

# Update

mhsoac  
newsletter

July 2011



## Commissioners

### Chair:

Larry Poaster, Ph.D.

### Vice Chair:

Richard Van Horn

Sheriff Bill Brown

Victor Carrion, M.D.

Senator Lou Correa

Assemblymember

Mary Hayashi

Patrick Henning

Ralph Nelson, Jr., M.D.

David Pating, M.D.

Andrew Poat

Eduardo Vega

Tina Wooton

### Executive Director:

Sherri Gauger

## The MHSOAC Welcomes New Commissioners!

The MHSOAC is pleased to welcome our four new Commissioners: Sheriff William (Bill) Brown, Ralph Nelson, Jr., M.D., Tina Wooton, and Victor Carrion, M.D. Dr. Carrion joined the MHSOAC in May of this year, while the others have been serving since their appointments at the January 2011 Commission Meeting. As required in the Mental Health Services Act, each Commissioner is appointed to a specific seat on the Commission.

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## Statewide Student Mental Health Initiative Contracts Awarded

By Christina Call

On June 9, 2011, the California Mental Health Services Authority (CalMHSA) awarded contracts for Student Mental Health Initiative funds to the CA State Department of Education, the CA State University Office of the Chancellor, the CA Community Colleges Office of the Chancellor, and the Regents of the University of California. A maximum of \$1,000,000 was approved for the Statewide Kindergarten through Twelfth Grade Student Mental Health Program and a maximum of \$6,897,652 was approved for each of the California State University Student Mental Health Program, the California Community

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And much more!

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Want to see  
this newsletter  
in COLOR?

Check it out online at  
[www.mhsoac.ca.gov](http://www.mhsoac.ca.gov)

**New Website!**

In case you didn't hear...  
...the MHSOAC has a new website!



[www.mhsoac.ca.gov](http://www.mhsoac.ca.gov)

On October 19, 2010, Executive Director Sherri Gauger announced the launch of the Commission's very own website! The address is now [www.mhsoac.ca.gov](http://www.mhsoac.ca.gov). From Ms. Gauger's announcement to the public:

*We hope this new website will be easier to navigate and more user-friendly, with features like an interactive calendar for MHSOAC meetings and community events, and a page devoted to mental health resources. This new website will also provide links to the MHSOAC channel on YouTube where you will find MHSOAC and community video footage that highlights MHSA programs in California. You can also find Commission and Committee meeting schedules, County MHSA Plans, Press Releases, Commissioner biographies, updates on the progress of the MHSA and much more! This new website will also help California reach MHSA goals, such as stigma reduction, through articles and videos about MHSA clients, families, and programs.*

We hope you enjoy our new website.  
Sherri Gauger, Executive Director,  
MHSOAC

Be sure to update your bookmarks!

**Email Addresses**

You may also have noticed new email addresses for your MHSOAC contacts! As of January 1<sup>st</sup>, 2011, all MHSOAC staff email addresses will now be in the following format:

Firstname.Lastname@mhsoac.ca.gov

The old format ceased functioning on July 1<sup>st</sup>, 2011, so please make sure to update your address books.

**Accessibility**

We've made some exciting changes to the MHSOAC website in the past few months! To promote accessibility, we're working to translate our publications and documents into multiple languages.

**Check out our fact sheets**, located under the MHSOAC Publications tab, many of which are already available in **Armenian, Spanish, Tagalog, Chinese, and Vietnamese**:

[www.mhsoac.ca.gov/MHSOAC\\_Publications/Fact-Sheets.aspx](http://www.mhsoac.ca.gov/MHSOAC_Publications/Fact-Sheets.aspx)

**Read the text of the MHSA in Spanish and Vietnamese:**

[www.mhsoac.ca.gov/About\\_MHSOAC/About\\_Prop63.aspx](http://www.mhsoac.ca.gov/About_MHSOAC/About_Prop63.aspx)

**Commissioner Bios in Spanish:**

[www.mhsoac.ca.gov/About\\_MHSOAC/Commissioner\\_Bios.aspx](http://www.mhsoac.ca.gov/About_MHSOAC/Commissioner_Bios.aspx)

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**Ideas for future issues?**  
Submit them by email:  
[mhsoac@dmh.ca.gov](mailto:mhsoac@dmh.ca.gov)  
or fax: 916-445-4927  
Attn: Communications

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## The MHSOAC Welcomes Four New Commissioners!

Continued from the Front Page

**Sheriff Bill Brown** is in his second term as Sheriff and Coroner for Santa Barbara County. He fills the seat allocated to a county sheriff. He has served in law enforcement for 33 years. In his introduction at the



Bill Brown

MHSOAC's January Commission Meeting, Brown noted that sheriffs are familiar with California's mental health issues because many of the jails in the state have become the *de facto* mental institutions for the counties, and they are very interested in finding alternatives for mentally ill prisoners. Sheriff Brown is past President of the California Police Chiefs Association and is currently serving as an honorary board member for the North County Rape Crisis and Child Protection Center, as an honorary council member for Domestic Violence Solutions for Santa Barbara County, and as an advisory board member of the Anti-Defamation League. He is a member of the Lompoc Hospital District Board of Trustees, and serves on the Board of Directors for the United Boys and Girls Club and the Pierre Claeysens' Veterans Museum. He is a member of the steering committees for Santa Barbara's Reentry Project and Fighting Back (against alcohol and drug abuse) project.

