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MHSA Prevention, Early Intervention, and Innovation

MHSOAC REPORT OF FINDINGS

Informational Meeting, September 10, 2012

Overview of Presentation

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- Background
- Purpose of Report and Meeting
- Relevant statutes, regulations, guidelines
- Trends Reports
- Individual County Program Summaries
- Summary of Findings
- Conclusions

Background

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- Recent drastic budget cuts and changes in the mental health field have occurred, causing concern with many special funds and programs
  - Specifically, recent news articles highlighted some MHSA's Prevention and Early Intervention (PEI) and Innovation (INN) programs
- In response, the MHSOAC:
  - Reviewed the highlighted PEI and INN programs
  - Issued this report with its findings

Purpose of Report & Meeting

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- Review identified programs to assess their elements, implementation and costs
- Review statewide law and guidelines that govern PEI and INN programs and financing
- Provide findings of the review

MHSA: Purpose & Intent

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- Define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services
- Reduce long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness
- Expand the kinds of successful, innovative service programs begun in California, including culturally and linguistically competent approaches for underserved populations
- Ensure funds are expended in the most cost-effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public.

MHSA: PEI Requirements

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- 20% of funds distributed to counties must be spent on **prevention and early intervention programs**
  - California is ahead of major national policy shift toward prevention and early intervention
    - 2010 Affordable Care Act
    - 2011 SAMHSA's vision of good and modern mental health and addiction system
  - This unprecedented investment is not currently found in other states
- Overall purpose: "prevent mental illnesses from becoming severe and disabling"

MHSA: PEI Requirements (Cont.)

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PEI programs must:

- Emphasize improving timely access to services for underserved populations (WIC §5840(a))
- Provide outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses (WIC §5840(b)(1))
- Provide access and linkage to medically necessary care (for children, adults and seniors with severe mental illness) as early in the onset of conditions as is practicable (WIC §5840(b)(2))
- Reduce stigma associated with being diagnosed with a mental illness or seeking mental health services (WIC §5840(b)(3))
- Reduce discrimination against people with mental illness (WIC §5840(b)(4))

MHSA: PEI Requirements (Cont.)

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PEI programs must:

- Include mental health services similar to those under other programs effective in preventing mental illnesses from becoming severe and reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives (WIC §5840(c))
- Emphasize strategies to reduce 7 negative outcomes that may result from untreated mental illness:
  - suicide, incarcerations, school failure, unemployment, prolonged suffering, homelessness, and removal of children from their homes (WIC §5840(d))
- Can be used to broaden the provision of community-based mental health services (WIC §5840(e))

PEI Guidelines

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- DMH issued PEI guidelines in 2007
  - specify the programmatic requirements for counties' planned PEI programs and
  - the basis for the MHSOAC's review and approval of county PEI plans
- AB 100 of 2011
  - The MHSOAC no longer approves counties' PEI plans

MHSA: INN Requirements

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- INN Program Funding: 5% of the total funding for each county mental health program of:
  - Prevention and Early Intervention
  - Adult and Older Adult Mental Health Systems of Care Act
  - Children's Mental Health Services Act (WIC §5892(a)(6))
- Counties are prohibited from spending INN funds until the MHSOAC approves their INN programs (WIC §5830(e))
- Time-limited demonstration projects to test and evaluate the efficacy of:
  - new/changed mental health approaches or application of a successful non-mental health approach to address mental health challenges for which existing solutions either don't exist or are inadequate (WIC §5830(c),(d))
  - AB 1467 of 2012 codified this part of INN guidelines

MHSA: INN Requirements (Cont.)

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INN programs must have the following purposes:

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency and community collaboration
- Increase access to services

(WIC §5830(a),(b)(1))

INN Guidelines

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- DMH issued INN Guidelines in 2009
  - Specify the programmatic requirements for counties' planned INN programs
  - Substantial input from MHSOAC
  - The basis of MHSOAC's review and approval of INN programs
  - Most key provisions have been incorporated into the MHSA by AB 1467

PEI Trends: County Plans

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Key findings of PEI Trends Report:

- 100% included programs for at-risk children, youth and young adult populations
- 97% included at least one early intervention program; a number of programs combined both early intervention and prevention
- 86% of counties included co-occurring mental health and substance-abuse issues as an element of at least one PEI program
- 80% described at least one program as offering peer support
- 78% of counties included at least one program to address the negative impact of trauma

PEI Trends: County Plans (cont.)

