

July 24, 2018

Toby Ewing, Executive Director
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: REQUEST TO SUPPORT SB 1004 (WIENER)

Dear Mr. Ewing,

I write today on behalf of California Health+ Advocates, which is the advocacy affiliate of the California Primary Care Association. We represent California's 1,300 community health centers (CHCs), which provide integrated primary and mental health services to California's most vulnerable communities, reaching over 6.5 million Californians each year. It is the mission of California's CHCs to treat everyone who walks through their door, regardless of their ability to pay.

California Health+ Advocates is proud to support SB 1004 (Wiener), which instructs the MHSOAC to establish priorities for the use of prevention and early intervention (PEI) funds. We note that one of the key priorities is to ensure that PEI funds are used to advance culturally competent and linguistically appropriate services for diverse underserved communities through linkages with community-based organizations such as CHCs. **California Health+ Advocates strongly encourages the MHSOAC to support SB 1004 and work with counties to ensure that PEI funds are used to advance the critical and underutilized network of community based organizations and CHCs serving California's diverse communities.**

We also join the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) in encouraging the MHSOAC to re-examine a thoughtful and well-crafted policy document from 2007, titled "*Mental Health Services Act Prevention and Early Intervention: County and State Level Policy Direction.*" (Attached). The priorities presented in this document were developed through a robust stakeholder process, and their importance has not diminished in the years since it was developed. I encourage you – and the staff and board of the MHSOAC – to convene stakeholders to review and build upon this foundational document to further your efforts in ensuring PEI funds are used to serve *all* Californians.

California's CHCs serve as a gateway to reaching our state's diverse populations. Improved collaboration between county behavioral health departments and community-based organizations, like CHCs, will make an enormous difference in the efficacy and reach of PEI programs.

If you have any questions, please reach out to Michael Helmick,
michael@healthplusadvocates.org.

Sincerely,

A handwritten signature in black ink that reads "Carmela Castellano Garcia". The signature is written in a cursive, flowing style.

Carmela Castellano-Garcia
President and CEO

Cc: Chair John Boyd
Vice-Chair Khatera Aslami-Tamplen



Mental Health Services Act Prevention and Early Intervention: County and State Level Policy Direction

Prevention in a mental health context involves reducing risk factors or stressors to prevent the initial onset of a mental illness, building skills, and increasing support. Prevention promotes positive cognitive, social, and emotional development and encourages a state of well being where individuals at risk can function well in the face of changing, and sometimes challenging, circumstances.

The Mental Health Services Act (MHSA) emphasizes prevention and early intervention as key strategies to transform California's mental health system. It is modeled after California Assembly Bill 2034 that combined prevention strategies with treatment services as an innovative approach to improve the public mental health system, and consequently, the quality of life for Californians living with serious mental illness. Through the MHSA Community Services and Supports component, the MHSA provides treatment funding to develop recovery oriented services and supports for children, youth, adults, and older adults living with serious mental illness. The MHSA also provides funding to help prevent the development of serious emotional disorders and mental illness. This component of the MHSA, referred to as Prevention and Early Intervention (PEI), focuses interventions and programs on individuals across the life span prior to the onset of a serious emotional or behavioral disorder or mental illness.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) was established by the MHSA and is responsible for approving all MHSA Prevention and Early Intervention expenditures. In fulfilling this statutory mandate, the MHSOAC has established policy direction for the State Department of Mental Health to assist in guiding their development of the Prevention and Early Intervention County Program Requirements. The MHSOAC PEI policies give special attention to the needs of children and youth. In addition, the MHSOAC policies emphasize the need for prevention efforts to be directed toward California's multicultural and multilingual communities where disparities are evident in the community members' access to mental health services, their quality of care received, and the outcomes of their mental health services and supports.

The language of the MHSOAC PEI policies is intentionally broad. Many diverse factors contribute to mental health risk and different communities will frame risk factors in a variety of ways. In order to respond to a target population that goes beyond children and youth with serious emotional disturbance, as well as adults and older adults living with serious mental illness, the MHSOAC PEI policies describe target population broadly, and are inclusive of terminology such as mental health problems, challenges, and trauma-exposed.