**Ralph Nelson Jr., M.D.**, fills the seat of a family member of an adult child who has or has had a severe mental illness. Dr. Nelson began advocating for people with mental illness in the 1990's when his



Ralph Nelson Jr., MD

son was diagnosed with a mental illness but was unable to accept treatment from the mental health system. He comes to the MHSOAC with many years of experience advocating for consumers and family members. Dr. Nelson is a member of the National Alliance on Mental Illness (NAMI) National Board of Directors. Prior to this he was President of NAMI California and Chair of the President's Council for NAMI National. Dr. Nelson is a retired radiologist and was a partner of the Kern Radiology Medical Group for 25 years. He concluded his introduction at the January 2011 Commission meeting by saying that he is excited to be on the Commission, and will advocate for those who cannot accept services for whatever reason and end up having difficulty living in our society.

**Tina Wooton** has been the Consumer Empowerment Manager for Alcohol, Drug, and Mental Health Services in Santa Barbara County since 2009. Prior to this she was a Consumer and Family Member Liaison for the California Department of Mental Health for four years and was part of the Mental Health Services Act Implementation Team. She was also a consultant to the California Department of Mental Health/Department of Rehabilitation's Co-Operative Unit and a consultant to APS Healthcare external quality review organization (EQRO). Ms. Wooton was also the Consumer Liaison for the Mental Health Association of Sacramento County from 1997 through 2005 and a Service Coordinator for Human Resources Consultants for three years prior to that. She was a member of the Statewide Partnership Conference Planning Committee, the Mental Health Employment Alliance (MHEA), and Cali-



Tina Wooton

fornia's Data Infrastructure Group. She has over 17 years of experience in the mental health system advocating employment and equality for consumers and family members, from local to federal levels. Ms. Wooton fills one of the two seats designated for individuals with lived experience.

**Victor Carrion, M.D.**, is the newest MHSOAC Commissioner. He is an Associate Professor at the Stanford University School of Medicine and the Director of Stanford's Early Life Stress Research Program. He is a board certified Child and Adolescent Psychiatrist, and his sub-specialties include maltreatment, neglect, and post-traumatic stress disorders. Dr. Carrion practices at the Lucile Packard Children's Hospital at Stanford. He is also an Associate Editor for the Journal of Traumatic Stress. His current research focuses on the relationship between brain development and vulnerability to stress, as well as developing treatments that include individual and community-based interventions for trauma-exposed children and adolescents. Dr. Carrion is also the recipient of awards from the National Institute of Mental Health, the American Foundation for Suicide Prevention, the National Association for Research in Schizophrenia and Affective Disorders, and the American Academy of Child and Adolescent Psychiatry. Dr. Carrion joins the Commission as the Attorney General's designee.



Victor Carrion, MD

Welcome to the MHSOAC, Commissioners!



## Farewell to Past Commissioners

Commissioners Hill, Trujillo, Bray, and Gould:

On behalf of the Mental Health Services Oversight and Accountability Commission, I want to thank you for your commitment to serving the people of California through your vision and leadership in upholding the principles and furthering the goals of the Mental Health Services Act.

Commissioner Hill - Your leadership as co-chair of the Services Committee and your contributions to the Task Force for Criminal Justice Collaboration on Mental Health Issues were invaluable to the Commission. You brought a deep understanding of mental illness, co-occurring disorders, and the importance of breaking down system barriers that result



in individuals becoming part of the criminal justice system.

Commissioner Trujillo – As Vice-Chair, you provided gifted leadership to the Mental Health Funding and Policy Committee. You brought a business perspective to the administration of public mental health services and helped ensure the decisions made by the Commission were consistent with this viewpoint.

Commissioner Bray – You provided well-informed guidance in your role as Vice-Chair of the Services Committee. As the superintendent of a large urban school district, your insight was critical in helping the Commission see the importance of focusing on prevention and linking schools with county mental health systems.



Commissioner Gould - Your leadership as Co-Chair of the Services Committee was critical in the Commission adopting the PEI Statewide Projects Guidelines. Your perspective as a family member enriched the Commission's work.



Once again, thank you all for your excellent work. You are true advocates, and the Commission and mental health community of California have benefitted greatly from your contributions. On behalf of the Commission, I thank you and wish each of you success in whatever comes next.

Best regards,

Larry Poaster, Chair

## One-Year Anniversary of Executive Director Sherri Gauger

April 19, 2011 marked the one-year anniversary for MHSOAC Executive Director Sherri Gauger. In that one-year span, the Mental Health Services Oversight and Accountability Commission experienced a number of changes and challenges. The role of the Commission transitioned from plan approval to outcomes and evaluation, Assembly Bill 100 was passed further amending the role of the MHSOAC, and four of the five Mental Health Services Act components were completely implemented.

Executive Director Sherri Gauger helped guide the Commission through these challenges, resulting in several successes and accomplishments.



### Highlights of Accomplishments:

- Secured \$1 M for ongoing evaluations and maintained current staffing levels during budget negotiations with the Administration and Legislature
- Developed an Interagency Agreement with UCLA to complete the summary and synthesis of Prevention and Early Intervention evaluations
- Executed two \$1 M contracts for MHSA evaluations
- Published the first ever MHSOAC legislative report
- Created press strategy that garnered three published opinion editorials in the Modesto Bee, San Francisco Chronicle, and San Diego Union Tribune. This public communication strategy led to a CNN MHSOAC radio interview and a national segment on PBS
- Convened an AB 100 Work Group to develop consensus recommendations regarding issues that resulted from the enactment of AB 100

## Solid Support for Prop 63 Funding Amid Tough Budget Choices

A recent online poll by the Sacramento Bee shows that nearly 6 years after the passage of Proposition 63 (now called the Mental Health Services Act or MHSA) the majority of respondents favor other budget-balancing options over realigning MHSA revenue. The interactive poll asked participants to attempt to balance the California state budget by selecting which proposed revenue sources or cuts they would approve. A chart showing the state deficit reflected the change after an option was selected. According to the Sacramento Bee, over 2,100 responses were collected within the first week.