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Key findings of PEI Trends Report:

- 75% included one or more programs to address the MHSA principles of reducing school failure (95%) stigma and discrimination (86%), incarcerations (76%), and suffering (75%) resulting from untreated mental illness
- 76% included a program to reduce mental health disparities
- 69% included a program to address the initial onset of a serious psychiatric illness

INN Trends: County Plans

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Of the four MHSA primary purposes for INN programs, the Trends Report showed:

- 47% of programs were to increase access to services for underserved populations
- 28% of programs were to improve quality and outcome of services
- 16% of programs were to promote interagency collaboration
- 9% of programs were to increase access to services

INN Trends: County Plans (cont.)

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- 70% of INN Programs include a focus on developing or testing better ways to address the needs of individuals with serious mental illness
- Many are also incorporating innovative approaches to other dimensions of mental health delivery besides direct services, such as evaluation, planning, and workforce education
- Percentages of programs that focused specifically on new/adapted approaches for serving un/underserved (including inappropriately served) populations
  - 11%: African Americans
  - 21%: Asian/Pacific Islanders
  - 37%: Latinos
  - 16%: Native Americans

Funding: PEI Programs

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Programs identified in news articles in relation to TOTAL PROGRAM BUDGET/TOTAL MHSA FUNDS RELEASED	
Prevention and Early Intervention	
Distributions through June 2012	$1,262,756,594
PEI funds approved by MHSOAC	$ 713,000,000
Total PEI funds identified in articles	$ 4,379,434
Percent of total PEI funds identified in articles	0.3%
Total PEI plans approved by MHSOAC	485
Total PEI plans reported in articles	8
Percent of total PEI plans identified in articles	2%

Funding: INN Programs

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Programs identified in news articles in relation to TOTAL PROGRAM BUDGET/TOTAL MHSA FUNDS RELEASED	
Innovation	
Distributions through June 2012	$310,032,013
INN funds approved by MHSOAC	$ 158,000,000
Total INN funds identified in articles	$ 11,990,246
Percent of total INN funds identified in articles	4%
Total INN plans approved by MHSOAC	86
Total PEI plans reported in articles	5
Percent of total INN plans identified in articles	6%

PEI Fund Distribution By County

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Prevention and Early Intervention Fund Distribution by County			
County	Total amount Distributed Through FY 11/12	Total Budget for Programs Identified in news articles	Percent of total
Fresno	$26,671,300	$487,763	2%
Napa	$3,342,600	$148,570	4%
Riverside	$56,087,000	$715,416	1%
San Diego	$93,954,400	$1,525,415	2%
San Francisco	$23,954,400	$750,000	3%
Stanislaus	$13,769,700	$225,000	2%
Sutter/Yuba	$4,560,800	$109,000	2%
Tri Cities	$7,199,000	$235,000	3%

INN Fund Distribution By County

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Innovation Fund Distribution by County			
County	Total amount Distributed	Total Budget for Programs Identified in news articles	Percent of total
Butte	$1,820,300	$536,540	29%
Kings	$1,298,600	$899,850	69%
San Bernardino	$16,357,400	$8,248,670	50%
Santa Clara	$14,269,500	$2,135,998	15%
Stanislaus	$3,997,500	$308,863	8%

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COUNTY SUMMARIES

Individual County Programs Summary

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- PEI
  - Fresno
  - Napa
  - Riverside
  - San Diego
  - San Francisco
  - Stanislaus
  - Sutter/Yuba
  - Tri-Cities
- INN
  - Butte
  - Kings
  - San Bernardino
  - Santa Clara
  - Stanislaus

Fresno: Horticultural Therapeutic Community

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- PEI Program
- Budget: $484,763 total
  - FY 10-11: $135,490
  - FY 11-12: $180,653
  - FY 12-13: $171,620
- News Description:
  - Spends $171,620 a year for a "horticultural therapy" program that serves 110 gardeners from marginalized groups, including Hmong immigrants and migrant farm workers.
  - The program helps residents meet their neighbors and grow produce not available locally, and also holds community events.

