

# Mental Health Services Act

Prevention &  
Early  
Intervention

May 2008

- ▼ This PowerPoint presentation was used as a guide to discuss the Prevention and Early Intervention (PEI) planning process that will be used in Santa Cruz County.
- ▼ It contains most of the information that was presented during the meeting.
- ▼ If you need further information about MHSA or the PEI process please contact:

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# Today's Meeting

## ▼ Goal

- To inform and educate stakeholders about MHSA PEI component

## ▼ Objectives

- Summarize PEI guidelines
- Inform stakeholders about the PEI planning process
- Prepare stakeholders to participate in the planning process

# MHSA

- ▼ Proposition 63 passed in 2004
- ▼ Dedicated funds to improve mental health care in California and to reduce the long-term adverse impact due to untreated mental illness
- ▼ Expand/initiate innovative mental health services that are culturally and linguistically sensitive to underserved populations
- ▼ Funds to be used in a cost effective manner to ensure accountability

# Paradigm Shift

- ▼ Wellness, recovery and resilience
- ▼ Cultural competence
- ▼ The needs of clients/families drive the mental health system
- ▼ Participation of clients/families in the planning process
- ▼ Integration of mental health services
- ▼ Community collaboration

# Components of MHSA

Community Services and Supports  
(CSS)

Workforce Education and Training  
(WET)

Prevention and Early Intervention  
(PEI)

Capital Improvements and  
Information Technology  
Innovation

# PEI vs. CSS

## ▼ CSS

- Reduce barriers to access to mental health services

## ▼ PEI

- Programs to engage persons prior to the development of serious mental illness

# Target Groups

## CSS

- ▼ Children, youth, young adults, adults and older adults

## PEI

- ▼ Underserved cultural populations
- ▼ Individuals experiencing onset of a serious mental illness
- ▼ Children and youth in stressed families
- ▼ Trauma-exposed
- ▼ Children/youth at risk for
  - School failure
  - Juvenile justice involvement

# Mental Health Needs

## CSS

- ▼ Recovery & maintenance of wellness
- ▼ Community collaboration and system integration
- ▼ Age-appropriate strategies
- ▼ Peer support
- ▼ Outreach to underserved communities
- ▼ Substance abuse
- ▼ Accountability of outcomes
- ▼ Reduction of involuntary services

## PEI

- ▼ Disparities in access
- ▼ Psychosocial impact of trauma
- ▼ At-risk children, youth and young adults
- ▼ Stigma and discrimination
- ▼ Suicide risk

# Types of Services

## CSS

- ▼ Full service partnerships
- ▼ Peer
  - Support
  - Counseling
  - Mentoring
- ▼ Housing and residential services
- ▼ Traditional mental health services
- ▼ Crisis services
- ▼ Bridging support services

## PEI

- ▼ Evidence-based practices focusing upon:
  - Mental health promotion
  - Mental health education
  - Screening
  - Short-term, early intervention programs

# Intent of Strategies

## CSS

- ▼ To reduce barriers to mental health services to persons with serious mental illness or children/youth with serious emotional disturbances

## PEI

- ▼ To engage persons prior to the development of serious mental illness or emotional disturbance.
- ▼ To alleviate the need for additional or extended mental health treatment

# PEI Priority Outcomes

- ▼ Reduction of homelessness
- ▼ Reduction of school failure
- ▼ Reduction of unemployment
- ▼ Reduction of incarceration
- ▼ Reduction of removal of children from homes
- ▼ Reduction of suicide

# Providers

## CSS

- ▼ Mental health providers
- ▼ Consumer organizations
- ▼ Groups with experience in traditional mental health services

## PEI

- ▼ Non-traditional mental health settings
  - Health care
  - Education
  - Social services
  - Law enforcement
  - Underserved communities

# Funding

## CSS

- ▼ 55% of total MHSA budget
- ▼ 51% of County CSS funding used for Full Service Partnerships

## PEI

- ▼ 20% of MHSA budget
- ▼ Funding across the life cycle
- ▼ **At least 51%** of PEI budget must be used for children and youth between birth and 25 years of age

# Types of Funding Available

## CSS

- ▼ Full Service Partnerships
- ▼ General System Development
- ▼ Outreach & Engagement

## PEI

- ▼ Funding for
  - programs and interventions that meet the PEI guidance language
  - costs to implement and evaluate those programs and interventions

Fiscal Year

Santa Cruz CMH  
PEI Estimated Funding

2007 – 2008

\$ 857,000

\*includes 178,400 in planning funds

2008 - 2009

\$ 1.4 million

Total

\$ 2.299 million

# PEI Plan Requirements

- ▼ Short-term goals
- ▼ Outcome indicators
- ▼ Evaluation methods
- ▼ DMH will organize an Evaluation Work Group with representation from:
  - Consumers
  - Family members
  - Program and evaluation experts in prevention and early intervention