Amid tough choices on how to cut spending, like whether to reduce the number of firefighters for wildfires or release 27,000 prisoners early, a strong majority of respondents supported using MHSA revenues as laid out by the proposition. Also, respondents would rather raise revenues in a number of areas before using the MHSA funds for other purposes. A greater percentage favored extending temporary sales taxes, increasing alcohol taxes by 10 cents per drink, eliminating enterprise zones, assessing property taxes on commercial property, creating an oil severance tax, and raising the corporate tax rate than adjusting how MHSA funds are used.

Read more: [www.sacbee.com/2011/01/11/3314618/budget-breakdown.html#ixzz1QbAEFmy4](http://www.sacbee.com/2011/01/11/3314618/budget-breakdown.html#ixzz1QbAEFmy4)

## MHSOAC Work Group Holds Roseville Community Forum

By Matthew Lieberman

On April 26, 2011, amongst the rich cultural history of the Maidu Native American Museum in Roseville, the MHSOAC Community Forum Work Group held its first 2011 Community Forum. The forum had an excellent turnout with over 60 participants from Placer, Sacramento, and other counties.

MHSOAC Vice Chair Richard Van Horn welcomed the forum attendees to the Maidu Museum meeting room, which was decorated with Native American artifacts and artwork. Vice Chair Van Horn proceeded to review the background of the Mental Health Services Act (MHSA). He was followed by Client and Family Leadership Committee (CFLC) Chair Eduardo Vega, who provided a short introduction to the MHSA Community Forums. Committee Chair Vega discussed the history, goals, and expectations of the forums. Committee Chair Vega also described the meeting

structure, which began with pre-set questions followed by an open dialogue between the Work Group and the forum participants. CFLC Vice-Chair Ralph Nelson, Jr., M.D., was also in attendance.

The feedback from the participants included comments from a diverse group of individuals. Participant ages spanned from Transition Age Youth (TAY) to adults and older adults. Different ethnic groups were represented. Many of the comments were personal stories from individuals who had been helped by MHSA services. Some people had received needed services while others had become employed through MHSA funded programs. The chief theme among all of these people was gratitude for the MHSA.

A few people were sharply critical of the MHSA for not providing enough services to more people. These individuals also questioned what the Community Forum Work Group and the MHSOAC could do to re-

solve the complaints of individuals in the counties. The Commissioners in the Community Forum Work Group let the complainants know that they were being heard and the Work Group would refer them to resources in the counties and at the Department of Mental Health who could help resolve problems. The Commissioners also let the complainants know that their stories would be relayed to the full MHSOAC and their information would help shape the development of solutions to address their concerns.

Overall, the Community Forums continue to provide an opportunity for the Community Forum Work Group, as representatives of the MHSOAC, to go out into the community and hear the experience of individuals with MHSA planning and implementation. The Community Forum Work Group is meeting people in their own neighborhoods and is listening to the community with the intent of bringing back their MHSA experience to the MHSOAC.

## Co-Occurring Disorders Report Update

By Amy Shearer

A little over three and a half years ago, the Mental Health Services Oversight and Accountability Commission (MHSOAC) created the 19-member Work Group on Co-occurring Disorders (COD) to advise the commission on ways to meet the needs of individuals with co-occurring mental illness and substance abuse disorders. The Work Group set about familiarizing themselves with the issues surrounding the treatment of COD by inviting individuals who had received COD services, representatives from youth organizations, state substance abuse officials, researchers, and other experts and stakeholders, to describe their findings at Work Group meetings. Their conclusions included several important facts: COD is pervasive (about half of those diagnosed with either a substance abuse disorder or a mental illness have both); COD is disabling, and these individuals have worse treatment outcomes, physical health, and quality of life; and perhaps most disturbing of all, this population is among

California's most underserved. By the time the group disbanded in June of 2008, they had developed a comprehensive set of recommendations to improve policy and service delivery for this population. Many state agencies and organizations were already implementing several of these recommendations. Now, three years later, 80% of the recommendations have been accomplished.

One recommendation from the Work Group was that the MHSOAC should continue to focus on homeless or at-risk of homelessness priority populations, and continue to support full-service and supportive housing for these individuals. This is being accomplished through county plans which support Full Service Partnerships (FSPs) and is being measured and tracked through the evaluation process.

Another piece of advice was that the MHSOAC should convene a separate Work Group on the treatment of mentally ill offenders. In response, the MHSOAC authorized the Services Committee to create

a stakeholder group to address this issue. They compiled a report entitled "Facilitating Better Outcomes for Persons with Co-occurring Disorders in the Courts" which was furnished to the Administrative Office of the Court, and included several recommendations which were later incorporated into the Task Force for Criminal Justice Collaboration on Mental Health Issues' Final Report.