Fresno: Horticultural Therapeutic Community (cont.)

24

Program Description in Plan

- News articles do not capture the purpose of the program which is to identify and respond to risk and early onset of mental illness in an underserved population
- Use gardening as access strategy and wellness activity to engage individuals from underserved populations in variety of interventions including:
  - Peer support and short-term mental health interventions
  - Address PTSD, intergenerational conflict, and trauma
- Facilitates linkages to treatment

Fresno: Horticultural Therapeutic Community (cont.)

25

County Description:

- Culturally appropriate center to deliver peer support services and outreach and engagement for individuals from underserved populations, especially Hmong, Southeast Asians, Native Americans, and African Americans
- Platform to address PTSD related to cultural-specific traumas, including the loss of traditional ways, war and violence
- Center provides de-stigmatizing and welcoming site where trusted community leaders can reduce barriers to service
- Partnerships among physical health providers and community-based organizations to address housing, employment, education, benefits issues and culturally specific healing strategies

Fresno: Horticultural Therapeutic Community (cont.)

26

- Approved: MHSOAC 08-27-2009
- Implemented:
  - March 2010 (Delayed due to county establishing contracts with three providers)
  - Consistent with approved plan
- # Served:
  - Year 1: 520 individuals
  - Year 2: 640 individuals
- Statute/Regulation:
  MHSA Uncodified Section 3(a), (c); WIC §5840(a), (b)(1), (b)(3), (d)

Fresno: Horticultural Therapeutic Community (cont.)

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MHSOAC Staff Findings:

- *Compliant with MHSA and PEI Guidelines*: Yes
- *Recommendations*: None at this time

Napa: Native American PEI Project

28

- PEI Program
- Budget: $148,570 total
  - FY 10-11: $53,692
  - FY 11-12: $94,878
- News Description:
  - Monthly sweat lodge session is one element of a program for Native Americans with a 10-month budget of $53,692
  - The program, which is expected to reach 510 people, also includes a monthly potluck, powwows and traditional drumming circles

Napa: Native American PEI Project (cont.)

29

Program Description in Plan

- News articles do not capture the purpose of the program, which is to identify and respond to those at risk of early onset of mental illness in an underserved population
- One part of bigger program to increase access to mental health treatment for underserved Native Americans with and at risk of mental illness
- Program includes outreach, education, cultural events and traditional practices that build resiliency and wellness, screening, assessment, referrals, and trainings

Napa: Native American PEI Project (cont.)

30

- Approved: MHSOAC 06-24-2010 (original PEI plan)
- Implemented: Yes, consistent with approved plan
- # Served:
  - Year 1: 99 individuals
  - Year 2: 2,600 individuals
- Statute/Regulation:
  MHSA Uncodified Section 3(c); WIC §5840 (a), (b), (d)

Napa: Native American PEI Project (cont.)

31

- MHSOAC Staff Findings:
  - *Compliant with MHSA and PEI Guidelines*: Yes
  - Recommendations: None at this time

Riverside: Mamas y Bebes

32

- PEI Program
- Budget: $715,416 total
  - FY 09-10: $238,472
  - FY 10-11: $238,472
  - FY 11-12: $238,472
- News Description:
  - Riverside received approval for a 12-week "mood management" course titled Mamas y Bebes that helps young Latina mothers create a healthy physical, social and psychological environment for themselves and their infants.
  - The course is one of four parenting programs that together have an annual budget of $2,958,317.

Riverside: Mamas y Bebes (cont.)

33

Program Description in Plan

- News articles do not convey that this is an evidence-based practice to prevent the onset of post-partum depression in Spanish-speaking pregnant women from an underserved population.
- The article states that the budget funds 4 programs – it actually funds 8 programs

Riverside: Mamas y Bebes (cont.)

34

- County Description:
  - Program targets pregnant Latina women at risk for depression during their pregnancies and provides services countywide to 360 individuals
  - Developer of the practice uses the term "mood management" to refer to the program's focus on intervening to prevent and promote recovery for depression
  - Course offered to women who are between 12 to 32 weeks pregnant, with post-partum booster sessions at 1, 3, 6, and 12 months post-partum

Riverside: Mamas y Bebes (cont.)