# Statewide Evaluation

- ▼ Investment of up to 5-8% of the MHSA State 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

# State Administered Programs

- ▼ Suicide Prevention
- ▼ Stigma and Discrimination Reduction
- ▼ Ethnically and Culturally Specific Programs and Intervention
- ▼ Training, Technical Assistance and Capacity Building
- ▼ Student Mental Health Initiative
- ▼ Statewide Evaluation

Risk  
Factors



Mental Health

Mental Illness

## Risk Factors

Genetics

Prenatal Care

Poor Social Skills

Family Violence

War or Natural Disaster

School Failure

Death of Loved One

Parent Substance Abuse

Unemployment



Protective  
Factors

Mental Health

Mental Illness

## Protective Factors

Easy Temperament

Family Harmony

School Achievement

Good Physical

Health Sense of Belonging

Access to Support

Social Skills

Positive Self

Image

Economic Security

# Prevention

- ▼ Reducing risk factors and increasing protective factors to help prevent the initial onset of mental illness
- ▼ Prevention promotes positive cognitive, social, and emotional development, and encourages a state of well-being
- ▼ Three types of prevention
  - Universal
  - Selective
  - Indicated



# Universal Prevention

- ▼ Targeted to whole population groups regardless of their level of risk
- ▼ Based on the premise that it is not necessary to be able to identify the specific individuals at risk within the population in order to help them
- ▼ Deemed to be desirable and risk-free for everyone within the population group
- ▼ Generally low cost per individual and are acceptable to the members of the population within which they are being implemented.
- ▼ Examples:
  - Good prenatal care
  - Programs to prevent bullying in schools

# Selective Prevention

- ▼ Targeted to population groups at higher than average risk of developing mental health problems, i.e.
  - Age
  - Occupation
  - Gender, gender identity, sexual orientation
  - Exposure to known risk factors (divorce, violence, etc)
- ▼ Costs are moderate and the potential negative effects are minimal or nonexistent
- ▼ Examples:
  - Support for children of parents with a mental disorder
  - Bereavement support groups
  - Psychosocial support for people experiencing physical illness
  - Social support programs to prevent depression for older people in residential care

# Indicated Prevention

- ▼ Targeted to individuals, rather than population groups, at the highest level of risk
- ▼ Focus on people who are showing signs of mental health problems and mental disorders, rather than people who are currently non-symptomatic
- ▼ Examples:
  - Parenting programs for parents of preschool children who display aggression and noncompliance
  - Programs for children identified at school with some signs of behavior problems
  - Identification of adolescent social withdrawal that may be a component of an emerging thought disorder

