

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

MHSA Prevention, Early Intervention, and Innovation

Report of Findings

September 2012
Revised



WELLNESS • RECOVERY • RESILIENCE

MHSA Prevention, Early Intervention, and Innovation MHSOAC Report of Findings

Executive Summary

Recent news articles have questioned the connection of a few, specific Mental Health Service Act (MHSA) programs to mental health. While Presidential and national leadership call for prevention and early intervention as one key to a modern health care system, articles have been generally critical of what are labeled “wellness programs.”

Proposition 63 (MHSA), passed by voters in November of 2004, created the Mental Health Services Oversight and Accountability Commission (MHSOAC) to oversee, review, and evaluate state and local projects and programs supported by MHSA funds. The MHSOAC carries out this responsibility by, in part, seeing that MHSA services are provided in accordance with state law, guidelines, and recommended best practices, subject to local oversight, to ensure accountability to taxpayers and to the public.

This report reviews the statutory purpose and intent of the MHSA, requirements for a Prevention and Early Intervention (PEI) program, requirements for an Innovation (INN) program, and trends identified so far in counties’ PEI and INN programs.

In addition to this general level of review, this report analyzes the specific programs identified in the news articles. MHSOAC staff examined these programs through reviewing the plans counties prepared when initially proposing these programs. MHSOAC staff also had direct contact with each county to learn more about the program elements, implementation, and costs. MHSOAC staff then validated that these programs comply with MHSA statutes and guidelines.

By taking this approach, the MHSOAC finds the news articles an opportunity to analyze whether, when taken together, the individual identified programs point the way to larger policy or program trends that should be addressed. The MHSOAC provides this review and these findings as the product of it carrying out its responsibilities.

Summary of Findings

News Articles

- The news articles reported on 13 MHSA programs included in PEI or INN plans developed by 12 California Counties, plus an element of one CSS program. Stanislaus County had both an Innovation and Prevention and Early Intervention plan.
- Eight of these programs were for PEI programs and five of the programs were for INN programs.
- Twelve of the thirteen MHSA programs identified in the news articles were reviewed and approved by the MHSOAC between 2009 and 2011. One (Stanislaus County’s Arts for Freedom) was approved locally after the passage of AB 100 and before the passage of AB 1467.

- The program descriptions are problematic in that they generally do not address the extent to which the elements described fit in with the program's purpose linked to mental health outcomes, omit details about programs' mental health interventions, and do not differentiate between PEI (ongoing services designed to bring about mental health outcomes) and INN (time-limited pilots and evaluations of unproven new/changed mental health practices).
- The budget amounts are problematic in that some amounts were reported as annual amounts though budgets reported were actually for more years than referenced in the articles. Additionally, some reported budgets funded more programs than were referenced in the articles.
- Of the 13 programs, eight focus on services to people from diverse, underserved racial, ethnic, and cultural groups.

Programs: PEI

- PEI funds for the eight programs reported in the articles are less than 1% (0.3%) of total PEI funds distributed.
- Seven out of the eight PEI programs were implemented. One (Tri-Cities' Student Well-Being: College Students) is still being developed.
- Six out of the eight PEI programs comply with MHSA provisions and PEI Guidelines. For one (Tri-Cities' Student Well-Being: College Students), compliance cannot be determined because it is still being developed. For one (Sutter/Yuba's Support Recreational Opportunities), compliance is unclear in that the plan contains intended target populations and intended outcomes but is unclear about linkages to mental health or primary care providers for individuals who may need assessment or treatment.

Programs: INN

- INN funds for the five programs reported in news articles are 4% of total INN funds distributed.
- Four out of the five INN programs were implemented. One (Butte's Therapeutic Wilderness Experience) was not implemented for budgetary reasons.
- All five INN programs comply with the MHSA and INN Guidelines. All are testing a new or changed mental health practice in time-limited pilots in order to demonstrate whether the practice is effective to address one or more of the MHSA-defined purposes for INN: to increase access, increase access to underserved groups, improve the quality and outcome of services, and improve interagency and community collaboration.

MHSA Prevention, Early Intervention, and Innovation MHSOAC Report of Findings

Background

In November, 2004, California voters passed Proposition 63, an initiative that authorized a 1% tax on personal income in excess of \$1 million to expand successful services for “individuals most seriously affected by or at risk of serious mental illness.” No doubt fueled by significant changes that have occurred in the mental health field, combined with a drastic budgetary climate in California, there is scrutiny of special funds and programs. Among these are California county mental health programs funded with Proposition 63 Mental Health Services Act (MHSA) dollars. Recent news articles have highlighted the MHSA and, most notably, its Prevention and Early Intervention (PEI) and Innovation (INN) programs. Among these are recent news articles critical of a few specific PEI and INN programs.

In response to these concerns, the Mental Health Services Oversight and Accountability Commission (MHSOAC) reviewed the identified programs through plan reviews and discussions with counties to assess their programmatic elements and costs. The MHSOAC also reviewed statewide law and guidelines that govern PEI and INN programs. This report reviews the program findings with statutes and guidelines.

Mental Health Services Act: Purpose and Intent

The following are the specific stated purposes for the MHSA:

- (a) To define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care.
- (b) To reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.
- (c) To expand the kinds of successful, innovative service programs for children, adults and seniors begun in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including medically necessary psychiatric services, and other services, to individuals most severely affected by or at risk of serious mental illness.
- (d) To provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure. State funds shall be available to provide services that are not already covered by federally sponsored programs or by individuals’ or families’ insurance programs.
- (e) To ensure that all 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.

The MHSA requires services to reflect specific principles. MHSA-funded services must be collaborative, integrated, and accessible. They must be client-centered, family-focused, and culturally and linguistically competent. They must foster recovery, defined as including hope, empowerment, respect, social connections, responsibility, and self-determination.

MHSA revenue can only be used to expand and improve the public mental health system for people across the lifespan with or at risk of a serious mental disorder. The Act includes a specific prohibition against using MHSA funds to replace existing services through supplantation.

Prevention and Early Intervention (PEI)

MHSA Requirements for PEI Program

In 2003, the President's New Freedom Commission on Mental Health recommended moving toward a recovery oriented system, with the overall goal of helping all individuals with mental illness and disability recover, with early detection and access to the necessary support and treatment. In 2010, the Affordable Care Act recognizes that prevention, early intervention, and when necessary, treatment of mental and substance use disorders are an integral part of improving and maintaining overall health. In 2011, the US Substance Abuse and Mental Health Services Administration (SAMHSA) laid out a vision for a "good and modern mental health and addiction system," which included, in part, prevention and early intervention.

Because of the MHSA, California is already ahead of major national policy shifts toward prevention and early intervention. One of the most ground-breaking elements of the MHSA is the requirement that 20% of funds distributed to counties be spent on prevention and early intervention programs. This unprecedented investment is not currently found in other states.

The overall purpose of the PEI program is to "prevent mental illnesses from becoming severe and disabling." 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))
- include mental health services similar to those provided under other programs effective in preventing mental illnesses from becoming severe, and shall also include components similar to programs that have been successful in reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives. (WIC §5840(c))
- emphasize strategies to reduce the following 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)).¹

In addition to hundreds of programs throughout California counties, counties invested in PEI projects that were more likely to have a larger impact when addressed at a statewide level. These statewide efforts include reducing stigma and discrimination, preventing suicide, and addressing the needs of students, both in K-12 and higher education.

PEI Guidelines

The Department of Mental Health (DMH) issued guidelines for PEI programs in September 2007 and issued revised guidelines in August 2008. PEI Guidelines specify the programmatic requirements for counties' planned PEI programs and were the basis for the MHSOAC's review and approval of PEI plans submitted by counties².

Before and After a Diagnosis of Mental Illness: Prevention and Early Intervention

PEI guidelines delineate "prevention" and "early intervention" as two approaches to meeting MHSOAC goals to "prevent mental illness from becoming severe and disabling."

Prevention was defined as addressing people before the onset of a mental health disorder by "reducing risk factors or stressors, building protective factors, and increasing support. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well in the face of changing and sometimes challenging circumstances. MHSOAC calls for an approach to prevention that is integrated, accessible, culturally competent, strength-based, effective, and that targets investments with the aim of avoiding costs (in human suffering and resources) for treatment services."³

PEI Guidelines allowed both universal and selective approaches to prevention. However, all PEI programs, including prevention, were required to serve people with either individual or group risk for mental illness (discussed more below in Key Community Needs and Priority Populations).

Early Intervention was defined as addressing people with early onset of a mental disorder. PEI Guidelines describe early intervention services being directed toward individuals and families for whom a short-duration (usually less than one year), relatively low intensity intervention is appropriate to measurably improve the mental health problem/disorder very early in its manifestation; thereby, avoiding the need for more extensive mental health treatment or services.⁴

¹ This subsection was added to WIC §5840 as the result of AB 1467 (Chapter 23, Statutes of 2012).

² With the passage of AB 100 (Committee on Budget, Chapter 5, Statutes 2011), the MHSOAC no longer reviews and approves counties' PEI programs and expenditures.

³ PEI Guidelines, 2008, p. 7.

⁴ PEI Guidelines, 2008, p. 8.

PEI Guidelines and MHPA Provisions

The following illustrates the prevention and early intervention elements of the MHPA guidelines for the PEI program.

MHPA Purpose for PEI	Prevention	Early Intervention
Emphasize improving timely access to services for underserved populations	X	X
Provide outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses	X	X
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		X
Include mental health services similar to those provided under other programs effective in preventing mental illnesses from becoming severe, and shall also include components similar to programs that have been successful in reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives	X	X
Emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness, including: suicide, incarcerations, school failure, unemployment, prolonged suffering, homelessness, and removal of children from their homes	X	X
Reduce stigma and discrimination associated with being diagnosed with a mental illness or seeking mental health services	X	X

Outcomes for Key Community Needs and Priority Populations

An essential element of PEI Guidelines is an outcomes-based logic model, beginning with community planning. “PEI funding is to be used to achieve specific PEI outcomes for individuals, programs/systems and communities.”⁵ Counties, through their community planning, were required to define PEI projects: “prevention and/or early intervention programs that are designed to address one or more PEI Key Community Needs and one or more PEI Priority Populations, consistent with PEI Principles, to meet specific PEI individual/family and/or program/system outcomes. The scope of each project should not be overly broad or too narrow to achieve the outcomes for the target populations.”⁶ PEI Guidelines provided a menu of allowable Key Community Needs and Priority Populations, all of which had been determined through research and consultation with stakeholders to be populations associated with serious mental illness. Selection of these areas of focus was based on the input and data assessed and prioritized during the community planning process.

⁵ PEI Guidelines, 2008, p. 9.

⁶ PEI Guidelines, 2008, p. 14.