35

- Approved: MHSOAC 09-20-2009
- Implemented:
  - Early 2012 (Delay due to contracting, recruitment, training, and outreach)
  - Consistent with approved plan
- # Served: Unknown, program has not yet been fully implemented
- Statute/Regulation:

  MHSA Uncodified Section 3(a), (b), (c); WIC §5840(a), (b), (c), (d)

Riverside: Mamas y Bebes (cont.)

36

- MHSOAC Staff Findings:
  - *Compliant with MHSA and PEI Guidelines*: Yes
  - Recommendations: None at this time

San Diego: Home-Based Gatekeeper Program

37

- PEI Program
- Budget: $1,525,415 total
  - FY 09-10: $488,805, additional $59,000 for start-up costs
  - FY 10-11: $488,805
  - FY 11-12: $488,805

  Meals not paid for by MHSA; paid by Older Americans Act Title III C-2, State General Funds, participant donations, and local funds
- News Description:
  - Awarded $547,805 for the inaugural year of a program where homebound seniors receive daily meals from workers who also screen them for depression or suicidal thoughts

San Diego: Home-Based Gatekeeper Program (cont.)

38

Program Description in Plan

- Provides outreach, education, depression screening, mental health assessment, suicide risk assessment, brief counseling and interventions
- Links to treatment and community resources and follow-up in conjunction with delivery of meals and nutrition screen and education for diverse home-bond seniors with and at risk of mental illness

San Diego: Home-Based Gatekeeper Program (cont.)

39

County Description:

- Evidence-based practice
- Provides prevention and short-term early intervention services including education, screening, assessment, brief intervention, referral and follow-up to underserved culturally/ethnically diverse and isolated seniors who are:
  - homebound due to illness and/or disability and are facing cultural barriers and/or stigma; and
  - at-risk for or experiencing depression, medication misuse and substance abuse, and suicidal ideation

San Diego: Home-Based Gatekeeper Program (cont.)

40

- Approved: MHSOAC 01-30-2009
- Implemented: Yes, as approved
- # Served:
  - FY 2010-11: 814 individuals
  - FY 2011-12: 845 individuals
- Statute/Regulation:

  MHSA Uncodified Section 3(b), (c), (d); WIC §5840(a), (b)(2), (c), (d)

San Diego: Home-Based Gatekeeper Program (cont.)

41

- MHSOAC Staff Findings:
  - *Compliant with MHSA and PEI Guidelines*: Yes
  - *Recommendations*: None at this time

San Francisco: Holistic Wellness Promotion in a Community Setting: African American Program

42

- PEI Program
- Budget: $750,000 total MHSA funds
  - FY 10-11: $250,00 plus $75,000 contractor match
  - FY 11-12: $250,00 plus $75,000 contractor match
  - FY 12-13: $250,00 plus $75,000 contractor match
- News Description:
  - San Francisco Spends $250,000 per year on an African-American Holistic Wellness Program that uses ethnic celebrations, oral histories and arts to build a stronger sense of community among blacks in the low-income Bayview neighborhood

San Francisco: Holistic Wellness Promotion in a Community Setting: African American Program (Cont.)

43

Program Description in Plan

- News articles do not capture the purpose of this program which is to identify and respond to risk and early onset of mental illness in an underserved population
- Use holistic approach based on cultural values and traditions to provide outreach and education, individual and group counseling, and other direct mental health interventions
  - Safety building and risk reduction; evidence-based parenting programs
- Linkages to mental health services for residents of an African American community with extensive and ongoing exposure to severe trauma, many with PTSD and other mental disorders

San Francisco: Holistic Wellness Promotion in a Community Setting: African American Program (Cont.)

44

- Approved: MHSOAC 04-24-2009
- Implemented: Yes, as approved
- # Served:
  - FY 2010-11: 562 individuals
- Statute/Regulation:

MHSA Uncodified Section 3(a) and (c); WIC §5840(a),(b)(1), (b)(3), (d)

San Francisco: Holistic Wellness Promotion in a Community Setting: African American Program (Cont.)