The Work Group also made the suggestion that the MHSOAC, together with the Mental Health Planning Council and DMH, should promote the use of Workforce Education and Training (WET) funds to increase knowledge of co-occurring disorders for personnel who come into contact with individuals with COD. They specified that the training should not be limited to mental health and substance abuse providers, but should include COD training for non-mental health personnel, such as law enforcement, prison guards, school teachers, and property managers. Notably, twenty-

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## UCLA Releases First Statewide Evaluation of CSS

By Christina Call

On May 2, 2011 the UCLA Center for Healthier Children, Youth and Families released a summary and synthesis of findings on Community Services and Supports (CSS) consumer outcomes. This evaluation brief is the first ever statewide evaluation of CSS programs and marks the beginning of the second phase of the Mental Health Services Act (MHSA) evaluation effort.

The Evaluation Brief pulled information from existing county studies on seven domains of consumer outcomes: homelessness or living situation, acute psychiatric hospitalization, arrest or incarceration, physical health emergency, education, mental health functioning or quality of life, and employment.

The studies showed positive trends in reductions of homelessness, improved residential outcomes, reductions in acute psychiatric hospitalizations, reduced arrests and incarcerations, reduced physical health emergencies, positive trends in education, and an overall improvement in mental health functioning and quality of life. The Evaluation Brief can be found at: [mhsoc.ca.gov/Meetings/docs/Meetings/2011/May/OAC\\_052611\\_Tab8\\_UCLAEvalBrief.pdf](http://mhsoc.ca.gov/Meetings/docs/Meetings/2011/May/OAC_052611_Tab8_UCLAEvalBrief.pdf).

### What's Coming Next

UCLA will develop quarterly standardized county level reports on outcomes and priority indicators for Community Services and Supports (CSS)/Systems of Care. The priority indicators that will be used to develop these reports were developed and approved by the California Mental Health Planning Council. UCLA will evaluate these and recommend appropriate changes.

**June 30, 2011** – UCLA submitted initial statewide draft template for CSS priority indicators. Opportunities for public and stakeholder input.

**September 30, 2011** – The statewide draft report template finalized.

**December 31, 2011** – Initial statewide draft report provided for input.

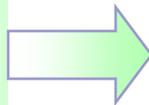
**March 31, 2012** – Initial statewide draft report finalized.

**June 30, 2012** – Initial county specific standardized reports provided.

**September 30, 2012 and December 31, 2012** – Two additional statewide and county specific quarterly reports provided.

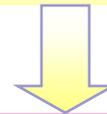
### Phase 1 (Complete)

- Developed the scope of an initial evaluation of the MHSA:
- Develop concept paper
- Obtain and compile broad input on evaluation priorities and existing efforts
- Review current existing data
- Recommend a design for next phase of evaluation



### Phase 2 (In Progress) – “Initial MHSA Evaluation”

- A Request for Proposal (RFP) was awarded to UCLA in December 2010 to perform the following evaluation:
- Document activities and costs for all MHSA components
- Draft a template for reporting CSS priority indicators
- Measure impact of CSS component at client and system levels using priority indicators (i.e. homelessness, employment, education, and involvement in the justice system) and provide periodic county-specific and statewide reports
- Summarize and synthesize existing evaluations and studies on impact of MHSA
- Provide final report and recommendations



### Phase 3 – “Expanded MHSA Evaluation”

- During the May 2010 budget hearings, the Legislature approved one-time funding of an additional \$1 million from FY 2010-2011 for continued evaluation efforts. This one-time funding was approved in the enacted FY 2010-11 budget. The MHSOAC awarded the RFP to UCLA in February 2011 to perform the following expanded MHSA evaluation effort:
- Determine per person costs and provide a financial analysis of the achieved outcomes/benefits of Full Service Partnerships (FSPs)
- Using participatory research, determine the impact of selected services/strategies on outcomes specified in the MHSA or system of care statutes
- Obtain recommendations for future evaluation activities/strategies

## Student Mental Health Initiative

*Continued from the Cover Page*



Colleges Mental Health Program, and the University of CA Student Mental Health Program. The awardees will use these statewide

Mental Health Services Act (MHSA) funds to establish and expand upon programs for training, peer-to-peer support, and suicide prevention in the higher education system and school-based programs. For the kindergarten-twelfth grade system, the money will also fund systems and policy developments, education and training, and technical assistance.

Colleges and universities have reported a drastic increase in the number of students who are experiencing a variety of mental health issues that are becoming more complex, according to a 2006 report by the University of California. Since 2000, visits to campus Student Health Centers have more than doubled. UC Santa Barbara for example, has experienced 7 times more crisis appointments in 2010 than in 2000. The study also finds that almost “half of all college students have felt so depressed at some point in time that they have trouble functioning.” While the number of students seeking counseling for an emotional disturbance has increased dramatically, most campus mental health services and staff have not. Many colleges and universities simply do not have adequate funding to provide sufficient mental health services to meet the increasing demand.

To address this need, in 2007 the Mental Health Services Oversight and Accountability Commission (MHSOAC) initially approved statewide funds for a Student Mental Health Initiative. The Initiative was drafted by stakeholders in the wake of the tragedy at Virginia Tech, and focused on one-time grants for K-12 and higher education to establish a foundation for future MHSA programs. To launch this statewide project, as well as two others, CalMHSA was developed. CalMHSA is a joint powers authority currently made up of thirty-five counties that serve as an administra-

tive/fiscal structure. On November 18, 2010, CalMHSA submitted a three-part Prevention and Early Intervention plan to the MHSOAC and on January 27, 2011, the Commission approved the plan. The plan included programs for suicide prevention, stigma and discrimination reduction, and student mental health for a total amount of \$129,399,879. Because the dollar amount is contingent upon how many counties choose to assign their statewide funds to CalMHSA, the total available funds at the time the plan was approved were \$123,838,710. Since then, more counties have chosen to assign their statewide funds to CalMHSA and on February 28<sup>th</sup> 2011, CalMHSA released the State-wide Student Mental Health Higher Education and Kindergarten-12<sup>th</sup> Grade Programs Request for Applications.

