

The Mental Health Services Act

**PREVENTION & EARLY
INTERVENTION**

Proposition 63

The Mental Health Services Act (MHSA) was passed in November 2004 as Proposition 63 on the ballot.

The MHSA will expand mental health care for children, youth, adults, and seniors using programs proven to be effective.

Proposition 63 also provides prevention services to help children, youth, adults and seniors get care before a mental illness becomes disabling.

MHSA:

- **Provides comprehensive mental health care for children, adults and seniors.**
- **Helps individuals and families without insurance, or whose insurance doesn't pay for needed services.**
- **Includes mental health treatment, general medical care, housing, job training, and prescription drugs.**
- **Supports innovative programs that are proven to work.**

cont.

MHSA: (cont.)

- **Utilizes funding derived from a 1% tax on taxable personal income over \$1 million.**
- **Directs funding only to new or expanded programs that are based on models proven to be effective.**
- **Ensures that State and local governments can't redirect the funding.**

MHSA PLAN COMPONENTS

The State Department of Mental Health (**DMH**) has identified five MHSA components that are to be woven into an Integrated Plan at the local level and a comprehensive strategy at the state level. The components are:

- 1. Community Services and Supports**
- 2. Capital Facilities and Information Technology**
- 3. Education and Training Programs**
- 4. Prevention and Early Intervention Programs**
- 5. Innovative Programs**

MHSA FUNDING ALLOCATION (FY 07/08)

Community Services and Supports: \$36.3 million

Housing: \$33.1 million

Capital Facilities and Information Technology: \$8.2 million

Education and Training Programs: \$8.2 million

Prevention and Early Intervention Programs: \$26.1 million*

Innovative Programs : TBD

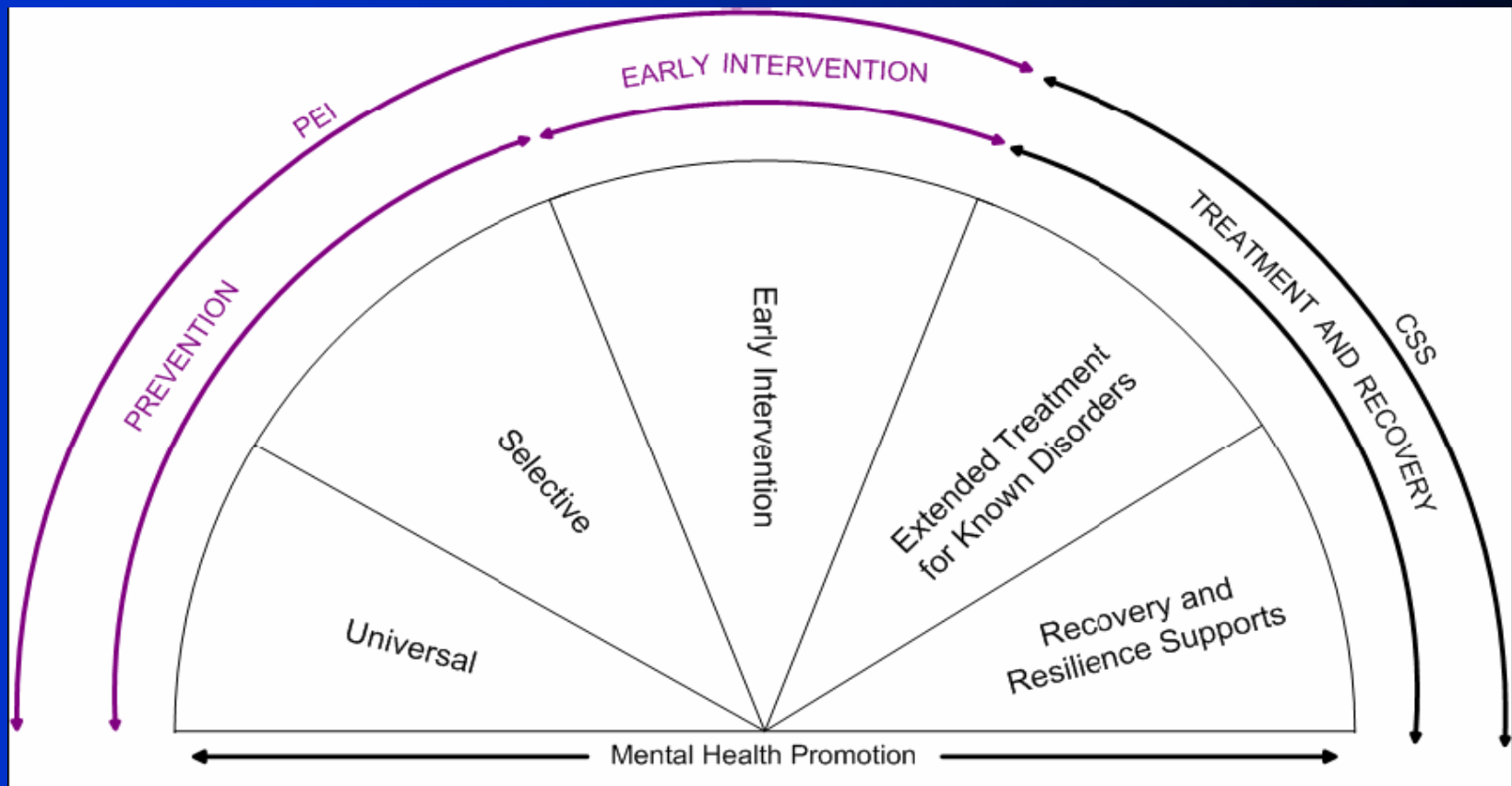
***through 08/09**

Through the Community Services and Supports (CSS) component, the MHSa provides treatment funding to develop recovery oriented services and supports for children, youth, adults and older adults living with a serious mental illness.