45

- MHSOAC Staff Findings:
  - *Compliant with MHSA and PEI Guidelines*: Yes
  - *Recommendations*: None at this time

Stanislaus: Friends Are Good Medicine

46

- PEI Program
- Budget: $225,000 total
  - FY 09-10: $75,000
  - FY 10-11: $75,000
  - FY 11-12: $75,000
- News Description:
  - Stanislaus County received $75,000 for "Friends are Good Medicine," an online directory of self-help groups that address topics ranging from bereavement to weight struggles to single parenting

Stanislaus: Friends Are Good Medicine (cont.)

47

Program Description in Plan

- Strengthens community support groups consistent with county's emphasis on partnerships with community efforts to respond to mental illness
- Includes broad mass media campaign, clearinghouse and directory
- Information, training, consultation, support, leadership development and infrastructure available to help start or facilitate peer support groups
- Reinforces role of supportive relationships as a critical determinant of mental health, physical health and recovery from co-occurring issues of mental health with substance abuse

Stanislaus: Friends Are Good Medicine (cont.)

48

County Description:

- Online directory is only one element
- Other efforts strengthen support groups for people with serious mental illness
- Program developed a model to provide peer support group facilitation training for Spanish-speaking community members so they can lead support groups for Spanish-speaking individuals experiencing serious mental illness

Stanislaus: Friends Are Good Medicine (cont.)

49

- Approved: MHSOAC 05-28-2009
- Implemented: Yes, as approved
- # Served:
  - 43 individuals trained as peer support group facilitators
  - 45 individuals trained in Mental Health First Aid
  - 8 area agency on aging ads created
- Statute/Regulation:

MHSA Uncodified Section 3(c), (d), (e); WIC §5840(a), (b)(1)-(2), (d)

Stanislaus: Friends Are Good Medicine (cont.)

50

- MHSOAC Staff Findings:
  - *Compliant with MHSA and PEI Guidelines*: Yes
  - *Recommendations*: None at this time

Sutter/Yuba: Support Recreational Opportunities

51

- PEI Program
- Budget: $109,000 total
  - FY 09-10: $8,000, plus $85,000 one-time for recreational scholarships
  - FY 10-11: $8,000
  - FY 11-12: $8,000
- News Description:
  - Receives $93,000 a year to help 40 at-risk youth "thrive not just survive" through gym memberships, dance classes and team sports

Sutter/Yuba: Support Recreational Opportunities (cont.)

52

Program Description in Plan

- Recreational opportunities for community youth from primary target populations to fight stigma, build self-esteem, thrive, and create a wellness positive community
- Program designed to address the key community mental health needs of:

  1) Reducing disparities in access to mental health services,
  2) Reducing psycho-social impact of trauma,
  3) Increasing prevention efforts and responses to early signs of at-risk children, youth and young adult populations,
  4) Reducing stigma and discrimination, and
  5) Increasing knowledge of signs of suicide risk and appropriate actions to prevent suicide

Sutter/Yuba: Support Recreational Opportunities (cont.)

53

- Approved: MHSOAC 08-20-2009
- Implemented:
  - Delayed and only partially implemented
  - Martial arts, dance studios and gym partnerships have not begun
- # Served:
  - Outreach to 150
- Statute/Regulation:

  MHSA Uncodified Section 3(b); WIC §5840(a), (b), (c), (d)

Sutter/Yuba: Support Recreational Opportunities (cont.)

54

- MHSOAC Staff Findings:
  - *Compliant with MHSA and PEI Guidelines*: Unclear. The plan identifies appropriate target populations, intended individual outcomes and linkages to community agencies not traditionally defined as mental health. The plan is unclear about linkages to mental health or primary care providers for individuals who may need assessment or extended treatment for mental illness or emotional disturbance.
  - *Recommendations*: County should ensure that, in addition to the existing recreational activities, they utilize other interventions and strategies, including linkages to medically necessary care, that are likely, based on evidence, to bring about intended outcomes for the defined target population.

Tri-Cities: Student Well-Being: College Students

55

- PEI Program
- Budget: $235,000 total
  - FY 10-11: $120,000
  - FY 11-12: $115,000
- News Description:
  - The Tri-City Mental Health Center which serves Pomona, Claremont and La Verne received $230,000 to develop student wellbeing programs and are expected to reach more than 100 people a year
  - Proposal included a plan for:
    - Self-help, drop-in centers featuring massage chairs for relieving muscle tension
    - Meditation room
    - Biofeedback lab where students use computer software to learn breathing and relaxation techniques

Tri-Cities: Student Well-Being: College Students (cont.)