Other PEI Requirements

In addition to these overarching requirements, all PEI programs had to demonstrate:

- Cultural competence, including outreach to members of underserved populations (required for all MHSA programs)
- Collaboration and support for an integrated client experience (required for all MHSA programs)
- Recovery and wellness (required for all MHSA programs)
- Accessibility, especially for underserved populations; programs were to be delivered in natural community settings, where possible
- Capacity to link individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to county mental health
- Capacity to link effectively to other needed survival resources.

Counties, with the exception of small counties, were required to serve all age groups and to designate a minimum of 51 percent of the overall PEI program budget to individuals who are between the ages of 0 and 25. Like other MHSA programs, PEI programs were required to reflect all MHSA statutory and regulatory requirements.⁷

Innovation (INN)

Five percent of the total funding for each county mental health program for Adult and Older Adult Mental Health Systems of Care Act, Prevention and Early Intervention, and the Children's Mental Health Services Act shall be utilized for INN programs. Currently, counties develop plans for INN programs and are prohibited from spending INN funds until the MHSOAC approves their INN programs. Originally, the MHSA was not specific about the intentions or requirements for this program, except to specify four key purposes (listed below). When the Legislature amended the MHSA through Assembly Bill (AB)

Each PEI program was required to specify the program's link to mental illness:

- Prevention programs: risk factors (individual and/or group) for mental illness
- Early intervention: early onset of a mental illness that could benefit from a relatively short-duration approach

In addition, each PEI project had to define intended mental health outcomes (individual/family and/or program/system) and evidence that the intended cluster of programs was likely to bring about these outcomes.

⁷ PEI Guidelines, 2008, pages 8 and 9.

1467 (Chapter 23, Statutes of 2012), it added definitions and requirements that clarify that INN projects are time-limited demonstration projects for the purpose of testing and evaluating the efficacy of new/changed mental health approaches to address mental health challenges for which existing solutions either don't exist or are inadequate. Through this approach, the MHSA's INN program provides California the opportunity to pilot and test new, unproven mental health models with the potential to become tomorrow's best practices.

MHSA Requirements for INN Program

As amended by AB 1467, the MHSA now includes specific definitions of and requirements for the INN program, which were adapted from the DMH INN Guidelines. Key provisions include the following:

Shall have the following primary purposes⁸ ((WIC §5830(b) (1)) :

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

MHSA definition of an INN Program supports innovative approaches by ((WIC §5830(b) (2)) :

- Introducing a new mental health practice or approach, including but not limited to, prevention and early intervention, or
- Making a change to an existing mental health practice or approach, including but not limited to adaption of a new setting or community, or
- Introducing a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context/setting.

An INN project may affect virtually any aspect of mental health practices or assess a new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges, including, but not limited to, any of the following ((WIC §5830(c)):

- (1) Administrative, governance, and organizational practices, processes, or procedures.
- (2) Advocacy.
- (3) Education and training for service providers, including nontraditional mental health practitioners.
- (4) Outreach, capacity building, and community development.
- (5) System development.
- (6) Public education efforts.
- (7) Research.
- (8) Services and interventions, including prevention, early intervention, and treatment.

If an INN Program has proven to be successful and a county chooses to continue it, the project work plan shall transition to another category of funding as appropriate ((WIC §5830(d)).

⁸ These are the same purposes for Innovation included in the MHSA as originally enacted.

INN Guidelines

INN Guidelines (DMH Information Notice 09-02, January 2009), developed by DMH with substantial input from MHSOAC, were the basis of MHSOAC's approval of INN programs (pre-AB 100⁹); most key Guideline provisions, as described above, have been incorporated into the MHSA post-AB 1467.

The Guidelines describe INN Programs as “novel, creative and/or ingenious mental health practices/ approaches that contribute to learning and that are developed within communities through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served individuals....An Innovation project is defined, for purposes of these Guidelines, as one that contributes to learning rather than a primary focus on providing a service. By providing the opportunity to ‘try out’ new approaches that can inform current and future [mental health] practices/ approaches in communities, an Innovation contributes to learning.” INN Guidelines require counties to be innovators, not just to import programs that are novel to the county.

The Guidelines' approach to INN was a combination of specificity regarding MHSA primary purposes and need to develop and test a new/changed mental health practice, and a broad scope that provided substantial leeway to counties regarding the focus of innovation. Counties could develop and test Innovations that affected people across the lifespan and across the spectrum of risk-manifestation of serious mental illness.

Guidelines specified that INNs, as pilot or demonstration projects, were subject to time limitations to assess their efficacy. Guidelines provided counties with the flexibility to define the timeframe for the project that would allow sufficient time to demonstrate the feasibility of the approach being tested. Counties were expected to include a plan to communicate the results of their innovation, whereby lessons learned from the innovation could be shared with the mental health community at large.

INN Programs are evaluations in their essence. The Guidelines are explicit that “by their very nature, not all INN projects will be successful.”

Like PEI, counties' INN programs were required to be consistent with all overall MHSA requirements. The MHSOAC is focusing its post-AB 1467 review of counties' INN Programs on the MHSA requirements for the program, as well as on overall MHSA requirements that apply to all programs including INN, such as stakeholder involvement in community planning.

Community Program Planning Process

The WIC §5848(a) mandates the community program planning process for all MHSA programs. AB 1467 amended this section of the MHSA to clarify and strengthen statute so that counties are to “demonstrate a partnership with constituents and stakeholders throughout the process

⁹ AB 100 halted state approval of county MHSA plans. Subsequently, AB 1467 amended the statute so that the MHSOAC receives county MHSA plans and annual updates and counties can expend INN funds upon MHSOAC approval.

that includes meaningful stakeholder involvement on mental health policy, program planning...¹⁰

In addition to stakeholder involvement as to the needs and priorities of a community, MHSA statutes also define a review/comment period and a method for handling substantial input received during the public comment period.

All of these Community Program Planning (CPP) processes, codified in statute and reiterated in California Code of Regulations, preserve this collaboration element which is unique to the MHSA insofar as stakeholder input was often times not fully utilized when it came to designing and developing mental health programs under the old system. The stakeholder process is critical to the development of PEI and INN plans. By their very nature, programs developed through these processes are intended to be cutting edge, in some cases, pilots to new programs and services. The community's input is essential to the success of these programs, as well as to their acceptance. The CPP process is utilized for all programs.

Trends: Counties' Plans for PEI and INN Programs

PEI Trends Report

The MHSOAC in early 2011 completed a PEI Trends Report based on an analysis of 485 programs contained in 59 PEI plans approved by the MHSOAC up to that point in time¹¹. As of the 2011 PEI Trends Report, the MHSOAC had approved \$713M for these PEI programs. The report assessed plan descriptions of programs to determine the intended purposes, people to be served, and sites and settings for services.

Key findings of that Trends Report include:

- At-risk children, youth and young adult populations were most frequently addressed by counties (100%)
- 97% of counties included at least one prevention program
- 97% included at least one early intervention program; a number of programs combined these approaches
- 97% of counties included family involvement as a component of at least one PEI program
- 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
- At least three quarters of counties 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% of counties included a program to reduce mental health disparities

¹⁰ Added to WIC §5848(a).

¹¹ A complete copy of the Prevention and Early Interventions Trends Report 2011 can be found at: http://www.mhsoac.ca.gov/MHSOAC_Publications/docs/PressReleases/2011/PEITrendsReport_05-11-11.pdf .

- 69% of counties included a program to address the initial onset of a serious psychiatric illness
- Counties' PEI plans included programs to serve individuals across the life cycle: children (97%), transition-age youth (95%), adults (93%) and older adults (80%) of counties
- Counties committed to provide PEI services at sites where people go for other routine activities, including schools (93%), community-based organizations (86%), primary care (81%), diverse social and community settings (76%), homes (71%), faith-based organizations (64%), and childcare or pre-school (59%)

INN Trends Report

Before the adoption of AB 100, the MHSOAC approved over \$158 million in funding for 86 INN Programs based on work plans developed by 32 counties. The Trends Report analyzes these 86 INN Programs and provides examples of the new/changed mental health practices counties are testing.¹²

The INN Trends Report, completed in January 2012, is less able than the PEI Trends Report to describe numerical summaries across California counties' INN Programs because of the broad range of areas of focus. The following are some of the key trends the report was able to compile.

In terms of the four MHSOAC primary purposes for INN, the Trends Report reported the following percentages:

- 9% of INN programs' primary purpose is to increase access to services
- 47% of INN programs' primary purpose is to increase access to services for underserved populations
- 28% of INN programs' primary purpose is to improve quality and outcome of services
- 16% of INN programs' primary purpose is to promote interagency collaboration

Most INN Programs make a change to an existing established mental health practice. Counties' planned evaluations of these "adapted" innovations focus on the element of the practice that is changed. The following shows how INN Programs met the definition of an INN:

- 18% introduce new mental health practices/approaches that have never been done before, including in prevention and early intervention
- 58% make a change to an existing mental health practice/approach, including adaptation for a new setting or community
- 24% introduce a new application to the mental health system of a promising community-driven practice/approach or a practice approach that has been successful in non-mental health contexts or settings

It is notable that 70% of INN Programs include a focus on developing/testing better ways to address the needs of individuals with serious mental illness. INN Programs are assessing approaches for individuals across the spectrum of mental illness, from prevention through

¹² A complete copy of the Innovation Trends Report 2012 can be found at: http://www.mhsoac.ca.gov/MHSOAC_Publications/docs/Publications/INN_Trends_2012_FINAL_wAppendices.pdf.

alternative responses to mental health crises. Many are also incorporating innovative approaches to other dimensions of mental health delivery besides direct services, such as evaluation, planning, and workforce education.

The following are percentages of programs that include the following aspects, with many programs including elements in more than one category.

- 23%: Prevention
- 37%: Early Intervention
- 55%: Treatment
- 32%: Crisis Response
- 45%: Other (evaluation, planning, collaboration, infrastructure, mental health work force education and training, etc.)

Since INN Guidelines also provide flexibility regarding who is the focus population of the innovation, including individuals and families across the lifespan, it is not surprising that counties developed and tested INN Programs for a broad diversity of people. There is a particular focus on testing new/changed approaches for transition-age youth. Percentages below are by program; many programs served individuals in more than one age category.

- 34%: Children
- 84%: Transition-Age Youth
- 72%: Adults
- 61%: Older Adults

While all MHSOAC-approved county INN plans met MHSA standard for cultural competency, some 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

At least 50 additional INN plans have been developed and approved locally by counties after AB 100 removed the Commission's mandate to review and approve INN Programs. Since the passage of AB 1467, MHSOAC is again reviewing and approving INN programs.

Funding for PEI and INN Programs

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	\$ 713,000,000¹³
Total PEI funds identified in news articles	\$ 4,379,434¹⁴
Percent of total PEI funds identified in news articles	0.3%
Total PEI plans approved by MHSOAC¹⁵	485
Total PEI plans reported in news articles	8
Percent of total PEI plans identified in news articles	2%
Innovation	
Distributions through June 2012	\$310,032,013
INN funds approved by MHSOAC	\$ 158,000,000¹⁶
Total INN funds identified in news articles	\$ 11,990,246
Percent of total INN funds identified in news articles	4%
Total INN plans approved by MHSOAC¹⁷	86
Total PEI plans reported in news articles	5
Percent of total INN plans identified in news articles	6%

¹³ As of 03-24-2011, the enactment of AB 100, which halted the state approval of PEI plans.

