevention and Early Intervention



Purpose

To share a preliminary concept for implementation (based on OAC's PEI Committee proposal) for the next phase of dialogue and input

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



Presentation Overview

- Statewide and County strategies in reducing stigma, discrimination, and suicide
- PEI's role on the mental health intervention spectrum; and
- Systems well positioned to implement PEI programs and interventions for selected priority populations and to reduce disparities



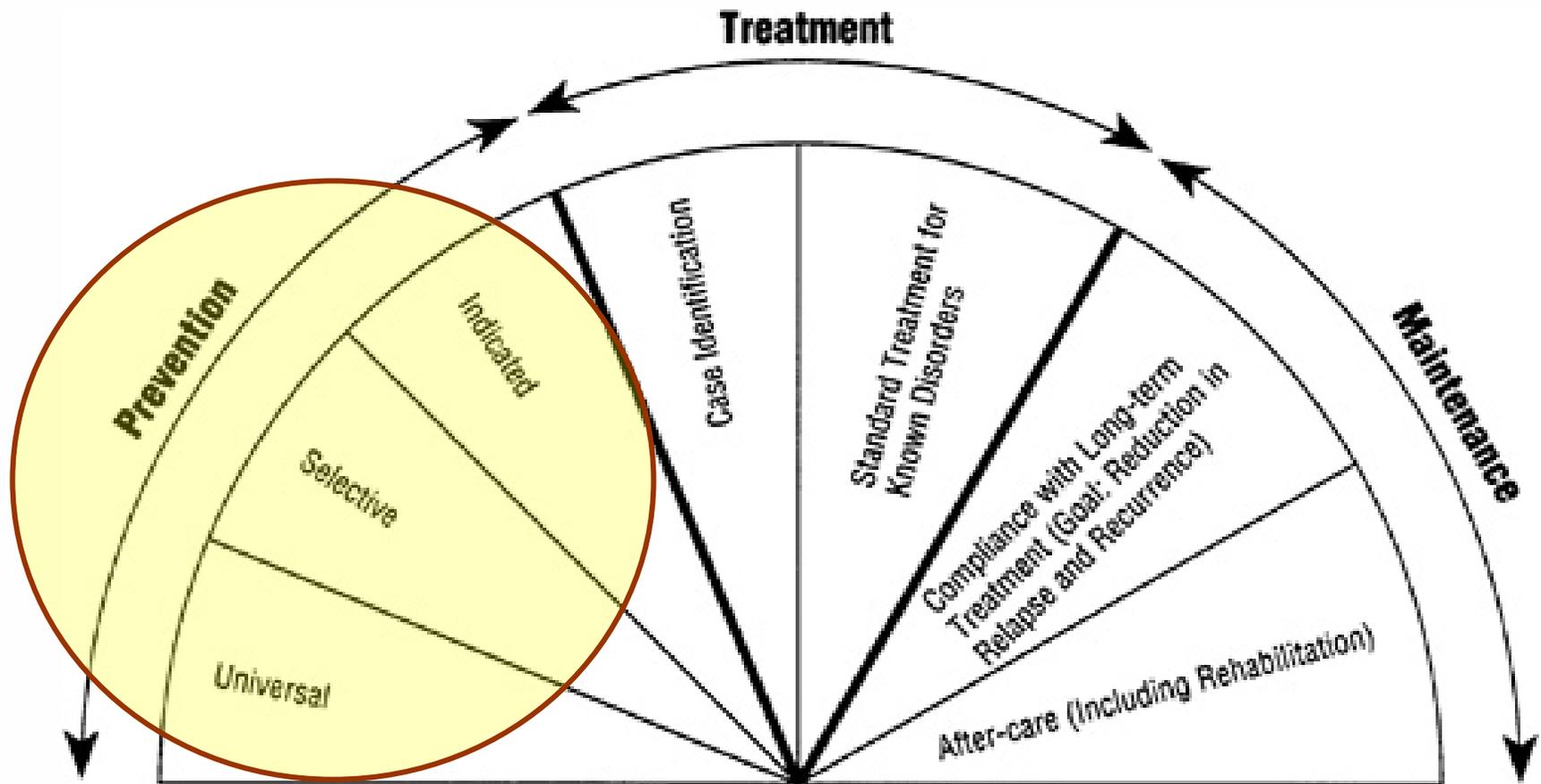
Pervasive Issues

Statewide and County Funding Priorities

Stigma
Discrimination
Suicide



IOM Spectrum of Mental Health Interventions: Funding Emphasis on Prevention





PEI Funding Options

- Option 1

- Emphasizes the prevention end of the spectrum



- **Differentiates the goals of PEI funding from CSS funding**
- **Allows for focus and impact in the prevention arena**