56

Program Description in Plan

- Plan describes a planning process to develop campus-based plans to promote the emotional and mental wellbeing of college students.
- Massage chairs and biofeedback lab were not part of the MHSOAC approved plan

Tri-Cities: Student Well-Being: College Students (cont.)

57

- Approved: MHSOAC 03-25-2010
- Implemented: No
- # Served: N/A
- Statute/Regulation:

  MHSA Uncodified Section 3(b); WIC §5840(a), (b)(1)-(2), (c) and (d)

Tri-Cities: Student Well-Being: College Students (cont.)

58

- MHSOAC Staff Findings:
  - *Compliant with MHSA and PEI Guidelines*: The brainstorming ideas presented in the news article are not relevant to compliance.
  - *Recommendation:* In order to develop a compliant program, the County should consider the following: specifying target populations at risk of and/or with early onset of mental illness, defining expected mental health outcomes for these target populations, and confirming that funded interventions and strategies are likely, based on evidence, to bring about these outcomes.

Butte: Therapeutic Wilderness Experience

59

- INN Program
- Budget: $536,540 total (subsequently redirected, $0 spent on this INN)
- News Description:
  - Spending $536,540 on a three-year Therapeutic Wilderness Experience, a program that takes teenagers with behavioral problems on a 20-day outdoor adventure. The program is expected to help more than 90 families.

Butte: Therapeutic Wilderness Experience (cont.)

60

Program Description in Plan

- News articles do not capture that this program is a time-limited program to test a new or changed mental health strategy.
- Strategy to determine if adding a family component to wilderness programs for youth with serious emotional disturbance improves individual and family mental health and functional outcomes
- Target population are teenagers who are high-end users of public mental health services, at-risk of out of home placement because of serious emotional disturbance and their families

Butte: Therapeutic Wilderness Experience (cont.)

61

- Approved: MHSOAC 06-25-2010
- Implemented: No
- # Served: N/A
- Statute/Regulation:

  MHSA Uncodified Section 3(c); WIC §5830(a)(1)-(4)

Butte: Therapeutic Wilderness Experience (cont.)

62

- MHSOAC Staff Findings:
  - *Compliant with MHSA and INN Guidelines*: Yes
  - *Recommendation*: None at this time

Kings: Youth Transitions

63

- INN Program
- Budget: $899,580 total
  - FY 10-11: $124,850
  - FY 11-12: $221,506
  - FY 12-13: $221,506
  - FY 13-14: $221,506
  - FY 14-15: $110,752
- News Description:
  - The County is receiving $944,843 to "start" an Equine-Facilitated Psychotherapy program for students who are not reading at grade level or otherwise are not doing well in school. The three-year program is expected to serve 24 people a year.

Kings: Youth Transitions (cont.)

64

Program Description in Plan

- News articles do not capture that this is a time-limited program to test a new or changed mental health strategy.
- Strategy to determine if a collaborative approach among behavioral health departments, schools, Native American youth and their families, tribal leaders, and community organizations improves mental health and academic outcomes for youth with early indications of emotional disturbance
- Tests an adaptation of equine-facilitated psychotherapy as a component of the collaborative approach
- Equine-facilitated therapy is a therapeutic practice with growing evidence base for Native American youth

Kings: Youth Transitions (cont.)

65

- Approved: MHSOAC 02-28-2011
- Implemented: Yes, as approved
- # Served: 12
- Statute/Regulation:

  MHSA Uncodified Section 3(c); WIC §5830(a)(1)-(4)

Kings: Youth Transitions (cont.)

66

- MHSOAC Staff Findings:
  - *Compliant with MHSA and INN Guidelines*: Yes
  - *Recommendation*: None at this time

San Bernardino: Holistic Campus Program

67

- INN Program
- Budget: $8,248,670 total
  - FY 11-12: $2,796,884
  - FY 12-13: $2,423,016
  - FY 13-14: $2,423,016
  - FY 14-15: $605,754
- News Description:
  - Has budgeted $8.1 million over three years for a "holistic campus" of three community centers that provide services like acupuncture, art classes, equine therapy, tai-chi and zumba to the general public. The program is expected to reach 7,000 people a year.