The Student Mental Health Initiative portion of the CalMHSA plan accounts for \$36,495,873 which is more than a third of the total program amount. As the original 2007 Student Mental Health Initiative suggested, this revised initiative provides funding for each of the three public higher education systems in California as well as funding for K-12. The University and College Student Mental Health Program (UCSMHP) will provide funding for establishing training, peer-to-peer support, and suicide prevention programs. Each system will equally share the funding and ideas in an effort to build a network within themselves and with community mental health organizations.

The money provided for training will focus on training activities that raise awareness of mental health and wellness on campuses, as well as educate students on their legal rights as mental health consumers. Training will also be focused on recognizing students with a mental illness and on improving the response of peers and faculty. Peer-to-peer support programs will implement the use of peer support to promote acceptance of diversity and to reduce stigma.

Suicide prevention programs will incorporate MHSA suicide prevention efforts in a way that focuses on the particular needs and risk factors of the college and university population. Suicide prevention efforts

will also be made more accessible to students by bringing resources on campus.

The Kindergarten – Twelfth Grade Student Mental Health Program will provide funding for school-based programs, systems and policy developments, education and training and technical assistance in school districts. School-based programs should help create a supportive school atmosphere by preventing bullying, reducing stigma and increasing cultural awareness. Age-appropriate suicide prevention training will also be implemented in accordance with State Health Education Standards. By collaborating with community-based programs, schools will develop a relationship with mental health providers to create an effective referral process and use resources efficiently, without duplication. Through this collaboration, proper system linkages will also develop and create a culturally and linguistically competent network of mental health and education providers. Mental health outreach and education will also be implemented in a way that is culturally sensitive to reduce the stigma that is often associated with accessing mental health services. School-based programs will focus on early identification of students with mental health issues and will train personnel who are most likely to be the first to encounter these students.

To maintain these school-based programs, the Kindergarten – Twelfth Grade Initiative will also establish system and policy changes that focus on collaborations with a variety of community programs that promote mental health and student success. Policies will also be developed to integrate mental health into the school system. Education and training as well as technical assistance will also be provided through kindergarten – twelfth grade funds.

The contracts awarded for the Student Mental Health Initiative mark the third and final phase of CalMHSA implementation. These funds are the first of their kind, uniting the counties in a statewide effort to further address this critical need.



**Co-Occurring Disorders**

*Continued from Page 5*

six counties and one city have implemented WET programs to increase co-occurring competency through training for law enforcement, consumers, community members, teachers, and primary care providers. The Work Group advised the MHSOAC to advocate for the use of Statewide Stigma Reduction funds to reduce stigma and discrimination for individuals with COD in the criminal justice system, schools, foster care, primary health care, and other non-

mental health systems. Prevention and Early Intervention funding was allocated for Stigma and Discrimination Reduction statewide projects. DMH issued guidelines for the programs through DMH Information Notice 10-06 on March 29, 2010, and the PEI Statewide Plan was approved at the Commission’s January 2011 meeting. The Commission will continue to evaluate outcomes for these programs.

Some of the most promising data comes from county Prevention and Early Intervention (PEI) program plans. The MHSOAC 2011 PEI Trends Report

showed that 86% of counties included COD as a component of at least one PEI program. As a percentage of all programs that were analyzed, 36% included features or outcomes that addressed COD. These figures are particularly surprising because COD is not a PEI Guideline requirement, yet counties recognized the need for effective COD treatment in their communities and chose to incorporate COD programs into their plans.

The COD Final Report:  
[www.mhsoac.ca.gov/docs/CODReport\\_Final.pdf](http://www.mhsoac.ca.gov/docs/CODReport_Final.pdf)

**AB 100 Work Group Makes Recommendations to Address Changes to the MHSA**

On March 24, 2011 Governor Brown signed Assembly Bill 100 (AB 100) into law, making a number of changes to the Mental Health Services Act (MHSA) including the elimination of review and approval of county MHSA plans by the Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC). AB 100 also contained Legislative intent language specifying that it was the Legislature’s intent to ensure continued state oversight and accountability of the MHSA and an expectation that the state, in consultation with the MHSOAC, would establish a more effective means of ensuring county performance complies with the MHSA.

In an effort to develop high level consensus recommendations to operationalize some of the changes made by AB 100, Sherri Gauger, Executive Director of the MHSOAC, convened the AB 100 Workgroup consisting of directors and executive directors from the DMH, California Mental Health Planning Council (CMHPC), National Alliance on Mental Illness (NAMI), California Network of Mental Health Clients (CNMHC), California Mental Health Directors Association (CMHDA), Mental Health Association in California (MHA), United Advocates for Children and Families (UACF), and the MHSOAC.

The AB 100 Workgroup met seven times between March 30, 2011 and May 19, 2011 and produced a report that identified

twelve priority issues with high level consensus recommendations for each priority. Some of the priority issues include:

- Clarify how the new MHSA funding distribution method under AB 100 will work.
- Identify a mechanism to assure county compliance with MHSA values to replace state level review and approval of county plans eliminated by AB 100.
- Identify a process to ensure the collecting and reporting of comparative outcomes data and evaluation of the results.
- Clarify the role and purpose of the mental health services performance contract.
- Identify an effective local process which assures that counties will meaningfully consider stakeholder input.