¹⁴ Amount is a total as reported in news articles. The reported amounts are problematic in that some amounts were reported as annual amounts though the budgets reported were actually for more years than referenced in the article. Additionally, some reported budgets funded more programs than were referenced in the article.

¹⁵ As of 03-24-2011, the enactment of AB 100, which halted the state approval of PEI plans.

¹⁶ As of 03-24-2011, the enactment of AB 100, which halted the state approval of INN plans, which resumed in June 2012 with the passage of AB 1467.

¹⁷ As of 03-24-2011, the enactment of AB 100, which halted the state approval of INN plans, which resumed in June 2012 with the passage of AB 1467.

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%
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%

News Articles

The news articles reported on thirteen MHSAs programs included in PEI or INN plans developed by twelve California Counties, plus an element of one CSS program.¹⁸ Eight of the thirteen programs were for PEI programs and five of the programs were for INN programs.

In August and September 2012, MHSOAC staff reviewed each county plan for the programs identified in the news articles and was in direct contact with staff in each of the counties to learn about their implementation of these programs in order to validate the accuracy of what was reported in the news articles in order to review whether the programs comply with the particular statutes and guidelines governing PEI and INN.

The following is a matrix highlighting compliance followed by a summary of each news-featured program and staff findings about those programs.

¹⁸ Stanislaus County had both an Innovation and Prevention and Early Intervention plan named in the AP report.

Compliance Matrix

Prevention and Early Intervention

PEI Programs→ MHSA PEI Purposes↓	Fresno	Napa	Riverside	San Diego	San Francisco	Stanislaus	Sutter/ Yuba	Tri-Cities ¹⁹
Emphasize improving timely access to services for underserved populations	X	X	X	X	X	X		
Provide outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses	X		X	X	X	X		
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	X	X	X	X	X	X	X ²⁰	
Include mental health services similar to those provided under other programs effective in preventing mental illnesses from becoming severe, and shall also include components similar to programs that have been successful in reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives			X	X	X			
Emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure, unemployment, prolonged suffering, homelessness, and removal of children from their homes	X	X	X	X	X	X		
Reduce stigma and discrimination associated with being diagnosed with a mental illness or seeking mental health services	X	X	X	X	X	X		

Innovation

INN Programs→ MHSA INN Purposes and Definitions↓	Butte	Kings	San Bernardino	Santa Clara	Stanislaus
Increase access to services				X	
Increase access to underserved groups		X	X	X	
Improve quality of services, including better outcomes	X				X
Promote interagency and community collaboration		X			
Introduce a new mental health practice or approach, including but not limited to, prevention and early intervention					
Make a change to an existing mental health practice or approach, including but not limited to adaption of a new setting or community	X	X			
Introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context/setting			X	X	X

¹⁹ Plan being developed.

²⁰ This purpose is mentioned in the plan but further review revealed more specificity is needed.

Summary of County Information

Summary of County Information	
Summary of 13 PEI and INN Plans	
Prevention and Early Intervention	
County	Fresno: Horticultural Therapeutic Community
Budget	\$484,763 total FY 2010-2011 \$135,490 FY 2011-2012 \$180,653 FY 2012-2013 \$171,620
Kind of Program	Prevention and Early Intervention
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.
Program Description in Plan	The 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. Uses gardening as an access strategy and wellness activity to engage individuals from underserved populations in a variety of interventions, including peer support and short-term mental health interventions, to address PTSD, intergenerational conflict, and generalized trauma. Facilitates linkages to treatment. Includes individual and system mental health outcomes.
County Description	Provides a culturally appropriate center to deliver peer support services and as a site for outreach and engagement for individuals from underserved populations, especially Hmong, Southeast Asians, Native Americans, and African Americans. The program is also a platform to address PTSD related to cultural-specific traumas, including the loss of traditional ways, intergenerational conflict, war and violence. Center provides de-stigmatizing and welcoming site where trusted community leaders can reduce barriers to service. Collaborative partnerships are established among physical health providers and community-based organizations to address housing, employment, education, benefits issues and culturally specific healing strategies.
CPP Process	Over a 12 month period, more than 1,600 community members provided input. Planning panel developed and categorized into 12 priority strategies.
Approved	MHSOAC 08-27-2009
Implemented	Delayed implementation due to county establishing contracts with three providers. Implementation began March 2010, consistent with approved plan.
If not implemented, what did Co. do with funds?	N/A
Anticipated # Served	110
Actual # Served	Year 1: 520 individuals. Year 2: 640 individuals.
Statute or regulation	Uncodified Section 3 (a) and (c), WIC §5840(a), (b)(1), (b)(3), (d)
Outcomes	<i>Intended individual/family level outcomes:</i> Decreased suicidal ideation, increased wellbeing and hopefulness, increased access to care and knowledge about care options, decreased stigma regarding mental illness, increased skills in problem solving, increased community connections and social supports, reduced isolation, increased access to mental health treatment. Outcomes to date: An evaluation at one site revealed that 85% of participants surveyed think less about suicide.
MHSOAC Staff Findings	<i>Compliant with MHSA and PEI Guidelines:</i> Yes <i>Recommendations:</i> None at this time.

Summary of County Information	
Summary of 13 PEI and INN Plans	
Prevention and Early Intervention	
County	Napa: Native American PEI Project
Budget	\$148,570 total FY 10-11: \$53,692 FY 11-12: \$94,878
Kind of Program	Prevention
News Description	A 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.
Program Description in Plan	The 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. The project of which this program is a component intends to increase access to mental health treatment for underserved Native Americans with and at risk of mental illness. The program as a whole includes outreach, education, cultural events and traditional practices that build resiliency and wellness, screening, assessment, referrals, and training. The news articles target the "cultural events and traditional practices" element of the PEI Project. The purpose of these events is to serve "as a venue for informal outreach, education, screenings and assessments."
County Description	The Native American project promotes cultural events and traditional practice in Napa County to bring the Native America community together and build trust. The project is carried out by a local inter-tribal organization. Events are organized by the outreach/education efforts and serve as a vehicle for information outreach, education, screenings and assessments. Elements of the program include cultural events, fostering coalitions and networks through an advisory group.
CPP Process	Approximately 85 individuals participated in community meetings and 89 individuals participated in focus groups. The county gathered 260 community surveys and 220 provider surveys to inform the work group.
Approved	MHSOAC 06-24-2010 (original PEI plan) MHSOAC did not approve expansion plan developed post- AB 100.
Implemented	Yes, consistent with approved plan.
If not implemented, what did Co. do with funds?	N/A
Anticipated # Served	Year 1: 510 individuals. Year 2: 660 individuals.
Actual # Served	First year: served 99 individuals. Second year: 2,600 individuals.
Statute or regulation	Uncodified Section 3 (c), WIC §5840 (a), (b), (d)
Outcomes	<i>Intended Outcomes:</i> Improved resilience and protective factors The county is tracking process /participation data and is continuing to build an evaluation methodology with focus on specific indicators of outcomes.
MHSOAC Staff Findings	<i>Compliant with MHSA and PEI Guidelines:</i> Yes Recommendations: None at this time.

Summary of County Information	
Summary of 13 PEI and INN Plans	
Prevention and Early Intervention	
County	Riverside: Mamas y Bebés
Budget	\$715,416 total FY 09-10: \$238,472 FY 10-11: \$238,472 FY 11-12: \$238,472
Kind of Program	Prevention and Early Intervention
News Description	Riverside received approval for a 12-week “mood management” course titled Mamas y Bebés 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.
Program Description in Plan	The articles do not convey that this is an evidence-based practice to prevent the onset of postpartum depression in Spanish-speaking pregnant women from an underserved population.
County Description	The program, as described, targets pregnant Latina women at risk for depression during their pregnancies and provides services countywide to 360 individuals. The 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. The county offers the course to women who are between 12 to 32 weeks pregnant, with post-partum booster sessions at 1, 3, 6, and 12 months post-partum. The county offers three parenting programs in the PEI project for underserved cultural populations, not four, and Mamas y Bebés is not one of them. Also, \$2,958,317 funds eight PEI programs, not four, which includes Mamas y Bebés.
CPP Process	Target population identified in CPP process, then research department reviewed data and matched program to needs.
Approved	MHSOAC 09-20-2009
Implemented	There was a substantial delay between plan approval and implementation related to contracting, recruitment, staff training, and program outreach. The program began in early 2012 as approved.
If not implemented, what did Co. do with funds?	N/A
Anticipated # Served	360
Actual # Served	Unknown, program has not yet been fully implemented
Statute or regulation	Uncodified Section 3 (a), (b), (c), WIC §5840(a), (b), (c), (d)
Outcomes	<i>Intended Outcomes:</i> Decreased depressive symptoms, and improved functioning, improved parenting, fewer behavioral problems in children, increased resilient traits in participants.
MHSOAC Staff Findings	<i>Compliant with MHSA and PEI Guidelines:</i> Yes Recommendations: None at this time.