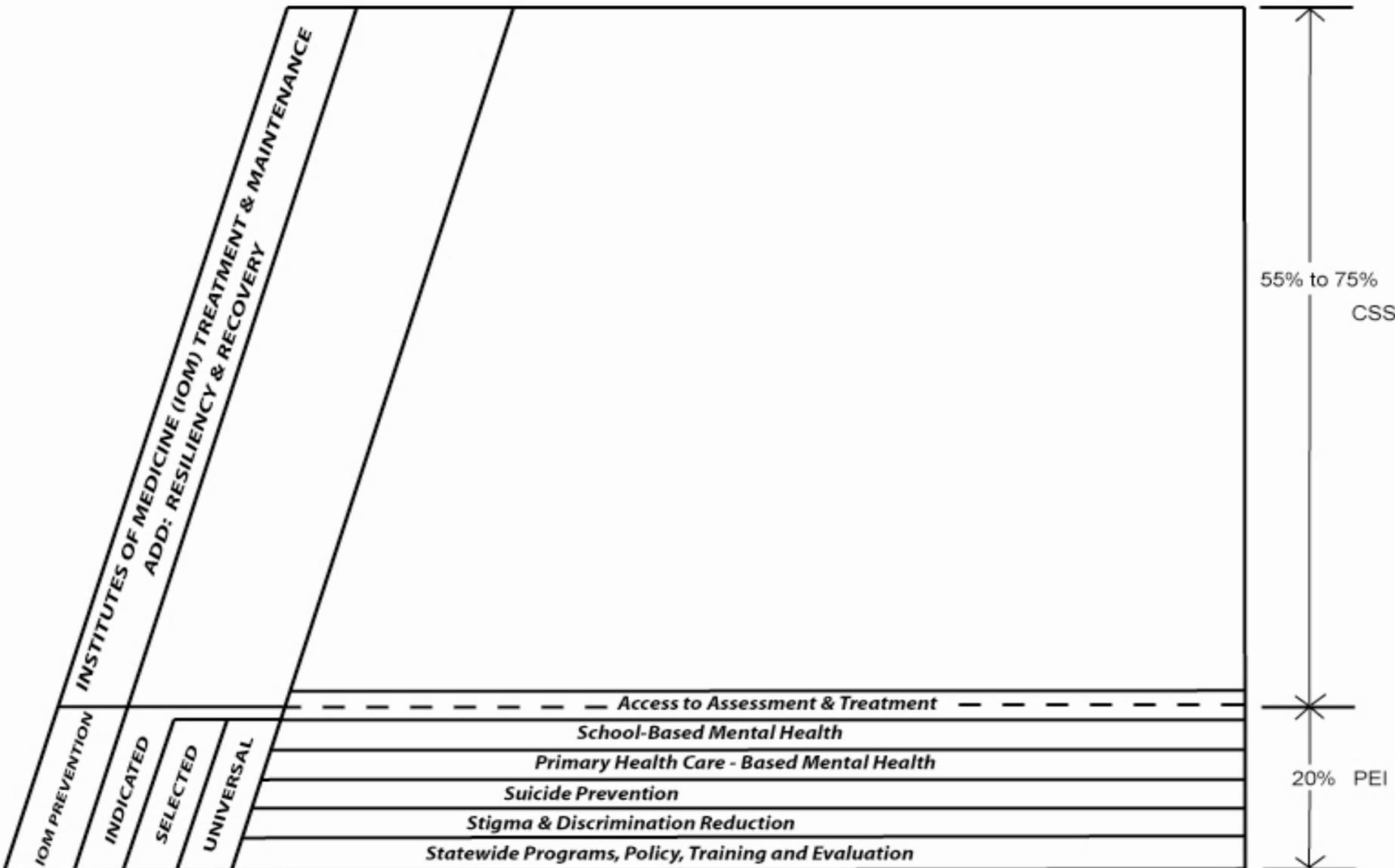
- Option 2

- Emphasizes the entire spectrum – Prevention, Treatment and Maintenance



**Mental Health Services Act
Nexus of Community Services and Support (CSS)
and Prevention and Early Intervention (PEI)**

DRAFT 10-23-06





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



PEI and CSS Overlap

- Access to Assessment and Treatment
 - Short term bridging services
- Strengthen treatment services in other systems for those ineligible for County Mental Health services
 - Provide incentives in funding, consultation and training to leverage other funding sources



PEI Strategic and Systems Perspective

Two systems that could serve most of California's population:

SCHOOLS AND PRIMARY HEALTH CARE

- Easy to access children, youth, adults and older adults
- Opportunity to serve millions of Californians
- Ability to reach a highly diverse population
- Opportunity to leverage other funds and resources



Demographic Data - Schools

First 5 California 2001 Data

- Of 1,385 priority schools (API 1-3 elementary):
- 85% of the population is low income
- 48% of the population are English Learners (about 75% Latino)



Demographic Data - Primary Health Care

- **Healthy Kids 2004 Data**
 - 95% Latino; 5% White and Asian PI
 - Most below 250% poverty
- **Healthy Families 2006 Data**
 - 58% Latino; 11% White; 11% Asian PI; 2% Black; 3% Native American; 13% Other
 - Below 250% poverty
- **Clinics and Health Centers 2004 Data**
 - 52% Latino; 21% White; 7% Black; 7% Asian PI; 2% Native American; 12% Other



Demographic Data - Primary Health Care Continued

- **Indian Health Clinics 2005 Data**
 - 49% Native American; 13% Latino; 12% White; 26% Other/Unknown
- **Medi-Cal 2004 Data**
 - 44% White; 26% Latino; 17% Black; 9% Asian PI; 1% Native American; 4% Other

Note: Numbers on this slide and the previous slide are rounded and, therefore, do not total 100%



Mental Health and Schools

- PEI programs for children and youth in schools result in fewer severe problems requiring intensive treatment
- Goals:
 - Make mental health a central part of the schools' mission
 - Help each child and student meet their greatest potential for success in school and life



PEI School Investments

- Planning, supporting a leadership team, and filling key program gaps
- Leveraging and coordinating currently operating programs including:
 - Juvenile court schools
 - Special Education, especially the new Early Intervening component
 - Title I
 - Safe and Drug Free Schools
 - Healthy Start school-linked services
 - After school programs
 - School based health centers
 - Healthy Start school-linked services
 - After school programs
 - School based health centers
 - Early Mental Health Initiative
 - Head Start and its coordinated services
 - First 5 School Readiness and preschool programs
 - Curriculum for building resiliency skills and mental health literacy including stigma education



Mental Health and Primary Health Care

- All ages present with mental health concerns
- Ideal location for:
 - Early and periodic screening- child and mother
 - Health guidance
 - “First Break” response
 - Addressing depression in older adults
- Individuals with severe mental illness have increased physical health concerns
- Collaborative work leverages extensive resources



Proposed Priority Populations Organized by System

Children & Youth, Ages 0-25, and their Families (Includes Transition Age Youth)	SCHOOL BASED	HEALTH BASED
Children and youth at risk of entering the juvenile justice system	X	
Children and youth at risk of entering or in the foster care system	X	
Children and youth at risk of school failure	X	
Infants and very young children with risk factors (focus is on supporting positive relationships with parents/caregivers and support for child care providers)	X	X
Children and youth “first break” (initial episode of a severe mental illness)	X	X
Children, youth, and their families that are homeless	X	X
Children and youth whose parents/caregivers have or are at risk for mental illness		X
Children and youth who are survivors of trauma	X	X
Children and youth from ethnically and racially diverse communities where research demonstrates they are at risk for specific mental health disorders	X	X



Proposed Priority Populations Organized by System

	SCHOOL BASED	HEALTH BASED
B. Adults and Older Adults		
Adults and older adults at “first break” (initial episode of a severe mental illness, including depression in older adults)		X
Adults and older adults who are survivors of trauma		X
Adults and older adults from ethnically and racially diverse communities where research demonstrates they are at risk for specific mental health disorders		X



Proposed Priority Populations Organized by System

Proposed STATEWIDE, REGIONAL and COUNTY TOPICS		
A. TOPICS ACROSS ALL AGES TO BE IMPLEMENTED IN VARIOUS SETTINGS	SCHOOL BASED	HEALTH BASED
Stigma Reduction	X	X
Discrimination Reduction	X	X
Suicide Reduction	X	X
B. STATEWIDE AND REGIONAL PROGRAMS, POLICY, TRAINING AND EVALUATION TO SUPPORT COUNTYWIDE PROGRAMS (applies to all population and topic categories above)		



Conclusions

- Focusing substantial resources in schools and primary health care is logical
- Building a more comprehensive and connected system is crucial as counties and their stakeholders build an Integrated approach
- Focusing on a reasonable number of priority populations is essential to demonstrate impact
- Looking forward to continued dialogue and collaboration with our partners and stakeholders



How to Provide Input to DMH and OAC

Please provide comments by December 1, 2006.

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