A copy of the AB 100 Workgroup Report with all of the priorities and the recommendations is located on the MHSOAC website at: [mhsoac.ca.gov/Meetings/docs/Meetings/2011/May/OAC\\_052611\\_Tab5\\_AB100WorkgroupFinalReport.pdf](http://mhsoac.ca.gov/Meetings/docs/Meetings/2011/May/OAC_052611_Tab5_AB100WorkgroupFinalReport.pdf).

The Report was presented to and approved by the MHSOAC, the CMHPC, and NAMI, CNMHC, CMHDA, MHA, and UACF Boards at their respective meetings in May, June, and July. The next step involves the AB 100 Workgroup participants taking appropriate responsibility for operationalizing the recommendations.

**AB 100 Changes to MHSA**

- ◆ Deleted requirement that DMH and MHSOAC annually review and approve county plans and updates.
- ◆ Deleted requirement that a county annually update the 3-year plan but kept the requirement for updates.
- ◆ Instead of DMH, the MHSOAC may provide technical assistance to any county mental health plan as needed.
- ◆ Instead of DMH, the “state” will issue regulations.
- ◆ Starting July 1, 2012 the Controller shall distribute on a monthly basis to counties all unexpended and unreserved funds on deposit in the MHSF as of the last day of the prior month.
- ◆ Reduced the administrative funds reserved for DMH, MHSOAC, and CMHPC from five percent to three and a half percent and that these funds are subject to legislative appropriation
- ◆ Provided for a one time transfer of \$862 million from MHSF, which is not subject to repayment, to be distributed in the following order:
  - ⇒ \$183,600,000 for Medi-Cal Specialty Health Managed Care;
  - ⇒ \$98,586,000 for mental health services for special education pupils (generally referred to as AB 3632);
  - ⇒ \$579,000,000 for Early and Periodic Screening, Diagnostics and Treatment (EPSDT); and the remainder of each county’s 2011/12 component allocation.

## Peer Recovery Art Project in Modesto

By Christina Call

“We are not a mental health organization... we are a community arts association,” says John Black, the founder, Chairman and CEO of the Peer Recovery Art Project in Modesto. The Peer Recovery Art Project is a unique art collaborative that promotes a number of special events throughout Modesto while showcasing artwork from local artists. While some of the art is created by artists who have lived experience as mental health consumers, they are not defined by their illness; they are simply artists. “The focus is always on the art,” says Black, “We help people realize their gifts. People do not find us because they are mentally ill; they collaborate with us because they are artists.”

The Project grew out of a National Alliance on Mental Illness (NAMI) program called Peer to Peer. Over four years ago, John Black and the Project’s art director at the time, taught the Peer to Peer class. When the class ended, several of the peers wanted to do something outside of mental health that would allow them to stay together. Since John produced the annual Modesto Blues Art and Musical Festival, they decided to host an art show at the Festival.

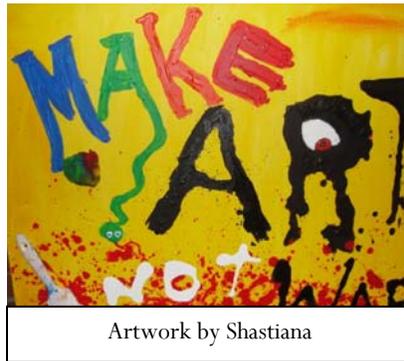
Since then, the Peer Recovery Art Project has collaborated with the main theater in Modesto, and takes part in the Downtown Modesto art walk every third Thursday of the month. The Project has also promoted a number of events like the Stanislaus Transition Age Youth (TAY) Leadership Conference in Modesto and a show for the American Heart Association’s Women of



Photos courtesy of Peer Recovery Art Project

the Arts for a Healthy Heart. The Project now has partners worldwide. One such partner is Yuanbu Meng, an artist who has a studio in Edinburgh, Scotland. She found the Peer Recovery Art Project website and, interested in their work, shared her story of brain trauma in the Project’s June 2010 newsletter.

While the Project collaborates with people who receive Mental Health Services Act (MHSA) funding and John’s job as an advocate in Stanislaus Behavioral Health and Recovery Services is funded by the MHSA, the Project itself relies solely on grants and donations. In fact, John won the Lilly Reintegration Award for Mentorship in 2009



Artwork by Shastiana

and donated the \$5,000 award to the Peer Recovery Art Project.

Because the Project was born outside of the mental health “realm,” it is one of the only independent community-based art organizations of its kind in Modesto. “The artists never pay a fee; anyone is a partner if they want to be. We never charge admission at our events nor do we ever charge businesses to show our art at their establishments,” says John. He explained that what really helps members feel less stigmatized is that this is not a traditional mental health project and anyone who wants to can join. “By standing side by side with their peers in worthwhile community service work, they build a personal commitment to explore their creative talent,” says John, “We take the illness concept and kick it to the curb.”

Members of the Peer Recovery Art Project give back to their community too. Last summer, the volunteer art director for the



Green on the Stream event, May 22, 2010

Project taught art to kids during the West Modesto King-Kennedy Collaborative Farmers Market every Thursday. Members have also painted a mural at the Ceres Partnership for Healthy Children center and the Project continues to host the free admission Blues Art and Music Festival each summer. By giving back to the community, artists involved in the Peer Recovery Art Project become connected to the community and to each other.

The Project has also been successful in promoting the talents of the artists who participate. A member has won awards for sculptures and the Project won the Stanislaus Arts Council Excellence in Arts Award for community outreach in 2010.