Summary of County Information	
Summary of 13 PEI and INN Plans	
Prevention and Early Intervention	
County	San Diego: Home-Based PEI Gatekeeper Program
Budget	<p>\$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</p> <p>Meals not paid for by MHSA, paid by Older Americans Act Title III C-2, State General Funds, participant donations, and local funds</p>
Kind of Program	Prevention and Early Intervention
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.
Program Description in Plan	Provides outreach, education, depression screening, mental health assessment, suicide risk assessment, brief counseling and interventions (such as PEARLS), links to treatment and community resources, and follow-up, in conjunction with delivery of meals and nutrition screening and education for diverse home-bound seniors with and at risk of mental illness.
County Description	Working with a community home meal delivery provider, the Home-based PEI Gatekeeper Program provides prevention and short-term early intervention services that include education, screening, assessment, brief intervention, referral and follow-up to underserved culturally/ethnically diverse and isolated seniors (over 60) who are homebound due to illness and/or disability and are facing cultural barriers and/or stigma. These individuals are at-risk for or experiencing depression, medication misuse and substance abuse, and suicidal ideation. This is an evidence-based practice. Initial implementation report: program provided 845 depression screenings and 65 mental health referrals to primary care and specialty mental health. News description implies MHSA pays for the meals, which are provided through a partnership with Older Americans Act Title III C-2, State General Funds, participant donations, and local funds. Psychiatric workers are not delivering meals and meals are not delivered daily. There are other mental health services and linkages included in program.
CPP Process	The program was selected in response to community requests for services that address needs of at-risk homebound seniors for prevention and early intervention and those less likely to seek traditional mental health services.
Approved	MHSOAC 01-30-2009
Implemented	Yes, as approved
If not implemented, what did Co. do with funds?	N/A
Anticipated # Served	400
Actual # Served	845
Statute or regulation	Uncodified Section 3 (b), (c), (d), WIC §5840(a), (b)(2), (c), (d)(1)(2)(5)(6)
Outcomes	<p><i>Intended Outcomes:</i> Reduced isolation, depression symptoms, substance abuse and medication misuse, suicidal thoughts/attempts, stigma. Increased self-sufficiency, social support, depression screenings, primary care visits.</p> <p><i>Outcomes:</i></p> <ul style="list-style-type: none"> • 72% of participants reported a reduction and/or elimination of depressive symptoms • 89% of participants reported that they are able to increase and maintain individual self sufficiency • 93% of participants expressed satisfaction with the services each month during a year
MHSOAC Staff Findings	<p><i>Compliant with MHSA and PEI Guidelines:</i> Yes</p> <p><i>Recommendations:</i> None at this time.</p>

Summary of County Information	
Summary of 13 PEI and INN Plans	
Prevention and Early Intervention	
County	San Francisco: Holistic Wellness Promotion in a Community Setting: African American Program
Budget	\$750,000 total MHSA funds, plus \$225,000 total contractor match 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
Kind of Program	Prevention and Early Intervention
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.
Kind of Program	Prevention and Early Intervention
Program Description in Plan	The 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. Uses a holistic approach based on cultural values and traditions to provide community outreach and education, promote social community building events, individual and group counseling, other direct mental health interventions, safety building and risk reduction, home visits, evidence-based parenting programs, case management, and linkages to mental health services for residents of an African American community within San Francisco with extensive and ongoing exposure to severe trauma, many with PTSD and other mental disorders.
County Description	African American Holistic Wellness Program implemented to provide culturally competent set of supports designed to more effectively engage African Americans and improve behavioral health outcomes. Activities include community events, outreach, support groups and educational workshops.
CPP Process	Extensive CPP process, culminating in identifying priorities, which included the need for trauma-related PEI services.
Approved	MHSOAC 2009
Implemented	Implemented, as approved.
If not implemented, what did Co. do with funds?	N/A
Anticipated # Served	380 annually
Actual # Served	Year 1: 305 females and 257 males served, all age groups
Statute or regulation	Uncodified Section 3 (a) and (c), WIC §5840(a), (b)(2)(3)(4), (d)
Outcomes	<i>Intended Outcomes:</i> Increased participation in counseling, positive family interactions, increased knowledge and use of risk-reduction strategies, participation in positive after-school activities.
MHSOAC Staff Findings	<i>Compliant with MHSA and PEI Guidelines:</i> Yes <i>Recommendations:</i> None at this time.

Summary of County Information	
Summary of 13 PEI and INN Plans	
Prevention and Early Intervention	
County	Stanislaus: Friends Are Good Medicine
Budget	\$225,000 total FY: 09-10: \$75,000 FY: 10-11: \$75,000 FY: 11-12: \$75,000
Kind of Program	Prevention
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.
Program Description in Plan	Strengthens community support groups, which is consistent with county's emphasis on partnerships with community efforts to respond to mental illness. The program includes a broad mass media campaign, clearinghouse, and directory. Information, consultation, training, support, leadership development, and infrastructure are available for individuals who want to start or facilitate peer support groups. The approach reinforces the 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.
County Description	<p>The online directory is only one element, not the total effort. One of the other efforts is to strengthen support groups for individuals with serious mental illness. Program developed a model to provide peer support group facilitation training for Spanish-speaking community health outreach workers and community members so they can lead support groups for Spanish-speaking individuals who are experiencing serious mental illness.</p> <p>In FY 10-11, the county reports the following accomplishments:</p> <ul style="list-style-type: none"> • 35 Community stakeholders convened for promotion campaign • 60 key informant interviews with key community leaders members • 8 area agency on aging ads created • 43 people trained as peer support group facilitators • 150 peer support groups confirmed and mapped in Stanislaus County • 32-page Support Group Directory was developed • Developed a "Friends are Good Medicine" website • 45 individuals were trained in Mental Health First Aid
CPP Process	The community planning process took place from July 2008 through March 2009, which included over 500 unique individuals representing 159 community organizations attending 25 focus group meetings, resulting in 2,800 face-to-face interviews.
Approved	MHSOAC 05-28-2009
Implemented	Yes, as approved
If not implemented, what did Co. do with funds?	N/A
Anticipated # Served	Estimated 500
Actual # Served	Unknown
Statute or regulation	Uncodified Section 3 (c), (d) and (e), WIC §5840 (a) and (b)(1)(2), (d)
Outcomes	<i>Intended Outcomes:</i> Increased access to mental health treatment, improved social support, improved wellness and resiliency.
MHSOAC Staff Findings	<i>Compliant with MHSA and PEI Guidelines:</i> Yes <i>Recommendations:</i> None at this time.

Summary of County Information	
Summary of 13 PEI and INN Plans	
Prevention and Early Intervention	
County	Sutter/Yuba: Support Recreational Opportunities
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
Kind of Program	Prevention
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.
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.
County Description	Part of a series of PEI projects designed to engage the community and build capacity of non-profit organizations and to increase collaboration to support delivery of PEI services to at-risk populations. County plans to start offering recreational scholarships to this population. The program is designed to address the key community mental health needs of: 1) Disparities in access to mental health services, 2) psycho-social impact of trauma, 3) at-risk children, youth and young adult populations, 4) stigma and discrimination, and 5) suicide risk. The county does not receive \$93,000 a year for this program. It budgeted \$93,000 in the first year, then \$8,000 thereafter.
CPP Process	Top five survey responses for suggested programs in were Sutter Yuba were: <ul style="list-style-type: none"> • People who have attempted suicide or might (61%). • People who started to show signs of mental illness (42%). • People with history of mental illness and/or substance abuse (40%). • People facing trauma in their or their families lives (40%). • Children and youth in stressed families (39%).
Approved	MHSOAC 08-20-2009
Implemented	Delayed and partially implemented. Outreach has begun but the recreational scholarships for martial arts, dance studios and gym partnerships have not.
If not implemented, what did Co. do with funds?	N/A
Anticipated # Served	40
Actual # Served	150 in outreach only, no recreational scholarships issued yet
Statute or regulation	Uncodified Section 3 (b), WIC §5840(a), (b), (d)
Outcomes	<i>Intended Outcomes:</i> Increased self-esteem, peer support, and positive social skills among at-risk youth.
MHSOAC Staff Findings	<i>Compliant with MHSA and PEI Guidelines:</i> 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. <i>Recommendations:</i> County should ensure that in addition to the existing recreational activities they are utilizing 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.

Summary of County Information	
Summary of 13 PEI and INN Plans	
Prevention and Early Intervention	
County	Tri-Cities: Student Well-Being: College Students
Budget	\$235,000 total FY 10-11: \$120,000 FY 11-12: \$115,000
Kind of Program	Prevention
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. The proposal included a plan for self-help, drop-in centers featuring massage chairs for relieving muscle tension, a meditation room and a biofeedback lab where students use computer software to learn breathing and relaxation techniques.
Program Description in Plan	The plan describes a planning process to develop campus-based plans to promote the emotional and mental wellbeing of college students. The massage chairs and a biofeedback lab were not part of the MHSOAC approved plan.
County Description	For this project, delegates developed a communication strategy to reach out to college-aged students regarding wellness. The articles present brainstorming ideas as funded activities. The program is under development and has not yet been implemented.
CPP Process	Almost 3,000 community members participated in the planning effort between June and December, 2009.
Approved	MHSOAC 03-25-2010
Implemented	Has not been developed or implemented because of transitions in staff.
If not implemented, what did Co. do with funds?	N/A
Anticipated # Served	79,000 total students
Actual # Served	N/A
Statute or regulation	WIC §5840(a), (b)(1)-(2), (d)
Outcomes	No specified mental health outcomes
MHSOAC Staff Findings	<i>Compliant with MHSA and PEI Guidelines:</i> The brainstorming ideas are not relevant to compliance. <i>Recommendation:</i> 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.

Summary of County Information	
Summary of 13 PEI and INN Plans	
Innovation	
County	Butte: Therapeutic Wilderness Experience
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.
Program Description in Plan	The articles do not capture that this program is a time-limited program to test a new or changed mental health strategy. That strategy is 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.
County Description	Therapeutic Wilderness Program designed to assess if existing youth wilderness programs would have better outcomes by involving families. Target population: 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.
CPP Process	Request for ideas for the INN Work Plan was distributed to over 1,500 stakeholders. INN Workgroup represented diverse cultural, ethnic, and geographic communities; families and consumers; members of other agencies and community-based organization; and Behavioral Health staff convened to analyze the ideas and to choose the ones that would go forward.
Approved	MHSOAC 06-25-2010
Implemented	No, funds were thought to be better spent evaluating existing INN programs.
If not implemented, what did Co. do with funds?	County will apply funds to other approved INN Programs, with focus on evaluations.
Anticipated # Served	36 youth and families per year for three years
Actual # Served	0
Statue²¹ or regulation	Uncodified Section 3 (c), WIC §5830(a)
Outcomes	<i>Intended outcomes:</i> Reduced out-of-home mental health placements of youth, increased school achievement, reduced involvement with first responders (medical, law enforcement, etc.), improved measures of individual and family functioning for youth with mental illness/emotional disturbance.
MHSOAC Staff Findings	<i>Compliant with MHSA and INN Guidelines:</i> Yes <i>Recommendation:</i> None at this time.

²¹ For Innovation statutes only 5830(a) is used since that was the only existing statute prior to AB 1467. All of these Innovation plans were reviewed and approved by the MHSOAC prior to the AB 1467 legislation which further codified innovation program elements used by the MHSOAC.