The MHSOAC provides policy direction for the Mental Health Services Act Prevention and Early Intervention County Plan Requirements in the following key areas:

1. Key Community Mental Health Needs
2. Priority Age
3. Priority Populations
4. Recommended Prevention and Early Intervention Programs, Interventions, & Strategies
5. Priority Principles & Criteria to Demonstrate those Principles
6. Distinction Between Prevention & Early Intervention and Community Services & Supports
7. Priority Long Term Outcomes

8. Short-term Goals, Evaluation Methods, Accountability Reporting
9. County Planning Process

In addition, the MHSOAC provides policy direction for the Mental Health Services Act Prevention and Early Intervention statewide strategies to address the following:

1. Suicide Prevention
2. Stigma and Discrimination Reduction
3. Statewide Evaluation
4. Statewide Training, Technical Assistance and Capacity Building for Partners
5. Prudent Reserve
6. Ethnically and Culturally Specific Programs and Interventions

The following is a table that identifies and summarizes the MHSOAC Key Prevention and Early Intervention Policies identified above.

KEY POLICY DIRECTION: County Plans

15 AREAS OF POLICY DIRECTION FOR COUNTY PLANS: MENTAL HEALTH PREVENTION AND EARLY INTERVENTION

1) California's 5 Key Community Mental Health Needs

Initial PEI funding will focus on impacting five key community mental health needs in California:

Disparities in Access to Mental Health Services – PEI efforts will reduce disparities in access to early mental health interventions due to stigma, lack of knowledge about mental health services, or lack of suitability (i.e., cultural competency) of traditional mainstream services.

Psycho-Social Impact of Trauma – PEI efforts will reduce the negative psycho-social impact of trauma- on all ages.

At-Risk Children, Youth and Young Adult Populations – PEI efforts will increase prevention efforts and response to early signs of emotional and behavioral health problems among specific at-risk populations.

Stigma and Discrimination – PEI will reduce stigma and discrimination impacting individuals with mental illness and mental health problems.

Suicide Risk – PEI will increase public knowledge of the signs of suicide risk and appropriate actions to prevent suicide.

2) Priority Age

PEI County Plans will address all age groups and a minimum of 51% of their overall PEI Plan budget must be dedicated to individuals who are between the ages of 0 through 25. Small Counties are excluded from this requirement.

3) Priority Populations

Underserved Cultural Populations-Those who are unlikely to seek help from any traditional mental health service either because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc.) and would benefit from Prevention and Early Intervention programs and interventions.

Individuals Experiencing Onset of Serious Psychiatric Illness- Those identified by providers, including but not limited to primary health care, as presenting signs of mental illness “first break,” including those who are unlikely to seek help from any traditional mental health service¹.

Children/Youth in Stressed Families - i.e., families where parental conditions place children at high risk of behavioral and emotional problems, such as parents identified with mental illness, serious health conditions, substance abuse, domestic violence, incarceration, child neglect or abuse.

Trauma-Exposed - Those who are exposed to traumatic events or prolonged traumatic conditions, including grief, loss and isolation, including those who are unlikely to seek help from any traditional mental health service².

Children/Youth at Risk for School Failure - due to unaddressed emotional and behavioral problems.

Children and Youth at Risk of Juvenile Justice Involvement – Those with signs of behavioral/emotional problems who are at risk of or have had any contact with any part of the juvenile justice system, and who cannot be appropriately served through Community Services and Supports (CSS)³.

4) Recommended PEI Programs, Interventions, and Strategies

PEI County Plan Requirements would suggest programs, interventions, and strategies. DMH statewide projects would support these selected programs, interventions, and strategies. Counties would have ability to select alternatives so long as they are justified.

5) Priority Principles

Approval of PEI County Plans will be based on demonstration of the Prevention and Early Intervention Principles and Criteria defined in the MHSOAC PEI Recommendations paper (Adopted in October, 2006). The final Principles and Criteria are listed below.

¹ Amended by OAC 7/27/2007

² Amended by OAC 7/27/2007

³ Amended by OAC 7/27/2007

a. Transformational Strategies and Actions:

Principle: County and state prevention and early intervention (PEI) efforts align with *transformational values* defined in recent reports such as the Mental Health Services Act, the DMH Vision and Guiding Principles of the MHSA, and the President's New Freedom Commission Report.

Criteria: Transformational values are to be demonstrated in county and state programs, including the following:

- i. Strategies for Prevention and Early Intervention are driven by consumers and family/caregivers, with specific attention to those from underserved communities.
- ii. Culturally and linguistically competent
- iii. Demonstrate system partnerships, community collaboration, and integration
- iv. Focused on wellness, resiliency and recovery
- v. Include evidence indicating high likelihood of effectiveness and methodology to demonstrate outcomes.

b. Leveraging Resources:

Principle: County and state PEI efforts extend MHSA programs and funding by leveraging resources and funding sources, including ones not traditionally identified as mental health, to significantly increase the total resources brought to bear to address mental health issues.