The Project’s collaboration with organizations like the Modesto Art Co-op, artists of Modesto, and Stanislaus Behavioral and Recovery Services provide artists with links to the community that they may not have had otherwise. The Barkin’ Dog Grill, a popular restaurant in Downtown Modesto, also serves as a permanent gallery for the Peer Recovery Art Project where they rotate out five giant panels of artwork. “By doing this and mixing our talents in mainstream community events, we normalize the way people view those of us who have troubled pasts. Therefore, we feel self-stigma is minimized by our personal example of how we carry ourselves,” explains John. The Peer Recovery Art Project in Modesto is a great example of a program that eliminates stigma while connecting its members to the community.

## Mental Health Courts: Intervention before Incarceration

By Christina Call

More than half of State and Federal prison and jail inmates had a mental health problem in 2005.



However, only about one in three State prisoners and one in six jail inmates with a mental health issue received treatment since admission.

These statistics are found in “Mental

Health Problems of Prison and Jail Inmates” by the U.S. Department of Justice and are the result of personal interviews with over 25,000 inmates. According to this report, “State prisoners who had a mental health problem were twice as likely as those without to have been homeless in the year before their arrest” and “about 74% of state prisoners and 76% of local jail inmates who had a mental health problem met criteria for substance dependence or abuse.” Inmates with a mental health issue were also more likely to have experienced recidivism than their counterparts, with one quarter of these inmates having served three or more prior incarcerations.

These alarming statistics are evidence that people with mental health issues are getting caught up in the criminal justice system where only one-sixth to one-third receive any mental health treatment at all. A majority of these inmates also have co-occurring disorders for which they may or may not be receiving treatment.

To address growing numbers of inmates with mental health problems and co-occurring disorders, mental health courts began to emerge in the 1990s. Mental health courts are specialized criminal courts that offer defendants with a mental illness or co-occurring disorder participation in treatment programs with judicial supervision in place of traditional court proceedings. The goal of these courts is to provide mentally ill offenders with the mental health services and supports needed, mak-

ing incarceration less likely and reducing recidivism.

Mental health courts vary in the way they are operated, depending on decisions made at the local level. However, there are a few key elements that are common to all mental health court models, including voluntary participation of the defendant, involvement in the criminal justice system that can be related to a mental illness, an objective of either preventing mentally ill offenders from going to jail or releasing them from jail for appropriate services, careful screening of mentally ill offenders to ensure public safety, immediate screening and referral, a multidisciplinary approach, supervision of participants, and a judge at the center of the process.

Although mental health courts have not been in existence long enough to perform very rigorous evaluations, a number of studies have been completed to determine their effectiveness. These studies show positive outcomes in terms of the cost savings, an increase in use of treatment services among mentally ill offenders, and a reduction in recidivism. A review of mental health court studies conducted in the United States was recently completed and published in the *Journal of Criminal Justice* on January 12, 2011. The review includes research compiled from eighteen different studies of adult mental health courts in the United States and is the first ever quantitative report on the courts. The report titled “Assessing the effectiveness of mental health courts: A quantitative review” cited several studies that suggested individuals who participate in the mental health courts are being linked to higher level mental health services than inmates with mental illness who do not participate in the court treatment programs.

This study also suggests that mental health courts have a great impact on the reduction of recidivism and expensive emergency services like hospitalization. One Pennsylvania mental health court estimates saving taxpayers about \$3.5 million over two years. Another study included in this re-

port, conducted by the RAND Corporation, found that in the first year participants increased using mental health treatment services and decreased jail time. The reported decrease in jail time costs nearly compensated for the cost of treatment. Furthermore, the study indicates that the costs associated with treatment are mostly supported by Medicaid. Several studies also highlight significantly lower re-conviction rates among mental health court participants than defendants in traditional courts. In King County, Washington for example, the rate of re-arrest for mental health court participants was 47% less than their counterparts.

Out of this review of 18 studies, several trends emerged, including the importance of graduation from the mental health courts, the defendants’ relationship with court personnel, staffing levels, quality of services, funding, and how each of these elements appeared to determine the successful implementation of mental health court treatment.

There are now approximately 250 mental health courts in the nation, with over 40 of these courts in California alone. Over time, as more studies are conducted and research gathered, the long-term benefits of these courts will become more apparent. However, it is clear that the high human costs of mental illness are often further exacerbated by criminalization. The hope is that mental health courts will help reduce the impact of criminalization among individuals with a mental illness and instead promote rehabilitation and recovery.

### Want to learn more?

You can learn more from successful criminal justice and mental health court programs by contacting the criminal justice/mental health learning sites around the nation. Just visit their website at:

[consensusproject.org/learningsites](http://consensusproject.org/learningsites)

## Lifelines for Mental Health Crises

By Matt Lieberman



There is literally a life and death need for suicide prevention services.

An estimated 3,670 Californians die by suicide a year. This far outpaces the estimated 2,120 Californians who will die by homicide.

According to the current Secretary of the U.S. Department of Veterans Affairs, more veterans have committed suicide since 2001 than have died on both the Iraqi and Afghanistan battlefields. For many people, the economic recession with accompanying job loss and foreclosures is increasing the incidence of mental health crises.