Summary of County Information	
Summary of 13 PEI and INN Plans	
Innovation	
County	Kings: Youth Transitions
Budget	\$899,850 total FY 10-11: \$124,580 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.
Program Description in Plan	The articles do not capture that this program is a time-limited program to test a new or changed mental health strategy. That strategy is to determine if a collaborative approach among behavioral health department, 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. Also tests an adaptation of equine-facilitated psychotherapy as a component of the collaborative approach. Targets Tachi Yokut youth enrolled in the local Central Union School District identified as at-risk because of a combination of psycho-social and academic difficulties. Builds service coordination and collaboration among Central Union School District, Kings County Behavioral Health, tribal leaders, youth and their family members, local Native American service providers, and a contracted mental health service provider. Combines a classroom-based academic program, social/emotional skills training, cultural learning, and a collaborative adaptation of equine-facilitated therapy to improve mental health and academic outcomes. Intervenes at critical educational transition points. Equine-facilitated therapy is a therapeutic practice with a growing evidence base for Native American youth.
County Description	Two-pronged innovative program: 1) Equine-facilitated psychotherapy program infused with Native American values and cultural aspects to assist students with maladaptive coping strategies. Identified at transition points in education systems. 2) Implementation and Learning Council development, establishing a consortium of community members who provide collaborative leadership.
CPP Process	17 key informant interviews, 11 focus groups (139 participants), 4 INN strategy sessions, 6 roundtables (29 participants) and day long prioritization meeting with 59 participants after the planning council (24 members) and 53 unduplicated delegates attended community process.
Approved	MHSOAC 02-28-2011
Implemented	Yes, as approved
If not implemented, what did Co. do with funds?	N/A
Anticipated # Served	24 (12 students per semester)
Actual # Served	12
Statute²² or regulation	Uncodified Section 3 (c), WIC §5830(a)
Outcomes	<i>Intended individual/family level outcomes:</i> Improved psycho-social and academic functioning, decreased stigma, and increased positive perception and use of mental health resources for individuals and families. <i>Intended Program/system level outcomes:</i> Decreased bullying, increased classroom cohesion in schools, increased and improved collaboration among service system to better serve Native American youth with emotional mental health risk/symptoms, and their families.
MHSOAC Staff Findings	<i>Compliant with MHSA and INN Guidelines: Yes</i> <i>Recommendation: None at this time.</i>

²² For Innovation statutes only 5830(a) is used since that was the only existing statute prior to AB 1467. All of these Innovation plans were reviewed and approved by the MHSOAC prior to the AB 1467 legislation which further codified innovation program elements used by the MHSOAC.

Summary of County Information	
Summary of 13 PEI and INN Plans	
Innovation	
County	San Bernardino: Holistic Campus 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.
Program Description in Plan	The articles do not capture that this program is a time-limited program to test a new or changed mental health strategy. That strategy is 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. The Holistic Campus brings together all of the County's diverse cultures and communities in one location to provide culture-specific healing techniques, as well as addressing the myriad needs of those individuals who seek information and help. The 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-occurring disorders. Services and activities provided in mental health settings in the past have not been successful in improving access for our diverse underserved and unserved population and have not addressed the issue of stigma. One thing we hope to learn from the Holistic Campus is how people from diverse communities and ethnicities can learn from each other.
County Description	Three Holistic Campus locations identified and contracts were awarded in Fall 2011. At least 80% are peer run services, which are more accessible, culturally and linguistically competent in the rendition of services. Advisory Board for Campus consists of cultural brokers, vested community groups and peer staff. Provides therapeutic treatment approaches that are consistent with cultural beliefs. Activities were conducted covering outreach and engagement, health and resource fairs, community meetings, parenting classes, fitness classes, ESL, yoga, Tai Chi, martial arts, as well as multiple cultural events.
CPP Process	County established an INN working committee of more than 100 members.
Approved	MHSOAC 01-27-2010
Implemented	Yes, as approved
If not implemented, what did Co. do with funds?	N/A
Anticipated # Served	7,200 individuals served annually
Actual # Served	5,000 individuals served in FY 11-12
Statute²³ or regulation	Uncodified Section 3 (c), WIC §5830(a)(1), (a)(2), (a)(4)
Outcomes	<i>Intended outcomes:</i> Decreased stigma for members of ethnic communities related to seeking mental health services.
MHSOAC Staff Findings	<i>Compliant with MHSA and INN Guidelines:</i> Yes <i>Recommendations:</i> None at this time.

²³ For Innovation statutes only 5830(a) is used since that was the only existing statute prior to AB 1467. All of these Innovation plans were reviewed and approved by the MHSOAC prior to the AB 1467 legislation which further codified innovation program elements used by the MHSOAC.

Summary of County Information	
Summary of 13 PEI and INN Plans	
Innovation	
County	Santa Clara: Multi-Cultural Project
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.
Program Description in Plan	The articles do not capture that this program is a time-limited program to test a new or changed mental health strategy. That strategy is to test 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. Assesses whether and how the inclusion of multi-cultural services in one setting can facilitate an innovative cross-cultural collaboration among ethnic communities to promote mental health and support people with mental illness. Aims to create a new governance model grounded in ethnic traditions, synergy, and inter-cultural learning from collaboration among multiple ethnic groups. Informs and guides efforts to increase the capacity of new immigrant populations to support peers with mental health issues.
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 live presentations of testimonials from ethnic community members recovering from mental illness can be shown to de-stigmatize mental illness 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.
CPP Process	Over a 15 month period, the county worked with stakeholders, including consumers and family members.
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.
If not implemented, what did Co. do with funds?	So far, funds have been used for start-up costs.
Anticipated # Served	1,500
Actual # Served	Unknown, program not yet fully implemented
Statute²⁴ or regulation	Uncodified Section 3 (c), WIC §5830(a)
Outcomes	<i>Intended individual/family level outcomes:</i> Improved access to mental health treatment and other services for members of ethnic communities with mental illness, improved job satisfaction for ethnic mental health service providers. <i>Intended outcomes for program/system:</i> Improved collaboration and mutual learning among various ethnic groups coping with mental illness or risk factors.
MHSOAC Staff Findings	<i>Compliant with MHSA and INN Guidelines:</i> Yes <i>Recommendation:</i> None at this time.

²⁴ For Innovation statutes only 5830(a) is used since that was the only existing statute prior to AB 1467. All of these Innovation plans were reviewed and approved by the MHSOAC prior to the AB 1467 legislation which further codified innovation program elements used by the MHSOAC.

Summary of County Information	
Summary of 13 PEI and INN Plans	
Innovation	
County	Stanislaus: Arts for Freedom
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.
Program Description in Plan	The articles do not capture that this program is a time-limited program to test a new or changed mental health strategy. That strategy is to assess whether the approach successfully educates and empowers individuals with chronic mental illness to use creative arts for wellness and recovery. The program will provide opportunity for artists who live with mental illness to show the quality and depth of their art. Arts for Freedom 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. The INN Program is intended to ask and answer the following question: Would building a welcoming and inclusive community program that provides opportunity for those with a mental illness to step away from and not be their illness while working (and learning) side by side with others, increase self-esteem, promote recovery, reduce stigma, and contribute to healthier and more productive members of the community who are therefore less dependent on the mental health services system? An innovative aspect of the program is that it is open to anyone from Stanislaus County who wants to participate, with a focus on people struggling with mental illness, those with co-occurring issues related to mental health and alcohol/other drugs, and their respective family members.
County Description	The program's focus is on individuals with serious mental illness. The program's intended mental health outcomes are for individuals with serious mental illness. The mission is to focus on what people can do through artistic pursuits and will provide the opportunity for persons with mental illness to show the quality and depth of their work, while interacting with the community and reducing stigma.
CPP Process	Built on the existing stakeholder process to determine areas of focus for INN programs. County-wide workshops were held to discuss potential programs and application process with interested applicants.
Approved²⁵	Local approval, signed by Mental Health Director 08/09/2011
Implemented	Yes, November 2011
If not implemented, what did Co. do with funds?	N/A
Anticipated # Served	75
Actual # Served	Unknown, too early in implementation.
Statute²⁶ or regulation	Uncodified Section 3 (c), WIC §5830(a)(1)-(4)
Outcomes	<i>Intended individual/family level outcomes:</i> Increased self-esteem, increased social connectedness, increased functional capacity (employment or other contribution to the community), and recovery from mental illness.
MHSOAC Staff Findings	<i>Compliant with MHSA and INN Guidelines:</i> Yes <i>Recommendations:</i> None at this time.

²⁵ AB 100 halted state approval of county MHSA plans. Subsequently, AB 1467 amended the statute so that the MHSOAC receives county MHSA plans and annual updates and counties can expend INN funds upon MHSOAC approval.

²⁶ For Innovation statutes only 5830(a) is used since that was the only existing statute prior to AB 1467. All of these Innovation plans were reviewed and approved by the MHSOAC prior to the AB 1467 legislation which further codified innovation program elements used by the MHSOAC.

Summary of County Information	
Summary of One Aspect of 13 PEI and INN Plans	
Community Services and Supports	
County	San Francisco: Yoga Classes for Peer Support Providers
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.
Program Description in Plan	Was not included in a plan
County Description	This is a retention strategy for peer staff providing MHSA services but experiencing high rates 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 is consumers of mental health services, working in various MHSA programs that have a peer support component. This yoga class is a pilot program for peer staff for the county's MHSA-funded programs. This activity is paid with \$600 in CSS administration funds.
CPP Process	N/A, part of administrative funds.
Approved	No: Yoga class for peer staff was added as the result of update that the county was not required to submit for state approval (MHSOAC or DMH).
Implemented	Implemented as intended.
If not implemented, what did Co. do with funds?	N/A
Anticipated # Served	5-10 / class
Actual # Served	Approx 6 / class
Statute or regulation	CA Code of Regulations 3400 (a): The County shall utilize Mental Health Services Act (MHSA) funds only to establish or expand mental health services and/or supports for the components specified in Section 3310(b) and for the Community Program Planning Process specified in Section 3300.
Outcomes	<i>Intended outcomes:</i> reduce stress, reduce turnover, and increase focus of peer staff who work in MHSA programs.
MHSOAC Staff Findings	<i>Compliant with MHSA and use of CSS Admin funds:</i> Yes <i>Recommendations:</i> None at this time

Summary of Findings

News Articles

- The news articles reported on 13 MHSA programs included in PEI or INN plans developed by 12 California Counties, plus an element of one CSS program. Stanislaus County had both an Innovation and Prevention and Early Intervention plan.
- Eight of these programs were for PEI programs and five of the programs were for INN programs.
- Twelve of the thirteen MHSA programs identified in the news articles were reviewed and approved by the MHSOAC between 2009 and 2011. One (Stanislaus County's Arts for Freedom) was approved locally after the passage of AB 100 and before the passage of AB 1467.
- The program descriptions are problematic in that they generally do not address the extent to which the elements described fit in with the program's purpose linked to mental health outcomes, omit details about programs' mental health interventions, and do not differentiate between PEI (ongoing services designed to bring about mental health outcomes) and INN (time-limited pilots and evaluations of unproven new/changed mental health practices).
- The budget amounts are problematic in that some amounts were reported as annual amounts though budgets reported were actually for more years than referenced in the articles. Additionally, some reported budgets funded more programs than were referenced in the articles.
- Of the 13 programs, eight focus on services to people from diverse, underserved racial, ethnic, and cultural groups.

Programs: PEI

- PEI funds for the eight programs reported in the articles are less than 1% (0.3%) of total PEI funds distributed.
- Seven out of the eight PEI programs were implemented. One (Tri-Cities' Student Well-Being: College Students) is still being developed.
- Six out of the eight PEI programs comply with MHSA provisions and PEI Guidelines. For one (Tri-Cities' Student Well-Being: College Students), compliance cannot be determined because it is still being developed. For one (Sutter/Yuba's Support Recreational Opportunities), compliance is unclear in that the plan contains intended target populations and intended outcomes but is unclear about linkages to mental health or primary care providers for individuals who may need assessment or treatment.