Criterion: In order to extend the impact of MHSA PEI funding, county and state programs demonstrate collaborations that include shared resources or other strategies to leverage additional resources beyond MHSA funds.

c. Reduction of Disparities:

Principles: County and State PEI programs shall emphasize the goal of reducing disparities.

Criterion: County and state PEI program designs use promising and demonstrated strategies effective in reducing racial, ethnic, cultural, language, gender, age, economic, and other disparities in mental health services (access, quality) and outcomes.

d. Stigma Reduction:

Principle: PEI programs reduce stigma associated with having a mental illness, or a social/emotional/behavioral disorder, or being a parent or caregiver of a youth with an emotional or behavioral disorder, and/or for seeking services and supports for mental health issues.

Criteria:

- i. PEI efforts emphasize strategies to reduce stigma associated with having a mental illness or serious emotional/behavioral disorders, or being the parent/caregiver of an individual living with mental illness or a serious emotional disorder.
- ii. PEI efforts demonstrate strategies to move toward a positive, non-stigmatized "help first" approach reflective of a society that recognizes and honors its responsibility to assist persons with mental health issues.

iii. PEI efforts include strategies customized for each racial, ethnic or other special population.

e. **Reduction of Discrimination:**

Principle: PEI efforts emphasize strategies to reduce discrimination against individuals living with mental illness or social/emotional/behavioral disorders, including limited opportunities, abuse, various negative consequences, and barriers to recovery.

Criterion: PEI programs use strategies that are promising and have demonstrated effectiveness in eliminating discrimination against children and youth living with serious emotional and behavioral disorders and their parents, caregivers, and families, as well as persons living with mental illness and their families.

f. **Recognition of Early Signs:**

Principle: County and state PEI program plans shall include critical linkages with those in the best position to recognize early signs of mental illness and intervene, including but not limited to, parents and care givers, primary health care providers, early childhood education providers, teachers, faith based providers and traditional healers.

Criteria:

i. County and State PEI plans will include a description of relationships, such as partnerships, collaborations, or arrangements with community-based organizations, such as schools, primary care, etc. Plans must document how those relationships will ensure effective delivery of services and the County's ability to effectively coordinate, manage, and monitor the delivery of services.

ii. County PEI plans will strengthen and build upon the local community-based resources, mental health services, and primary care services.

g. **Integrated and Coordinated Systems:**

Principle: In order to extend the impact of MHSA PEI funding and make PEI services accessible to the diverse people who need them, county and state PEI program design builds integrated and coordinated systems, including linkages with systems not traditionally defined as mental health, which reflect mutually beneficial goals and combined resources to further those goals.

Criteria:

i. County and state PEI program designs demonstrate coordination with all components of the MHSA, including community services and supports, workforce education and training, innovation, and capital improvements/technology.

ii. County and state PEI program designs demonstrate coordination with local and state initiatives that support MHSA outcomes.

iii. County and state PEI programs demonstrate links with community agencies, including those that have not traditionally been defined as mental health, and individuals who have established, or show capacity to establish, relationships with at-risk populations.

iv. PEI approaches emphasize comprehensive community-based and client/family-based approaches.

h. Outcomes and Effectiveness

Principle: County and State PEI programs will participate in the development and use of a statewide evaluation framework that documents meaningful outcomes for individuals, families, and communities.

Criterion: County and state PEI plans include well-conceived strategies to assess the effectiveness and outcomes of their programs, and reflect what is learned to all levels of the system in order to improve services and outcomes.

i. Optimal Points of Investment

Principle: In order to maximize the effectiveness of MHSA PEI funding, county and state programs invest in optimal points of intervention. Optimal points of investments are defined as those interventions, targeted at a specific population and/or age group, which have the highest probability to divert negative outcomes, and/or generate cost savings.

j. User-Friendly Plans:

Principle: County and state PEI Plans will be accessible.

Criterion: County and state PEI program requirements and ensuing plans are written in accessible language that allows for reasonable implementation at all levels and supports the development of culturally and linguistically relevant services.

k. Non-Traditional Mental Health Settings:

Principle: County and State PEI programs shall increase the provision of culturally competent and linguistically appropriate prevention interventions in non-traditional mental health settings, i.e., school and early childhood settings, primary health care systems, and other community settings with demonstrated track records of effectively serving ethnically diverse and traditionally underserved populations.