In the midst of cuts of every kind throughout the state, the Mental Health Services Act (MHSA or Proposition 63) is still delivering on voters' expectations to serve those with mental health needs. There is now a \$123 million pool for statewide efforts to prevent suicide, improve student mental health, and reduce stigma and mental illness. In May 2011, the California Mental Health Services Authority (CalMHSA), a joint powers authority of counties, awarded contracts for over \$23 million of these funds for the Statewide Suicide Pre-

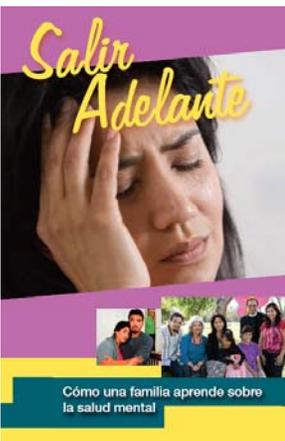
vention Project.

This \$23 million in awards represents significant progress in the struggle for better mental health in California. Senate President pro Tempore Darrell Steinberg, who spearheaded the passage of Proposition 63, stated, "These are critical dollars that can literally save the lives of thousands of Californians. Suicide prevention hotlines provide lifelines to survival." In addition to suicide prevention hotlines, the awards will work to reduce service gaps, encourage those considering suicide to seek help, and develop program curricula that will aid professionals across systems and disciplines. Counties benefit from the collaboration through shared resources, experience and expertise. For example, San Jose and Santa Clara County will partner with San Francisco Suicide Prevention through a CalMHSA contract. San Francisco Suicide Prevention will work with local organizations to combine resources in expanding current services and developing electronic counseling services throughout the entire Bay Area. A Bay Area emergency plan will be developed by the participating agencies to guarantee a Crisis Center that has been accredited by the American Association of Suicidology will also be available to provide coverage in the case of an emergency. Accreditation by the American Association of Suicidology validates programs that follow nationally recognized standards and helps ensure that these programs reach their highest potential of service delivery. The statewide funds provided through CalM-

HSA will help expand programs like Santa Clara County's Suicide and Crisis Center, which operates a 24-hour crisis hotline with highly trained volunteers as well as a cost-free support group for those who have lost a loved one to suicide.

Senate President pro Tempore Steinberg described the promise of Proposition 63 for improving suicide prevention when he stated, "We all know the economic downturn has created severe budget cutbacks for crisis centers and mental health programs throughout the state. At a time when more and more people are struggling in their daily lives, we need more services, not less, to provide emotional support and assistance for those in crisis."

The Suicide Prevention Statewide Project brings hope to those facing darkness. Before the MHSA, the "safety net" of an under-funded mental health system consisted of emergency rooms, jails, and the streets. Voters said this was unacceptable when they passed Proposition 63. California is demonstrating that even in times of scarce public dollars, the state can commit to better outcomes.



### Fotonovela: Helping Families Learn About Mental Health

A bilingual fotonovela entitled "Moving Forward: How a Family Learns about Mental Health" was published by the San Diego County Health and Human Services Agency to educate Latinos about mental health. Fotonovelas are booklets with pictures and dialogue boxes that tell a story with a moral lesson.

The fotonovela was published in *El Latino* and *La Prensa San Diego*, and about 110,000 English and Spanish fotonovelas have been made available at 90 locations throughout the region. These locations include County libraries, mental health centers, and family resource centers. The fotonovelas were funded by the Mental Health Services Act. You can also find these fotonovelas on the San Diego Health and Human Services Agency *It's Up to Us* campaign website at [www.up2sd.org/about/related-materials/127-fotonovela](http://www.up2sd.org/about/related-materials/127-fotonovela)

# Disability Capitol Action Day 2011

By Jacie Scott and Amy Shearer

May 25<sup>th</sup> marked the 8<sup>th</sup> annual Disability Capitol Action Day, and despite the pouring rain and unseasonably cold temperatures hundreds of people rallied to have



their voices heard. Disability activists, advocates, and individuals with varying disabilities

came together from across the state to share their personal stories and rally together for this common cause. Throughout the event, disability service and advocacy organizations provided information on mental health services and assisted those with disabilities in finding resources and becoming more involved within their com-



munity.

The event began at 10:30 AM with a march around the Capitol, in which demonstrators chanted “We’re here, we’re loud, we’re disabled and we’re proud!” and sentiments denouncing several proposed budget cuts. Many people held signs rejecting the Governor’s proposal to limit supports and services for people with disabilities. Several activists also held up posters encouraging people with disabilities to vote to ensure their voices would be heard and their actions acknowledged.

The rally featured Assembly-

members, Senators, advocates, and disabled individuals who all spoke of the importance of preserving vital services for people with disabilities. Assemblymember Mariko Yamada spoke about the importance of preserving mental health services in these difficult economic times.

Speakers said they were encouraged to see so many individuals united and engaged in activism to promote a balanced budget proposal and protect the interests of disabled individuals in our communities.



## Updated: PEI Trends Report

The 2011 Prevention and Early Intervention (PEI) Trends Report (updated from the 2009 Report) is now available on the MHSOAC Documents page on our website, here: [www.mhsoac.ca.gov/MHSOAC\\_Publications/Documents.aspx](http://www.mhsoac.ca.gov/MHSOAC_Publications/Documents.aspx)

## New: Innovation Learning Chart

We’re learning some exciting things from the Innovation plans that counties have submitted. A comprehensive chart that lists programs by area of focus and county has been developed into an Innovation Learning Chart. See the chart here: [mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/Innovation\\_LearningChart\\_2011.pdf](http://mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/Innovation_LearningChart_2011.pdf)



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### Tell Us What You Think

How is the MHSA working in your county? Join us at the next **Community Forum!**

**Date and location** to be announced  
**via website & email updates**