# Early Intervention

Risk  
Factors



Early Intervention

Protective  
Factors

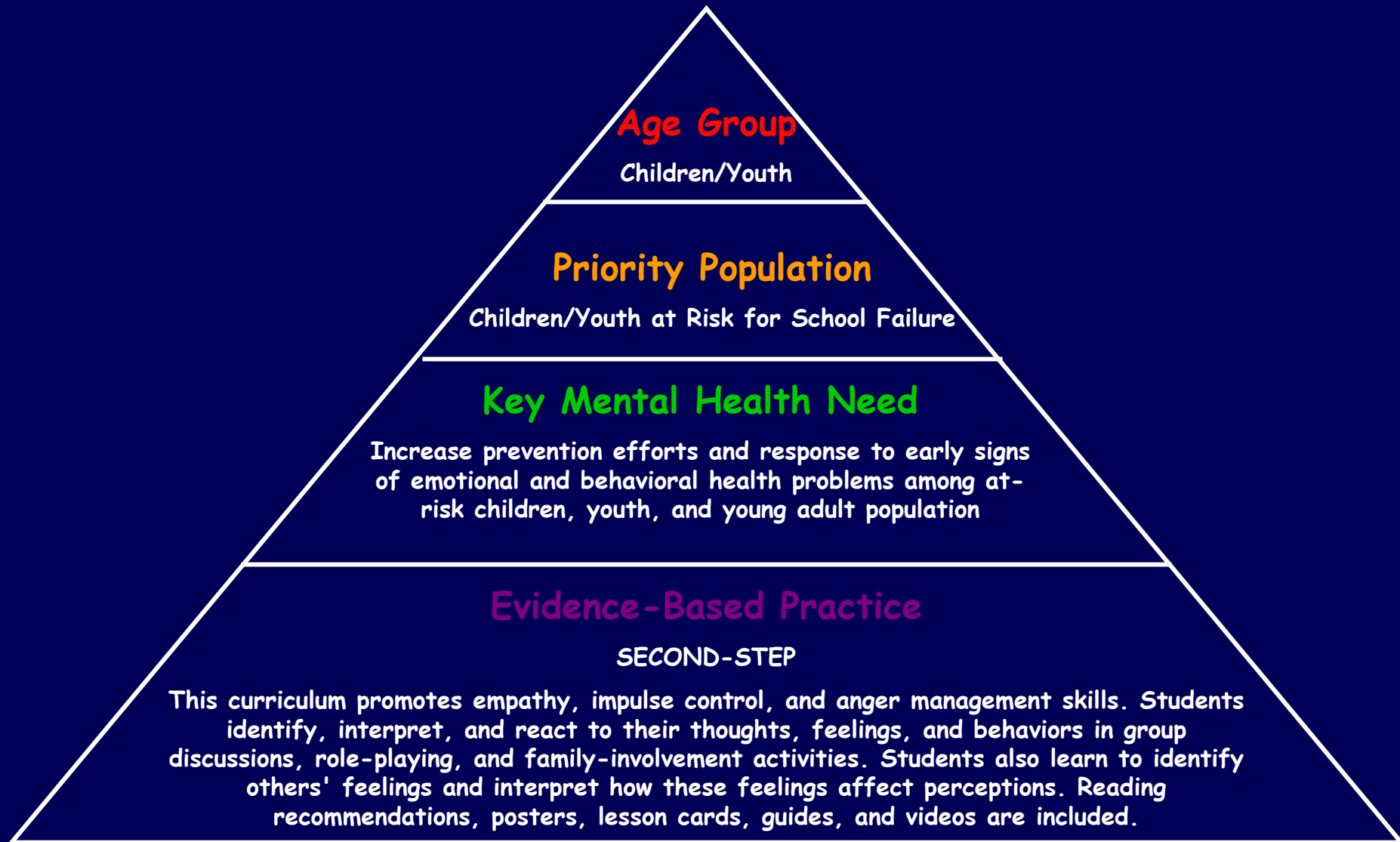
Mental Health

Mental Illness

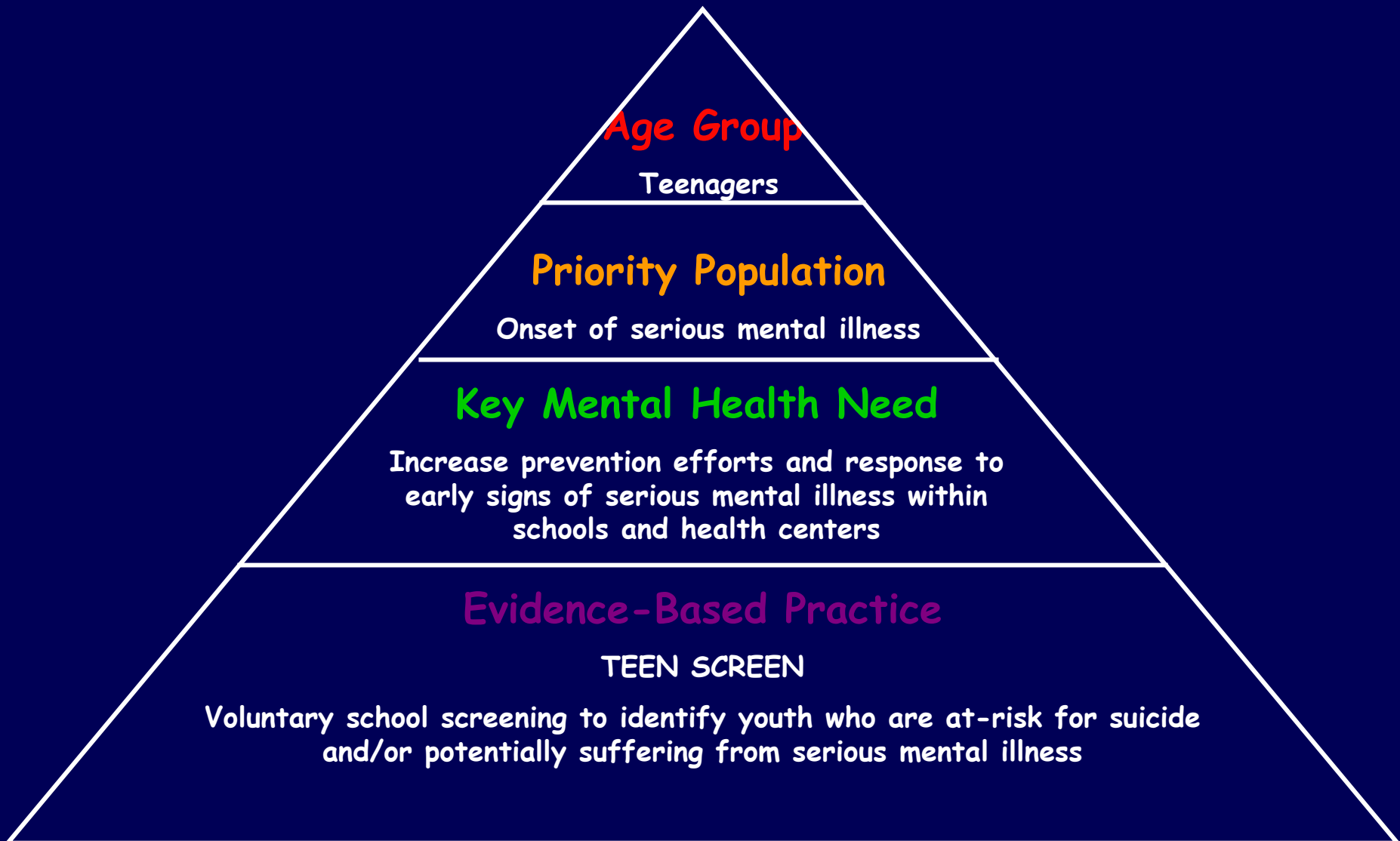
# Early Intervention

- ▼ Addresses a condition early in its manifestation
- ▼ Is of relatively low intensity and short duration (usually less than one year)
- ▼ Has the goal of supporting well-being and avoiding the need for more extensive mental health services
