



MENTAL HEALTH SERVICES
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California Mental Health Commission Approves Over \$123 million for Prevention and Early Intervention Statewide Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health Programs

Today, the California Mental Health Services Oversight and Accountability Commission (MHSOAC) approved \$123.8 million in Prevention and Early Intervention (PEI) statewide projects to promote mental health and prevent the negative consequences of mental illness. This approval of \$123.8 million for PEI statewide projects is in addition to the over \$737.6 million already approved to date for county PEI programs. These achievements are funded by the Mental Health Services Act (MHSA) (Proposition 63), the November 2004 voter initiative that placed a 1% tax on incomes above \$1 million.

Today, the MHSOAC approved funds for mental health programs that comprise the Implementation Work Plan of the California Mental Health Services Authority (CalMHSA). CalMHSA is a Joint Powers Authority (JPA), acting on behalf of member counties, and is administering three Prevention and Early Intervention (PEI) Statewide Programs (Suicide Prevention, Stigma and Discrimination Reduction, and the Student Mental Health Initiative). Under the Mental Health Services Act of 2004, all PEI programs must be approved by the MHSOAC.

MHSOAC Chair Larry Poaster, Ph.D. explained, "Our Commission's approval today of three statewide prevention and early intervention programs will provide California with an opportunity to prevent tragedies like the one that recently occurred in Tucson, Arizona." "California will continue to be a leader in providing mental health programs that prevent mental illness from going untreated," said Dr. Poaster.

Before the MHSA, California public mental health services were limited to treatment, usually medication, for people with serious mental illness. Many of these individuals have ended up in emergency rooms, jails, and self-medicating on the streets. The MHSA prevention and early intervention programs promote "help first" rather than "fail first" mental health treatment.

Nearly half the United States population will suffer a mental health and/or substance-use disorder during their lifetime, 26-30% will experience a mental disorder in any given year, and about 6% will face a mental disorder so serious that it impairs their ability to perform everyday activities for an average of three months.

Dr. Poaster said, "In light of the recent tragedy in Arizona, we want to draw attention to the University and College Student Mental Health Programs that are a part of this prevention and early intervention program package." "We believe that adding more resources to the UC, CSU, and Community Colleges mental health programs will help our students with their mental health challenges and assist them in staying in school and on the road to gainful employment," said Dr. Poaster.

Some examples of the programs approved today include:

The University and College Student Mental Health Programs (UCSMHP) will implement training, peer-to-peer support, and suicide prevention within each of the three California higher education systems: University of California (UC), California State University (CSU) and California Community Colleges (CCC). A consortium of experts and stakeholders will guide the collaboration between the higher education systems and county mental health and ensure the coordination of activities with the other initiatives.

The Kindergarten to 12th Grade (K-12) Student Mental Health Program-Superintendent Regions will provide school-based programs, systems and policy developments, education and training and technical assistance in school districts. The long-term goal is that programs established in each of California's eleven Superintendent Regions will develop policies and practices to ensure effective/non-duplicative referral of students between districts, foster care systems and county mental health departments.

The Strategies for a Supportive Environment Program will create public campaigns targeted at increasing public awareness that individuals at different points in their life experience various degrees of mental health from wellness to crisis and that persons living with mental health challenges have resilience and the capacity for recovery.

The Regional and Local Suicide Prevention Capacity-Building Program will expand the number and capacity of accredited local suicide prevention lines. This program will also require that each agency operating a warm or hotline join a consortium of publicly funded Suicide Prevention Call Centers.

The 16-member MHSOAC was formed by the passage of the MHSA. The MHSOAC is responsible for overarching oversight and accountability for implementation of the MHSA.

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