RECOMMENDATIONS FOR PEI FUNDING

For PEI Carry-Over Funds to Cover FYs 2019/20 through 2021/22

OC health CARE AGENCY

MHSA Steering Committee
November 26, 2018

Overview

❖ **PEI currently has approximately $22.5 million in carry-over funds to be used for time-limited services and programming.**

❖ **The total amount of carryover funds available is subject to change based on finalized actual expenditures/allocations from FY 2017/18 – 2018/19.**

❖ **Nine PEI Priorities were derived from stakeholder feedback provided at a series of PEI Community Planning meetings in Aug-Sept 2018 and BHS Community Engagement Meetings in August 2018. HCA presented these priorities to the MHSA Steering Committee in October 2018.**

❖ **Funding prioritization and proposed amounts are presented today.**

❖ **Note: Programs will only receive carryover funds through June 30, 2022. Once carryover funds are expended, programs/program expansions will discontinue unless other funds are identified for on-going support.**

Summary

PEI Funding Prioritization *(funding not guaranteed)* *		Proposed Amount *(FY 19/20 – 21-22)*
1.	Implement services for TAY and young adults at community colleges and universities	$3,000,000
2.	Expand K-12 school-based mental health services	$5,550,000
3.	Fund early childhood mental health program targeting early childcare providers serving families and children	$2,000,000
4.	Continue services for Veterans & Military-Connected Families (i.e., Strong Families-Strong Children INN Project	$3,000,000
5.	Expand existing services for isolated older adults	$3,000,000
6.	Expand O&E for underserved cultural / linguistic populations	$2,000,000
7.	Expand existing Gang Prevention Services	$450,000
8.	Expand Community Mental Health Educational Events to Reduce Stigma	$2,000,000
9.	Fund a variety of behavioral health community trainings	$1,500,000
	TOTAL	$22,500,000

* Funds will be allocated according to priority ranking. As program costs are established, amounts may be adjusted. Thus, programs with lower priority rankings may not receive funding if higher priority programs cost more than anticipated. In the event of lower than anticipated costs, excess funds will be allocated according to priority ranking and program need.

Recommendation 1:
Implement new/expanded services for TAY and young adults

Criteria		Notes
Consistent w/ PEI Regs	✔	
Identified in SB 1004	✔	"Youth outreach and engagement strategies that target secondary schools and TAY, with a priority partnership with college mental health programs"
Serves ages 0-25 years	✔	
2018 local PEI CPP Priority	✔	
2018 CEMs Priority	✔	
UCSD Study Identified Pop.	✔	Unmet needs highest among those with HS education, and LGBTQ, Latino, African-American TAY
CalOptima Identified Pop.		
Other potential funding	?	
Notes		Currently the only existing PEI program for this age group serves Veterans enrolled in local colleges

Recommendation 2:
Expand K-12 school-based mental health services

Criteria		Notes
Consistent w/ PEI Regs	✔	
Identified in SB 1004	✔	"Childhood trauma prevention and early intervention" and "youth outreach and engagement strategies that target secondary schools"
Serves ages 0-25 years	✔	
2018 local PEI CPP Priority	✔	
2018 CEMs Priority	✔	
UCSD Study Identified Pop.	✔	56.6% of children and 63.5% of adolescents did not receive needed MH treatment
CalOptima Identified Pop.	✔	35.5% of children under 18 did not see a MH specialist
Other potential funding	Y	INN is seeking to expand the Tech Suite: 1) comprehensive resource directory; 2) customized digital content for children & adolescents Exploring cross-agency and public-private funding .
Notes		Will ensure resources/services reach LGBTQ students

Recommendation 3:
Fund a new early childhood mental health program targeting early childcare providers serving families and children