Programs: INN

- INN funds for the five programs reported in news articles are 4% of total INN funds distributed.
- Four out of the five INN programs were implemented.
- One (Butte's Therapeutic Wilderness Experience) was not implemented for budgetary reasons. All five INN programs comply with the MHSA and INN Guidelines. All are testing a new or changed mental health practice in time-limited pilots in order to demonstrate whether the practice is effective in addressing one or more of the MHSA-defined purposes for INN: to increase access, increase access to underserved groups, improve the quality and outcome of services, and improve interagency and community collaboration.

Requirements: MHSA and Guidelines

- Requirements for PEI programs as defined in the PEI Guidelines are consistent with the MHSA in specifying two ways to “prevent mental illness from becoming severe and disabling”: prevention (identifying and responding to individual and community risk factors for a serious mental illness) and early intervention (identifying, responding to, and referring individuals with early onset of a serious mental illness). PEI Guidelines are also notable for their requirement that counties define intended mental health outcomes, beginning with community planning and the selection of programs.
- Additional INN requirements have been codified in the MHSA with the passage of AB 1467. The MHSOAC, again required to review and approve counties' INN programs, has developed a review tool based on these requirements and on legislation and regulations regarding community planning and General Standards that apply to the MHSA as a whole.

Conclusion

The MHSOAC provides this review and these findings as part of its oversight and accountability responsibilities.

Proposition 63 is the product of participatory democracy. The tenants of this participation continue through the planning and design of MHSA programs. The process is designed to benefit from lessons learned through implementation in that it allows for review and revision of policies and program and expenditure plans. Even programs that through objective examination are consistent with the intent of the MHSA and, through evaluation, are deemed to be reasonably successful may not live up to expectations. Those can be changed; it is not designed to be static. An approach to oversight and accountability that supports the work of implementing and running programs, features respect for differing interpretations and priorities, and prioritizes tracking, evaluation, communication, and opportunities for quality improvement is the best way to maximize and protect California's unprecedented investment in its mental health system.

**Fresno County
Mental Health Services Act**

**Prevention and Early Intervention Program
Horticultural Therapeutic Community Center**

Reported in the articles: "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."

Program Objectives

The county indicated in its plan that in compliance with Welfare and Institutions Code Section 5840, the program was designed to address disparities in access to mental health services.

Program Description

The Horticultural Therapeutic Community Center is a Prevention and Early Intervention (PEI) program, which was approved by the MHSOAC on August 27, 2009. The activities referenced in the news articles are part of the program design, the articles do not contain the larger purpose of the program and how the activities contribute to addressing suicidal risk, trauma, stigma and disparities.

The Horticultural Therapeutic Community Center is a PEI program designed to provide a culturally appropriate community center that also serves as a neighborhood resource center for delivering peer support services. The centers are used for communication with Community Health Workers and sites for outreach and engagement on mental health and other human services needs. By providing short term peer support and other short term early interventions, the centers provide a platform to address various culture specific traumas, including the loss of traditional ways, Post Traumatic Stress Disorder, and intergenerational conflict. The centers provide services to Southeast Asians, Punjabi, Hispanic, African American, Russian Immigrants, elderly, and children.

The centers provide a de-stigmatizing environment for ethnic communities and are welcoming sites where culturally sensitive and linguistically appropriate peer support services, general education about mental health, primary care, human services, and other types of outreach and engagement resources are provided. By offering services that are culturally sensitive at multiple sites in the community and involving trusted community leaders, the centers reduce barriers to access and promote services to improve mental health.

The operation of the seven geographically dispersed centers is subcontracted to the following providers:

Fresno Interdenominational Refugee Ministries
Fresno Center for New Americans (FCNA)
Sarbat Bhai

Stakeholder Process

Fresno's PEI plan was based on an extensive community planning process. In a twelve month period, over 1,600 community members provided input. This information was coded and analyzed by a planning panel and twelve priority strategies were developed for Fresno's PEI programs. The programs were designed around twelve strategies.

Outcomes/Evaluation

The programs were designed to:

Decrease suicide ideation;
Increase well-being and hopefulness;
Increase access to care and knowledge of care options;
Decrease stigma of mental illness;
Increase skills in problem-solving;
Increase social supports; and
Reduce isolation.

In FY 2010-2011, approximately 520 individuals were served. In FY 2011-2012, approximately 640 individuals were served. It is difficult to determine how many additional persons were served through outreach efforts. Among the services offered were: workshops on anxiety disorders, depression, suicide prevention, domestic violence, mental health in the USA, and mental health services from a cultural perspective.

Of the three programs, one conducted a survey with 27 participants and 85% of those responding reported thinking less about suicide.

The following is the budget breakdown:

FY 2010-11	\$135,490
FY 2011-12	\$180,653
FY 2012-13	\$171,620

Staff Conclusion

The horticultural community center programs are consistent with the PEI guidelines and WIC Section, 5840, which defines the program elements of Prevention and Early Intervention programs.

Information in this appendix was culled from the County's initial Prevention and Early Intervention plan, The Fresno Interdenominational Refugee Ministries "Growing Hope" Community Gardens- Outcome Summary Report for March 2011- 2012, via telephone and County staff.

**Napa County
Mental Health Services Act**

**Prevention and Early Intervention (PEI) Program
Native American PEI Project**

Reported in the articles: “A monthly sweat lodge 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.”

Program Objectives

The county indicated in its plan that in compliance with Welfare and Institutions Code Section 5840, the program was designed to address the following community mental health needs: 1) Disparities in access to mental health services, 2) Psycho-Social Impact of Trauma, 3) At-Risk Children, Youth and Young Adult Populations, 4) Stigma and Discrimination and 5) Suicide Risk.

Program Description

The Native American Prevention and Early Intervention (PEI) Project was approved by the MHSOAC in June 2010. Program activities for the Native American PEI Project include outreach, education and screening services, cultural events, and provider training. Project activities are performed by a local inter-tribal organization.

This project creates culturally appropriate programs that bring together the Native American community on a regular basis. Programs are offered in natural settings and incorporate Native American culture and traditions, as a platform from which to offer PEI services that include outreach, screening, assessment and referral. Cultural gatherings to strengthen local Native American community ties with tribes of origin in outlying regions to meet, network and socialize, and thereby, build greater resiliency through strengthening cultural ties and traditional practices. This method has been recognized as a best practice model. This project provides education and training to community providers about culturally appropriate services for Native Americans and establishes an advisory group to identify needs to strengthen the services that are used by Native Americans in Napa County.

Cultural events such as the sweat lodge, potlucks, powwows and drumming circles cited in the news articles are just one aspect of the Native American PEI Project in Napa County, organized by a Native American outreach/education worker to serve as a venue for informal outreach, education, screening, assessment and referral.

The initial county PEI plan indicated that the program would serve 510 individuals with an annual budget of \$53,692. That budget included funding for an evaluation consultant. Through an Annual Update in FY 2011/12, the county expanded this program to serve 660 individuals (510 + 150) and 35 families with a budget of \$94,878. Actual persons served in the first three quarters of FY 2011/12 were 2,600 individuals and 212 families.

Elements of the Native American PEI Project include:

- Outreach, Education, Screening, Assessment and Referral
- Cultural Events: This method has been recognized as a best practice approach.
- Fostering Coalitions and Networks:

Elements to be implemented in the future:

- Changing Organizational Practice: The inter-tribal organization will conduct a brief needs assessment to determine organizational practices that need to be modified in order to improve mental health outcomes for Native American populations.
- Influencing Policy and Legislation: A policy scan will be conducted to determine local laws that impact mental health outcomes for the Native American population.

Stakeholder Process

As part of the PEI Community Program Planning Process, a work group was formed with representatives from stakeholder groups. These representatives assisted in reaching out to stakeholders to invite and encourage participation and communicate progress of the planning process. The County un-served/underserved populations were defined including groups that are over-represented in systems, such as the juvenile justice group. Approximately 85 individuals participated in community meetings and 89 individuals participated in focus groups. The county also gathered 260 community surveys and 220 provider surveys to inform the work group.

Outcomes/Evaluation

Intended Outcomes:

- Participants will demonstrate pride in their culture, and traditions, and a reduction in social isolation
- More prevention services provided in non-traditional settings
- Enhanced use of ethnic/cultural community partners
- Reduced stigma associated with being diagnosed with mental illness and/or seeking mental health services

The project is tracking process outcomes, including the numbers of persons/families served. A Logic Model for evaluation also has been developed, a framework and outcome indicators are being developed.

The following is the budget breakdown:

FY 2010-11	\$53,692
FY 2011-12	\$94,878

Staff Conclusion

The Native American PEI project is consistent with WIC Section 5840 which defines the elements or Prevention and Early Intervention programs.

Information in this appendix was culled from the initial County PEI Plan, the FY 2011/12 Annual Update, and conversations with County staff

**Riverside County
Mental Health Services Act**

**Prevention and Early Intervention Program
Mamas y Bebés**

Reported in the articles: “Received approval for a 12-week “mood management” course titled Mamas y Bebés 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.”

Program Objectives

The county indicated in its plan that in compliance with Welfare and Institutions Code Section 5840, the program was designed to address the following community mental health needs: 1) Disparities in access to mental health services, 2) Psycho-Social Impact of Trauma, 3) At-Risk Children, Youth and Young Adult Populations, 4) Stigma and Discrimination and 5) Suicide Risk.

Program Description

The Mamas y Bebés program is a PEI program approved by the MHSOAC in September of 2009. It is a mood management course for pregnant women. The Mamas y Bebés program intends to serve 360 pregnant women annually in a culturally tailored prenatal group intended to increase coping, build problem-solving skills, and address post-partum depression among pregnant Latina women. The program model includes Cognitive Behavioral Therapy (CBT) that teaches participants to recognize which thoughts, behaviors, and social contacts have influence on their mood, the effect of mood on health, and the benefits of strengthening maternal-infant bonding.

Elements of the program include:

- A 12-week mood management course for Latina women between 12 and 32 weeks of pregnancy
- Post-partum booster sessions at 1, 3, 6, and 12 months post-partum
- A program model adapted from the Depression Prevention Course and Cognitive Behavioral Treatment manuals.
- Addressing the socio-cultural issues relevant to a low-income, culturally diverse population
- A group model that is consistent with the collectivist nature of the Latino culture
- The provision of mutual support among group members
- Targeted outreach through the use of Promotores de Salud, a key element in the engagement of Latina women
- Mental health workers from the target community trained in the Promotores de Salud model

Stakeholder Process

Between July and October 2008, 108 focus groups and community forums were facilitated throughout the County, with a total attendance of 1,147 participants. A network of contacts that had been developed through telephone and electronic outreach was used to inform as many members of the community about the available focus groups and community forums. Spanish speaking focus groups were facilitated and Spanish translation was available at each community forum. Other specific focus groups were held for older adults, Deaf/Hard of Hearing, Native Americans, and LGBTQ individuals.