San Bernardino: Holistic Campus Program (cont.)

68

Program Description in Plan

- News articles do not capture that this is a time-limited program to test a new or changed mental health strategy.
- Strategy to determine if providing mental health promotion services in a Holistic Campus where the community determines the services offered and the majority of employees are peers and/or cultural brokers increases access to mental health treatment for individuals and families from underserved populations
- Focus of the campus will be overall wellness, resilience and resources with county and community mental health providers taking a more subtle but still readily accessible role to provide mental health services and integrated treatment in a single setting for those consumers with identified co-occuring disorders

San Bernardino: Holistic Campus Program (cont.)

69

- Approved: MHSOAC 01-27-2010
- Implemented: Yes, as approved
- # Served:
  - 5,000 individuals served in FY 11-12
- Statute/Regulation:

  MHSA Uncodified Section 3(c); WIC §5830(a)(1)-(4)

San Bernardino: Holistic Campus Program (cont.)

70

- MHSOAC Staff Findings:
  - *Compliant with MHSA and INN Guidelines*: Yes
  - *Recommendations*: None at this time

Santa Clara: Multi-Cultural Project

71

- INN Program
- Budget: $2,135,998 total
  - FY 12-13: $,1,166,290
  - FY 13-14: $684,499
  - FY 15-16: $285,208
- News Description:
  - Received $2.1 million to establish a community center that will be a hub for "traditional wellness" practices, including acupuncture and meditation.
  - The center is expected to serve 1,500 people a year and operate for three years.

Santa Clara: Multi-Cultural Project (Cont.)

72

Program Description in Plan

- News articles do not capture that this program is a time-limited program to test a new or changed mental health strategy.
- Strategy is whether inclusion of multi-cultural services in a single setting facilitates cross-cultural collaboration among ethnic communities to promote mental health and support people with mental illness
- Aims to create new governance model grounded in ethnic traditions, synergy, and inter-cultural learning from collaboration among multiple ethnic groups
- Informs and guides efforts to increase capacity of new immigrant populations to support peers with mental health issues

Santa Clara: Multi-Cultural Project (cont.)

73

County Description:

- Mental health and support services designed by ethnic family members and peer mentors will be delivered in a community-based, linguistically and culturally appropriate supportive setting.
- Many mental health consumers advocated for traditional healing methods from other ethnic groups such as acupuncture, sweat lodges, meditation, which they had found to be very beneficial to their recovery and well-being.
- Videos and life presentations of testimonials from ethnic community members recovering from mental illness can be shown to de-stigmatize the condition and reduce fear around using mental health services.
- The grouping of services within the same site allows groups to learn from each other's experience and provide services to these special groups in all ethnic languages.

Santa Clara: Multi-Cultural Project (cont.)

74

- Approved: MHSOAC 09-27-2010
- Implemented: In part, the center has not yet been identified, however, they are currently co-located in some county buildings
- # Served: Unknown, program not yet fully implemented
- Statute/Regulation:

  MHSA Uncodified Section 3(c); WIC §5830(a)(1)-(4)

Santa Clara: Multi-Cultural Project (cont.)

75

- MHSOAC Staff Findings:
  - *Compliant with MHSA and INN Guidelines*: Yes
  - *Recommendation*: None at this time

Stanislaus: Arts for Freedom

76

- INN Program
- Budget: $308,863 total
  - FY 11-12: $105,300
  - FY 12-13: $103,800
  - FY 13-14: $99,763
- News Description:
  - Stanislaus received a three-year budget of $308,863 for an arts project open to anyone in the county. The arts center provides free classes and youth groups, and doubles as a gallery.

Stanislaus: Arts for Freedom (cont.)

77

Program Description in Plan

- News articles do not capture that this is a time-limited program to test a new or changed mental health strategy.
- Strategy to determine whether the use of arts for wellness successfully educates and empowers individuals with chronic mental illness to use creative arts for wellness and recovery
  - Does providing opportunity for those with mental illness to work and learn side by side with others promote recovery, reduce stigma, and contribute to healthier and productive individuals who are less dependent on the mental health system?
- Will serve as a parallel social support system, a gateway to services and providers, will develop linkages for referral purposes and encourage use of community-based services

Stanislaus: Arts for Freedom (cont.)