Criteria		Notes
Consistent w/ PEI Regs	✔	
Identified in SB 1004	✔	"Childhood trauma prevention & early intervention" including ..."the implementation of appropriate trauma and developmental screenings and linkages to early intervention services and primary care"
Serves ages 0-25 years	✔	
2018 local PEI CPP Priority	✔	
2018 CEMs Priority	✔	
UCSD Study Identified Pop.	✔	56.6% of children (ages 4-11) did not receive needed MH treatment
CalOptima Identified Pop.	✔	47.6% of children 0-5 did not see a MH specialist
Other potential funding	?	
Notes		Need also identified in: • 2017 CSU Fullerton Report, "Experiences Caring for Children with Behavioral Challenges or Possible MH Conditions" • CFCOC's Early Developmental Index (EDI) report

Recommendation 4:
Continue services for Veterans & Military-Connected Families
(i.e., continue Strong Families-Strong Children INN Project)

Criteria		Notes
Consistent w/ PEI Regs	✔	
Identified in SB 1004	✔	"Childhood trauma prevention and early intervention" and serving underserved and vulnerable populations including ...veterans"
Serves ages 0-25 years	✔	
2018 local PEI CPP Priority	✔	
2018 CEMs Priority	✔	
UCSD Study Identified Pop.	✔	34.2% of Veterans did not receive MH treatment in past year
CalOptima Identified Pop.		
Other potential funding	N	
Notes		Need also identified in: ○ USC Veterans study and survey of over 1,200 Orange County veterans (Castro, Kintzle, & Hassan, 2015) INN project yielded strong outcomes

Recommendation 5:
Expand existing services for isolated older adults

Criteria		Notes
Consistent w/ PEI Regs	✔	
Identified in SB 1004	✔	"Strategies targeting the mental health needs of older adults"
Serves ages 0-25 years		
2018 local PEI CPP Priority	✔	
2018 CEMs Priority	✔	
UCSD Study Identified Pop.		
CalOptima Identified Pop.	(✔)	4.1% - 18.2% of non-English speaking individuals report feeling lonely or isolated
Other potential funding	?	
Notes		Need also identified in California Mental Health Older Adult System of Care Project by UCLA

Recommendation 6:
Expand O&E for underserved cultural / linguistic populations

Criteria		Notes
Consistent w/ PEI Regs	✔	
Identified in SB 1004	✔	"Culturally competent and linguistically appropriate prevention and intervention services… and "underserved cultural populations"
Serves ages 0-25 years	(✔)	Will serve this age group but not be limited to children/TAY
2018 local PEI CPP Priority	✔	
2018 CEMs Priority	✔	
UCSD Study Identified Pop.	✔	Latino, African-American and LGBTQ communities had highest rates of SPD
CalOptima Identified Pop.	✔	4.1% - 18.2% of non-English speaking individuals report feeling lonely or isolated
Other potential funding		
Notes		

Recommendation 7:
Expand existing Gang Prevention Services

Criteria		Notes
Consistent w/ PEI Regs	✔	
Identified in SB 1004	✔	"Interventions for youth … who are at risk of, or have had any contact with, the juvenile justice system"
Serves ages 0-25 years	✔	
2018 local PEI CPP Priority	✔	
2018 CEMs Priority		
UCSD Study Identified Pop.		
CalOptima Identified Pop.		
Other potential funding	N	?
Notes		

Recommendation 8:
Expand Community Mental Health Educational Events to Reduce Stigma

Criteria		Notes
Consistent w/ PEI Regs	✔	
Identified in SB 1004		"Funding mental health stigma reduction training and activities"
Serves ages 0-25 years	(✔)	
2018 local PEI CPP Priority	✔	
2018 CEMs Priority	✔	
UCSD Study Identified Pop.		
CalOptima Identified Pop.	✔	
Other potential funding	Y	
Notes		Stigma reduction efforts and activities will be incorporated into the other program PEI priority recommendations above

Recommendation 9:
Fund a variety of behavioral health community trainings

Criteria		Notes
Consistent w/ PEI Regs	✔	
Identified in SB 1004	✔	*Training topics were identified in other priorities*
Serves ages 0-25 years	✔	
2018 local PEI CPP Priority	✔	
2018 CEMs Priority	✔	
UCSD Study Identified Pop.		
CalOptima Identified Pop.	✔	
Other potential funding	Y	OSHPD grants / opportunities
Notes		Training will be incorporated into the other program PEI priority recommendations above