A community survey was developed and posted on the Riverside County mental health website in both English and Spanish. A total of 2,354 surveys were completed and returned. The survey was designed to ascertain stakeholder input regarding priorities about key community mental health needs and priority populations in Riverside County.

The PEI planning process addressed all four age groups and identified a need to develop three workgroups to address specific PEI needs. The three workgroups focused on trauma, reducing disparities and reducing stigma and discrimination.

Outcomes/Evaluation

Because the contract for this program was executed in November 2011, full program implementation has not yet occurred. Initial program activities have included recruiting and training staff, the training mental health workers from the target community in the Promotores de Salud model, and doing outreach to identify pregnant Latina women that are part of the target population. Although evaluation activities specific to this program are not yet in place, the model is based on evidence-based practice. Additionally, the county employs clinicians as “fidelity monitors,” to review programs for consistency with the evidence-based practice specific to each program.

Intended individual-level outcomes for this program include:

- Decreased depressive symptoms and improved functioning
- Improved parenting
- Increased resilient traits

Intended system-level outcomes include:

- Decreased stigma associated with mental health services
- Enhanced use of ethnic/cultural community partners
- Enhanced quantity and quality of co-operative relationships with other organizations and systems

There are actually three parenting programs included in Riverside’s PEI Project for Underserved Cultural Populations. Those three parenting programs have an annual budget of \$650,569. The \$2,958,317 budget cited in the articles for the four parenting programs is actually the total budget for eight programs, including in the PEI Project for Underserved Cultural Populations.

The following is the budget breakdown:

FY 2009-10	\$238,472
FY 2010-11	\$238,472
FY 2011-12	\$238,472

Staff Conclusion

The Mamas y Bebés program is consistent with WIC 5840 which identifies program elements of Prevention and Early Intervention Programs.

Information in this appendix was culled from the initial County PEI Plan and conversations with County staff.

**San Diego County
Mental Health Services Act**

**Prevention and Early Intervention Program
Home Based PEI Gatekeeper Program**

Reported in the articles: “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.”

Program Objectives

The county indicated in its plan that in compliance with Welfare and Institutions Code Section 5840, the program was designed to address the following community mental health needs: 1) Disparities in access to mental health services, 2) Psycho-Social Impact of Trauma, 3) Stigma and Discrimination and 4) Suicide Risk.

Program Description

The Home based PEI Gatekeeper Program was approved by the MHSA on January 30, 2009. This program targets culturally/ethnically diverse seniors over 60 who have multiple risk factors for depression and suicide, and who are underserved, underserved, or inappropriately served and are facing cultural barriers and/or stigma. The program works in conjunction with an existing home meal delivery program (meals not funded by MHSA) and provides: nutritious meals seven days a week, nutrition education, and nutrition risk screening to seniors who are homebound by reason of illness, disability or who are otherwise isolated.

The program goals include delivering prevention and short-term intervention mental health services, reducing social isolation and promoting better health through nutrition. In addition to providing nutritious meals, other program elements include: outreach, education, depression screening, mental health assessment, suicide risk assessment, brief intervention and counseling, linkage, referral to community resources, and follow-up.

Stakeholder Process

This program was selected in response to community requests for services that address needs of at-risk homebound seniors for prevention and early intervention and those less likely to seek traditional mental health services.

The Older Adult Council PEI Committee was convened in September 2007 and given the charge to review all older adult PEI related input received by Mental Health Administration and to prepare a set of recommendations to the Older Adult Mental Health Council for full Council review and approval.

The data gathered by San Diego County included information on suicide statistics, nutrition, and mental health. The information supports the selection of the Home Based PEI Gatekeeper Program. The San Diego program is based on two evidence-based practices that include the Meals on Wheels Mental Health Outreach Program Model that was developed by Redwood Coast Seniors, Inc., and the Gatekeeper Model, a proven and unique case-finding model developed at the Spokane Mental Health Center.

Outcomes/Evaluation

The program has served 814 unduplicated individuals in FY 2010/11 and 845 persons in FY 2011/12.

- 845 persons served throughout the county in FY 2011/12
- 72% of participants reported a reduction and/or elimination of depressive symptoms
- 89% of participants reported that they are able to increase and maintain individual self-sufficiency
- At least 93% of participants expressed satisfaction with the services each month during the year
- 845 additional depression screenings provided through the project
- 65 referrals to primary care and specialty mental health through the project

The following is the budget breakdown:

Start-Up Costs	\$59,000
FY 2009-10	\$488,805
FY 2011-12	\$488,805
FY 2012-13	\$488,805

Staff Conclusion

The Home Bound PEI Gatekeeper Program is consistent with WIC 5840 which describes the elements for Prevention and Early Intervention Programs.

Information in this appendix was taken from the initial County PEI Plan and conversations with County staff.

San Francisco County Mental Health Services Act

Prevention and Early Intervention Program African-American Holistic Wellness Program

Reported in the articles: “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.”

Program Objectives

The county indicated in its plan that in compliance with Welfare and Institutions Code Section 5840, the program was designed to address the following community mental health needs:

1) Disparities in access to mental health services, 2) Psycho-Social Impact of Trauma, 3) At-Risk Children, Youth and Young Adult Populations, 4) Stigma and Discrimination and 5) Suicide Risk.

Program Descriptions

The African- American Holistic Wellness Program (AAHWP) is a Prevention and Early Intervention (PEI) program approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in 2009. AAHWP was implemented in Fiscal Year 2010-2011 and provides a culturally competent set of supports designed to more effectively engage African Americans and improve behavioral health outcomes. Funded activities include community events, outreach, support groups and educational workshops. Examples of workshop topics include Mental Wellness (stress, depression, trauma/abuse); Family Wellness (such as parenting challenging children; senior care; family reunification after familial disruption from drugs, gangs, prison). The program also sponsors cultural events designed to rebuild cultural customs and traditions. Research has shown that having a sense of identity and cultural continuity can help African-Americans, especially youth, to see they have a future. The program provides diverse entry points for mental health services through onsite assessment and behavioral health services, as well as linkage and referral services. The development of the project was based on research and was strongly informed by the best practice model developed in San Francisco Holistic System of Care.

The overall goal of the program is for San Francisco communities, whose members have been disproportionately exposed to traumatic events, to ameliorate the negative effects of these events on mental health and to develop protective and resiliency factors at the community, family and individual levels.

Stakeholder Process

The AAHWP is one of four programs contained within the Holistic Wellness Promotion in a Community Setting Program that was in San Francisco’s 3 Year PEI Plan .The stakeholder process in San Francisco followed a widely used prevention planning approach, which included: (1) assessment of community mental health needs, priority populations and related risk and protective factors, (2) identifying capacity in the field, (3) development of PEI strategies to address the identified priorities and (4) creation of a PEI plan. The African-American Holistic Wellness Program came out of the work of Trauma-Exposed Individual and Families’ workgroup.

Outcomes/Evaluation

FY 2009-10 was spent primarily conducting start-up activities and planning for a multi-site evaluation of the four Holistic Wellness programs. In FY 2009-10, Community Cultural Events happen at least once a month and celebrate African American culture, traditions, heroes and societal contributions.

In Fiscal Year 2010-2011, the program served 562 individuals through direct services, including: 305 females and 257 males, 305 adults, 102 older adults, 30 transitional age youth, and 125 children and youth, 32 Latino, and 20 Asian (a total of 510 were African American). Spanish was the primary language for 20 individuals and Cantonese was spoken by 10 individuals. Countless others were served through outreach and community events. Participants report being better able to deal with the difficulties they face; whether in anger management, parenting, or healthy behaviors, participants note acquiring new skills they did not have previously. They also report having increased knowledge to make better health and wellness choices, and a stronger sense of community cohesion.

The following is the budget breakdown:

FY 2010-11	\$250,000, plus \$75,000 contractor match
FY 2011-12	\$250,000, plus \$75,000 contractor match
FY 2012-13	\$250,000, plus \$75,000 contractor match

Staff Conclusion

The AAHWP is consistent with the guidelines and WIC 5840 which describe the elements of Prevention and Intervention Programs.

Information in this appendix was culled from the County Initial PEI Plan, the FY 2010-2011 Annual update, Bayview YMCA Fiscal Year 2010-2011 Year End Report, and correspondence with County Staff.

**Stanislaus County
Mental Health Services Act**

**Prevention and Early Intervention Program
Friends are Good Medicine**

Reported in the articles: “The county also 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.”

Program Objectives

The county indicated in its plan that in compliance with Welfare and Institutions Code Section 5840, the program was designed to address the following community mental health needs: 1) Disparities in access to mental health services, and 2) Stigma and Discrimination.

Program Description

The Friends are Good Medicine is part of the Prevention and Early Intervention (PEI) plan which was approved by the MHSOAC on May 28, 2009 and is designed to: 1) be a resource and 2) provide information and support to community self-help groups that sign-up for Friends are Good Medicine Database. The program promotes community-based self-help efforts and provides training in leadership, Suicide Prevention, Mental Health First Aid, consultation and assistance to groups. They also assist self-helpers with information sheets on topics of interest. Implementation began in fiscal year 2009-2010.

Many of the support groups serve individuals with Serious Mental Illness (SMI), both receiving services from the County treatment system and those who cannot access mental health services because they do not qualify.

Stakeholder Process

PEI was the third component of the MHSA to be approved and funded in Stanislaus County. Extensive community planning that was built on the lessons learned from earlier stakeholder processes involved over 500 people, many of whom had not participated in the previous process. Stanislaus involved their Representative Stakeholder Steering Committee (RSSC) to help develop project proposal ideas and draft a “rough” resource allocation estimate.

Outcome/Evaluation

In FY 2010-11, the program was operational for half of the fiscal year with one part-time staff assigned and accountable to the PEI Manager. Over 150 peer support groups in the county were documented and a website was developed with a search feature. Peer support group facilitator training is offered monthly during the day and evening. Consultation and support is available for individuals who want to start a peer support group.

Community outreach is conducted to let people know the directory exists both in print and on online versions.

Spanish language peer support group training was developed to provide "peer support group" facilitation for community health outreach workers and community members so they can provide support groups for people who are confronting severe mental illness.

In fiscal year 2010-2011 the county reports the following accomplishments:

- 35 community stakeholders convened for the promotion campaign
- 60 key informant interviews with key community leaders
- 8 area agencies on aging advertisements created
- 43 people trained as peer support group facilitators
- 150 peer support groups confirmed and mapped in Stanislaus County
- 32 page Support Group Directory was developed
- 1 Friends are Good Medicine website was developed
- 45 individuals were trained in Mental Health First Aid

The following is the budget breakdown:

FY 2009-10	\$75,000
FY 2010-11	\$75,000
FY 2011-12	\$75,000

Staff Conclusion

The Friends are Good Medicine PEI program is consistent with WIC 5840 which defines the program elements of Prevention and Early Intervention.