Criteria:

- i. Counties will document their efforts to identify, outreach to and collaborate with community-based organizations, primary care providers, mental health providers, parents and care givers, early childhood education providers, teachers, faith based organizations and traditional healers. Plans must document how those relationships will ensure effective delivery of services and the county's ability to effectively coordinate, manage, and monitor the delivery of services.
- ii. County PEI plans will strengthen and build upon the local community-based mental health and primary care system, including community clinics and health centers.
- iii. Counties shall include in their provider network community-based organizations that meet the identified needs of all consumers, with a specific emphasis on those who are traditionally underserved.
- iv. Local PEI plans will be evaluated based on the ability to reach underserved communities and address specific barriers to access faced by underserved communities, including cultural and linguistic barriers.

1. Prevention and Early Intervention is a Distinct Service from Community Services and Supports

Principle: PEI funds shall be used to support services that reduce the risk of the initial onset of a mental disorder.

Criteria: For each program funded with PEI funds there shall be a clear explanation of how the service meets the operational definition of prevention and early intervention.

6) Distinction Between Prevention/Early Intervention and Community Services & Supports

PEI interventions will emphasize Prevention & Early Intervention and be distinct from Community Service and Support Services. The PEI Requirements will provide:

- Operational definitions (e.g., early intervention/treatment nexus)
- Counties will have flexibility in their implementation of the operational definitions, with justification.

7) Priority Long Term Outcomes

Priority outcomes defined in the Act (reduction of school failure, homelessness, prolonged suffering, unemployment, incarceration, removal of children from homes, and suicide) will be translated in the PEI Requirements as the Seven Overall Aims of Prevention and Early Intervention and all Counties will be expected to work toward those outcomes.

8) Short-term Goals, Evaluation Methods, Accountability Reporting

DMH will organize another work group with representation from program and evaluation experts in prevention and early intervention, CMHDA, OAC, CMHPC and other critical partners to recommend short-term goals, a set of required outcome indicators and evaluation methods for PEI that are applicable at the State and County levels.

9) County Planning Process

The County PEI Planning process will replicate the logic model used for County Community Services and Support Planning, i.e. within the parameters specified in the PEI Requirements, identify priority community needs, populations, strategies and outcomes.

KEY POLICY DIRECTION: Statewide Strategies

POLICY DIRECTION FOR STATEWIDE STRATEGIES

1) Statewide Suicide Prevention

Statewide set aside dedicated to suicide prevention- \$14,000,000 annually up until the implementation of the MHSA Integrated Plan.

Statewide Suicide Prevention Strategic Planning- \$500,000 per year for 2 years.

2) Statewide Stigma and Discrimination Reduction

Statewide set aside of \$20,000,000 annually up until the implementation of the MHSA Integrated Plan. A Policy Work Group established by the MHSAOAC will define the goals and priorities of statewide stigma and discrimination reduction interventions. The Policy Work Group will be representative of multicultural youth at risk of, or living with, serious emotional disturbance; their caregivers, parents, and families; multicultural adults and older adults at risk of, or living with, mental illness; and their caregivers, parents, and families. These strategies will be presented to the full Commission at the May 2007 OAC meeting. Based on OAC recommendations for stigma and discrimination reduction priorities/strategies, DMH then will produce a cost analysis for OAC approval prior to implementing the program.

3) Statewide Training , Technical Assistance, and Capacity Building for Partners

Statewide set aside for PEI training and technical assistance of \$12,000,000 annually up until the implementation of the MHSA Integrated Plan. The goal of statewide training and technical assistance is to improve the capacity of partners outside of the mental health system, i.e. education, primary health care, law enforcement officers, primary care providers, to assist in prevention and early intervention efforts. Statewide training and technical assistance will serve as an incentive for counties to improve their strategies in addressing the five priority impact areas of PEI (reducing disparities, addressing trauma, and addressing the emotional/ behavioral/mental health needs of children and youth, reduction of stigma and discrimination, and suicide prevention), not a requirement.

4) Statewide Evaluation

A significant investment of up to 5-8% of the MHSA County PEI fund will be spent annually on statewide PEI evaluation. To the extent possible, the statewide evaluation should be paid for by the MHSA Administrative Budget. Counties need to be intimately involved in the evaluation design to ensure it is effective.

5) Prudent Reserve

Statewide Prudent Reserve for Prevention and Early Intervention will be initially created from 2005-2006 PEI revenue. The prudent reserve will be the equivalent of 50% of the PEI service funds. County-specific amounts will be shown in the County Sub- accounts.

6) Ethnically and Culturally Specific Programs and Interventions

Statewide set aside for up to \$15,000,000 per year, up until the implementation of the MHSA Integrated Plan, to support special projects for reducing ethnic disparities based on the results of the Ethnic Stakeholder process. This is in addition to, rather than instead of, expecting Counties to work toward reducing disparities in all County PEI Plans.