- ▼ May include individual screening for confirmation of potential mental health needs
- ▼ Examples:
  - Mental Health consultation/with interventions in child care environments
  - Parent-child interaction training for children with behavioral problems
  - Socialization programs with mental health emphasis for home-bound older adults with signs of depression

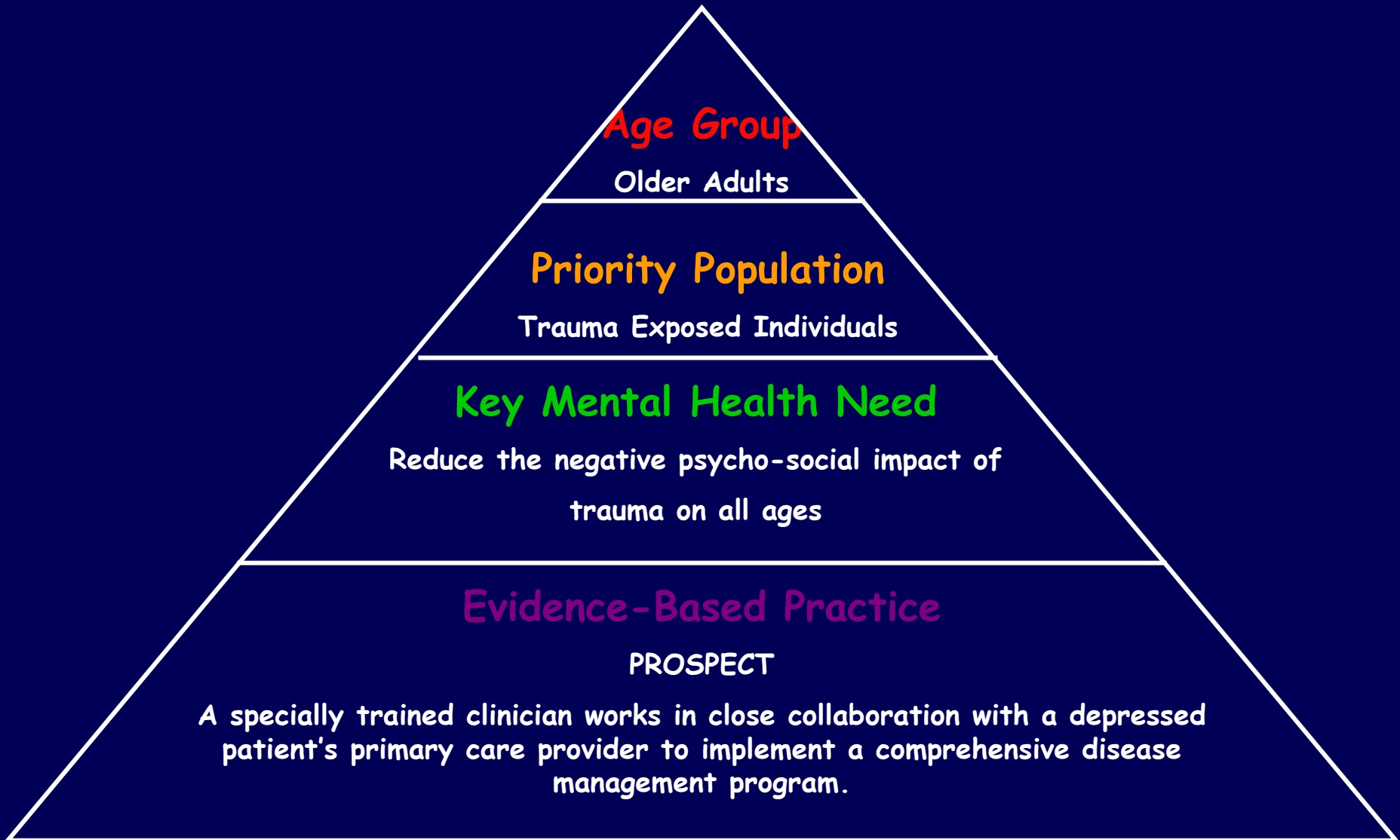
# Match PEI Funding Priorities with Evidence-Based Practice: Youth Example