78

- Approved:
  - Local approval, signed by Mental Health Director 08/09/2011
- Implemented:
  - Yes, November 2011
- # Served:
  - Unknown, too early in implementation
- Statute:

  MHSA Uncodified Section 3(c); WIC §5830(a)(1)-(4)

Stanislaus: Arts for Freedom (cont.)

79

- MHSOAC Staff Findings:
  - *Compliant with MHSA and INN Guidelines*: Yes
  - *Recommendations*: None at this time

San Francisco: Yoga Classes for Peer Support Providers

80

- CSS Program
- Budget:
  - $600
- News Description:
  - The county also holds a lunchtime yoga class for Department of Public Health workers who have had personal experiences with the mental health system, either through their own treatment or through a family member. The classes are an hour long, cost $100 each and attract an average of six attendees.

San Francisco: Yoga Classes for Peer Support Providers (cont.)

81

- Program Description in Plan
  - Not applicable. This was not included in a plan.
- County Description:
  - This is a pilot retention strategy for peer staff providing MHSA services but experiencing high rate of turnover. To address the issue of frequent peer staff turnover, attributable to inadequate stress reduction skills, a 6 week yoga class was provided to peer staff.
  - The staff are consumers of mental health services, working in various MHSA programs that have a peer support component.
  - This activity is paid with $600 in CSS administration funds.

San Francisco: Yoga Classes for Peer Support Providers (cont.)

82

- Approved:
  - No: Yoga class for peer staff was added as the result of update that the county was not required to submit for state (MHSOAC or DMH) approval post-AB 100.
- Implemented:
  - Implemented as intended
- # Served:
  - Approx 6/class
- Statute/Regulation:

  WIC §5890(a)

San Francisco: Yoga Classes for Peer Support Providers (cont.)

83

- MHSOAC Staff Findings:
  - *Compliant with MHSA and use of CSS Admin funds:* Yes
  - *Recommendations*: None at this time

Summary of Findings: News Articles

84

- 13 MHSA programs included in PEI/INN plans developed by 12 California counties, plus an element of one CSS program. Stanislaus had both PEI and INN
- 8 programs were PEI and 5 were INN
- 12 of the13 programs were reviewed and approved by MHSOAC between 2009 and 2011
- 1 program (Stanislaus County's Arts for Freedom) was approved locally after AB 100 and before AB 1467

Summary of Findings: News Articles (cont.)

85

- Program descriptions are problematic:
  - Do not address the extent to which the elements described fit in with program's purpose linked to mental health outcomes
  - Omit details about programs' mental health interventions
  - Do not differentiate between PEI (ongoing services designed to bring about mental health outcomes) and INN (time-limited pilots and evaluations of unproved new/changed mental health practices)

Summary of Findings: News Articles (cont.)

86

- Budget amounts are problematic:
  - Some amounts were reported as annual amounts though budgets reported were actually for more years than referenced in the articles
  - Some reported budgets funded more programs than were referenced in the articles
- Of the 13 programs, 8 focus on services to people from diverse, underserved racial, ethnic, and cultural groups

Summary of Findings: PEI Programs

87

- PEI funds for the 8 programs are less than 1% (0.3%) of total PEI funds distributed
- 7 of the 8 programs were implemented. One (Tri-Cities' Student Well-being: College Students) is still being developed
- 6 of the 8 programs comply with MHSA and PEI Guidelines.
  - Tri-Cities' program compliance cannot be determined because it is still being developed
  - Sutter/Yuba's program compliance is unclear because need more information

Summary of Findings: INN Programs

88

- INN funds for the 5 programs are 4% of total INN funds distributed
- 4 of the 5 programs were implemented. One (Butte's Therapeutic Wilderness Experience) was not implemented due to budgetary reasons
- All 5 programs comply with MHSA and INN Guidelines

Conclusion

89

- Proposition 63 is the product of participatory democracy
  - Designed to benefit from lessons learned through implementation, review, and revision of policies, programs, and expenditure plans
  - Approach to oversight and accountability that supports the work of implementing and running programs, features
    - Respect for differing interpretations and priorities
    - Prioritizes tracking, evaluation, communication, and opportunities for quality improvement