Through the Prevention and Early Intervention (PEI) component, the MHSa also provides funding to:

- develop interventions and programs to help prevent the development of serious emotional or behavioral disorders and mental illness
- provide “short–duration”, “low-intensity” interventions to avoid more extensive mental health services or to prevent a mental health problem from getting worse.

MENTAL HEALTH INTERVENTION SPECTRUM



STATE OVERSIGHT

The MHSa established the Mental Health Oversight and Accountability Commission (**MHOAC**) to:

- Approve all PEI expenditures.
- Establish policy direction for the State Department of Mental Health to assist in guiding their development of the PEI County Program Requirements.

The MHOAC PEI policies give special attention to:

- The needs of children and youth.
- Multicultural and multilingual communities where disparities are evident with regard to access to service, quality of care and outcomes.

PEI TRANSFORMATIONAL PRINCIPLES

- **Community Collaboration**
- **Cultural Competence**
- **Individual/Family-Driven Programs and Interventions With Specific Attention to Underserved Communities**
- **Wellness Focus: Resilience and Recovery**
- **Integrated Service Experience for Individuals and Families**
- **Outcome-Based Program Designs**

KEY TO TRANSFORMATION: HELP FIRST

“To facilitate accessing supports at the earliest possible signs of mental health problems and concerns, PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health, education, community organizations).”

(DMH PEI Guidelines Sept. 2007, page 2)

MHOAC: PEI 5 KEY COMMUNITY MENTAL HEALTH NEEDS

PEI efforts will target:

- **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.

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- **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.

PRIORITY LONG TERM OUTCOMES OF PEI

Priority outcomes defined in the Act :

- reduction of school failure**
- prolonged suffering**
- incarceration**
- removal of children from homes**
- homelessness**
- unemployment**
- suicide**

PRIORITY POPULATIONS

- **Underserved Cultural Populations.**
- **Individuals Experiencing Onset of Serious Psychiatric Illness.**
- **Children/Youth in Stressed Families.**
- **Trauma Exposed.**
- **Children/Youth at Risk of School Failure.**
- **Children/Youth at Risk of Juvenile Justice Involvement.**

STATE-ADMINISTERED PROJECTS

- **Suicide Prevention**
- **Stigma and Discrimination Reduction**
- **Ethnically and Culturally Specific Programs and Interventions**
- **Training, Technical Assistance and Capacity Building**
- **Statewide Evaluation**

RECOMMENDED PEI PROGRAMS, INTERVENTIONS AND STRATEGIES

- The State has issued PEI Resource Materials that suggest ‘best practice’ programs, interventions and strategies.
- Counties will have the ability to select alternatives with sufficient justification.

PEI PRIORITY AGE

- PEI County Plans will address all age groups.

however

- A **MINIMUM OF 51%** of the overall County PEI budget must be dedicated to individuals who are between the ages of 0-25.

“50% of all lifetime mental health disorders start by age 14 and 75% start by age 24” *

** Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication, 2005
Ronald C. Kessler, PhD; Patricia Berglund, MBA; Olga Demler, MA, MS; Robert Jin, MA; Kathleen R. Merikangas, PhD; Ellen E. Walters, MS*

DISTINCTION BETWEEN PEI AND COMMUNITY SERVICES AND SUPPORTS

- PEI interventions should be distinct from Community Services and Support services.
- PEI funding should be used to prevent mental health problems or to intervene early with relatively short-duration and low-intensity.
- PEI funds should NOT be used to fill gaps in treatment and recovery services for individuals diagnosed with serious mental illness (**SMI**) or serious emotional disturbance (**SED**).

(cont.)

DISTINCTION BETWEEN PEI AND COMMUNITY SERVICES AND SUPPORTS (cont.)

- **The intent of the PEI strategy is to engage persons prior to the development of SMI or SED.**
- **In the case of early interventions, the intent is to alleviate the need for additional mental health treatment and/or transition to extended mental health treatment.**

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.**
- **Guidelines for the PEI component of the three-year program and expenditure plan:**
- **DMH Information Notice 07-19**

<http://www.dmh.ca.gov/DMHDocs/default.asp?view=notices>

RECOMMENDED PLANNING PARTNERS

- **Underserved Communities**
- **Education**
- **Client and Family Member Organizations**
- **Mental Health Providers**
- **Health**
- **Social Services**
- **Law Enforcement**

ORANGE COUNTY'S PEI PLANNING PROCESS STARTS NOW

Community Input:

- **Regional focus groups and stakeholder meetings**
- **Individual and provider surveys**
- **Steering Committee Oversight**
- **Stay informed:**

<http://www.ochealthinfo.com/prop63/pei>

Natural history of schizophrenia