# Match PEI Funding Priorities with Evidence-Based Practice: Teen Example



# Match PEI Funding Priorities with Evidence-Based Practice: Older Adult Example



# Stakeholders

## ▼ Required

- Underserved communities
- Education
- Consumers and/or their families
- Health
- Social Services
- Law Enforcement

## ▼ Recommended

- Family resource centers
- Employment
- Media

# Santa Cruz County Planning & Early Intervention Planning Process

Communitywide Informational Overview of PEI  
Guidance and Planning Process

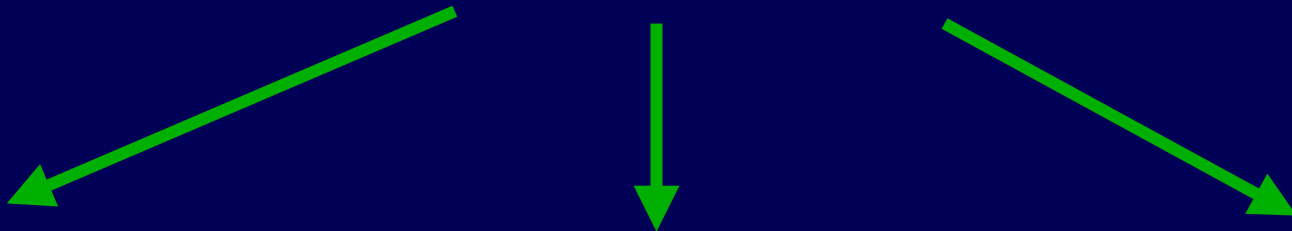
Stakeholders declare interest in Workgroup(s)

\$1.4 million

Ages 0-25

Ages 26-59

Ages 60+



Ages 0-25

Ages 26-59

Ages 60+

Invite additional stakeholders as needed

Review existing survey data and mental health indicators.  
Review Dept of Mental Health evidence-based programs

Request for additional data via focus groups, key informant interviews, surveys

Establish priority populations and desired outcomes

Establish priority populations and programs



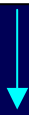
Recommend programs and desired outcomes;  
If needed present rationale for alternative programs



Establish program outcomes, evaluation strategies, suggested  
funding level and linkages to other agencies



Submit Workgroup recommendations to MHSA Steering Committee for review



MHSA Steering Committee approves final PEI plan.  
If needed, resubmit to Workgroups for reworking.



30 day Public Review and incorporate public feedback



Submit final PEI plan to Dept of Mental Health for approval

# Proposed Timeline

May 2008

Community Wide  
Informational Meetings

June 2008

Workgroup Formation

September 2008

Workgroup Recommendations  
to MHSA Steering  
Committee

October 2008

30 day Public Review

November 2008

Submission to Dept of Mental  
Health for approval and  
funding

# Initial Workgroup Meetings

## Children/Youth

Monday, June 2 10 AM - noon

100 Aptos Creek Road, Aptos Park

Aptos

## Older Adults

Thursday, June 5 4 - 6 PM

1430 Freedom Blvd, Room 8

Watsonville

## Adults

Friday, June 6 9:30 - 11:30 AM

County Offices

1080 Emeline Avenue, Large Auditorium

Santa Cruz

# Between Now and Then

- ▼ Tell other interested people about the community wide process
- ▼ Encourage them to participate in any way they can
- ▼ Review materials on-line
  - Guidance materials
  - Resource materials
  - Evidence-based programs