Information for this appendix was culled from the MHSA Prevention and Early Intervention Plan 2009, February 2010 Three-Year program and Expenditure Plan, the MHSA Annual Update FY 2011-2012, and conversations with County Staff

**Sutter/Yuba Counties
Mental Health Services Act**

**Prevention and Early Intervention Project
Support Recreational Opportunities**

Reported in the articles: “Receives \$93,000 a year to help 40 at-risk youth “thrive not just survive” through gym memberships, dance classes and team sports.”

Program Objectives

The county indicated in its plan that in compliance with Welfare and Institutions Code Section 5840, the Support Recreational Opportunities program was designed to address the following community mental health needs: 1) Disparities in access to mental health services, 2) Psycho-Social Impact of Trauma, 3) At-Risk Children, Youth and Young Adult Populations, 4) Stigma and Discrimination and 5) Suicide Risk.

Program Description

This program was part of Sutter/Yuba Counties initial PEI Plan that was approved by the MHSOAC on August 20, 2009. The objective of this program is to create and support recreational opportunities in the community for at-risk youth in Sutter and Yuba counties.

Participation in positive recreation opportunities has been identified as a promising practice that fights stigma, builds self esteem, and enables individuals to “thrive not just survive.” Development of recreational opportunities for both Sutter and Yuba counties involves the creation of healthy recreation and “wellness” programs to foster a positive community outcome.

As indicated in that Plan, this program will develop, maintain, and promote healthy recreational activities and coordinate recreation scholarships for youth from identified primary populations throughout Sutter and Yuba counties, including rural areas. Scholarships will cover the cost associated with participation in various community recreation opportunities, such as little league, swimming, summer camps, basketball, martial arts, dancing and other recreational activities. A key element of the program is to provide mental health services for at risk youth who are identified as needing mental health interventions.

Elements of the program include:

- Subsidizing scholarships through Yuba City Parks and Recreation
- Partnering with local gyms to provide programs for youth at reduced costs
- Partnering with local dance studios, martial arts studios, etc., to provide scholarships for at risk youth.
- Developing partnerships with local team sports such as Little League, etc.

Stakeholder Process

The selection of priority populations was the result of the PEI planning process in Sutter-Yuba counties. The process began with a presentation to the Mental Health Advisory Board (MHAB) to educate and engage stakeholders in the PEI community planning process. MHAB members co-chaired the work groups developed during the PEI process.

A survey was developed and made available at many departments and locations including mental health, probation, the health department, school sites, drug alcohol providers, children’s service providers, community meetings, and community associations. The survey generated 551 respondents. A cultural

competency workgroup was formed to ensure the participation of underserved populations. The Hmong, East Indian, American Native, LGBTQ, and Latino communities were all represented on the survey work group. Workgroup members distributed surveys at the Hmong community center and neighborhood stores, the Feather River Indian Health Center, at several Latino community meetings in Live Oak, at the Migrant Education Center, the Sikh Temple, and the Mahal Plaza. Surveys were distributed at community events and locations such as Walmart. Interpreters were available at community meetings and the survey was translated into Spanish and Punjabi.

Top five survey responses identified for most in need of mental illness PEI programs:

- People who have attempted suicide or might (61%).
- People who start to show signs of mental illness (42%).
- People with history of mental illness and/or substance abuse (40%).
- People facing trauma in their or their families lives (40%).
- Children and youth in stressed families (39%).

Work group's developed project recommendations. Recommendations were taken to the Administrative Team and the PEI Coordinator. The Leadership Committee, made up of the Mental Health Advisory Board and representatives of each stakeholder workgroup, reviewed and approved the project recommendations.

Outcomes/Evaluation

Intended Outcomes:

- Increased self esteem, peer support, and positive social skills among at-risk youth that participate in healthy recreational activities offered through the program.

Although the program is not fully implemented, they have held two "Park and Play" outreach events attended by 150 individuals. The focus of these events has been fitness and getting youth interested in various types of healthy recreation. Swimming passes donated at half price, were provided to the youth that attended the Park and Play events. The expectation is that local gyms, dance studios and other community partners will support this program by offering memberships and classes at reduced rates.

The following is the budget breakdown:

FY 2009-10	\$8,000, plus \$85,000 one-time for recreational scholarships
FY 2010-11	\$8,000
FY 2011-12	\$8,000

Staff Conclusion

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. It is unclear if the plan complies with MHSA and PEI guidelines.

Information in this appendix was taken from the initial County PEI Plan and conversation with County Staff.

Tri-City's Prevention and Early Intervention Project

Campus Campaign for Strengthening Student Emotional Health and Resiliency

Reported in the articles: “The Tri-City Mental Health Center, serves Pomona, Claremont, and La Verne received \$230,000 to develop student wellbeing programs expected to reach more than 100 people a year. This proposal included a plan for self-help, drop-in centers featuring massage chairs for relieving muscle tension, a meditation room, and a biofeedback lab where students use computer software to learn breathing and relaxation techniques.”

Program Objectives

The county indicated in its plan that in compliance with Welfare and Institutions Code Section 5840, the Campus Campaign for Strengthening Student Emotional Health and Resiliency program was designed to address the following community mental health needs: 1) Disparities in access to mental health services, 2) Psycho-Social Impact of Trauma, 3) At-Risk Children, Youth and Young Adult Populations, 4) Stigma and Discrimination and 5) Suicide Risk.

Program Description

The College Student Wellbeing Program is part of the PEI plan and was approved by the MHSOAC on March 25, 2010. This project is a multi-campus campaign to improve the behavioral health and emotional well-being of college students in the Tri-city Area. Representatives are from: Cal Poly Pomona, Claremont Graduate University, Claremont McKenna College, Claremont School of Theology, Harvey Mudd College, and the Keck Graduate Institute of Applied Life Sciences. Pitzer College, Pomona College, Scripps College, and the University of La Verne comprise a leadership group which oversees the campaign. Each campus then designs specific actions for their particular student populations.

While the initial plan did propose drop-in centers featuring massage chairs, a meditation room and a biofeedback lab as potential interventions, it was decided that those ideas did not fit the needs of the community's students and were not implemented.

Stakeholder Process

Over 3,000 stakeholders were engaged in the process of developing this project, as well as other PEI plans in the last half of 2009. The following interrelated groups were used in the community engagement process: focus groups, surveys, staff presentations, and stakeholder deliberations. The top three priority populations for the responses from the survey respondents (635) were individuals experiencing onset of serious psychiatric illness, children and youth in stressed families, and trauma exposed individuals. Delegates during the non-survey related stakeholder meetings also cited the same top three priority populations, with some differences in the actual percentages. The delegates choose to focus on two age groups: K-12 and college age students because they met the criteria for PEI programs to where at least 51% of funds were spent on ages 0-25. The impact of these programs could reach over 79,000 students in the Tri-City area.

Outcome/Evaluation

The Campus Campaign for Strengthening Student Emotional Health and Resiliency program has developed a leadership group comprised of representatives from each of the Tri-City college campuses and have developed a communication strategy to reach out to college-aged students regarding wellness and support on campuses. They also designed a one time mini-grants program and awards will be based on criteria related to implementing activities that promote student emotional health.

Cal Poly Pomona (CPP) has scored their applications and selected 24 projects to fund. The grants range from \$2,000 to \$5,000 and include projects such as Disability Awareness Sensitivity training for faculty, Reducing Stigma and Encouraging Inclusivity for Transgender Students, and other projects designed to promote student emotional health.

Another district has chosen to develop a pilot program that strengthens the well being of the teachers through training sessions designed to increase empathy, development of a resource structure, and their own sense of resilience and empowerment in their school environments.

The following is the budget breakdown:

FY 2010-11	\$120,000
FY 2011-12	\$115,000

Staff Conclusion

The news articles present brainstorming ideas as funded activities. The massage chairs and biofeedback lab were not part of the MHSOAC approved plan. Because these ideas were not implemented, they are not relevant to compliance. 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.

Information from this report was culled from the Tri-City Mental Health System's Prevention and Early Intervention Plan, a letter dated August 3, 2012 to the Governing Board Member/Mental Health Commissioner/Delegate responding to news articles, and conversations and County staff.

**Butte County
Mental Health Services Act**

**Innovation Program
Therapeutic Wilderness Experience**

Reported in the articles: “The County is spending \$536,540 on a three year Therapeutic Wilderness Experience (TWE); a program to work with teenagers with behavioral problems on a 20-day outdoor experience. Program anticipated assisting 90 families.”

Program Objective

The county indicated in its plan that in compliance with Welfare and Institutions Code Section 5830(a),²⁷ the purpose of this program was to increase the quality of services, including better outcomes.

Program Elements

This program was not implemented.

Due to concerns regarding budget cuts, the County opted to use the funds allocated to the TWE program for evaluation efforts on other already implemented Innovation projects. This Innovation plan was approved by the MHSOAC on June 25, 2010. Butte County had intended, with their TWE Innovation Plan, to determine if providing a community based therapeutic wilderness experience that included an intensive aftercare program would create better outcomes for the youth and their families. After the wilderness session, the county had hoped to link youth and their families with a variety of community based organizations that would foster mental health wellness. It was anticipated that the Innovative program would address the long- term, out of home placement for teenagers. The program is novel in its approach in that it uses a model similar to those utilized by addiction treatment modalities for youth, bringing the parents of the youth into the wilderness program towards the end of the 20 days, as well as providing ongoing training and support for both. It was anticipated that 36 youth (and their families) would participate in the program per year, with a 3 year total of 90 individuals. The TWE was divided into three phases: preparation and evaluation of need, 20 day experience, and aftercare.

²⁷WIC 5830(a) states “The innovative programs shall have the following purposes: (1)To increase access to underserved groups. (2) To increase the quality of services, including better outcomes. (3) To Promote interagency collaboration.(4) To increase access to services”

Stakeholder Process

A request for ideas for Innovative programs was sent to over 1,500 county stakeholders. The request generated 42 ideas. An Innovation Workgroup²⁸ was formed to analyze the ideas and chose the one that would go forward. The group decided that 8 of the ideas did not fit the guidelines for Innovative programs and prioritized the remaining 36 and set 6 priorities from that group. The Innovation Plan Development teams, comprised of behavioral health staff, experts in the idea areas, consumers and family members, then formulated the plans. The draft was sent for public review for 30 days, and after being posted in four local newspapers, was also placed on the community calendar and craigslist.

Outcome/Evaluation

This program was not implemented.

The following was the budget breakdown:

FY 2010-11	\$230,667
FY 2011-12	\$183,542
FY 2012-13	\$122,331

All of these funds were subsequently redirected. There were no expenditures for this program.

Staff Conclusion

This program as designed was consistent with WIC 5830.

Information in this appendix was culled from conversations with Butte County staff and the County's Innovation plan.

²⁸ Workgroup members (35) represented unserved, underserved, community provider of mental health services, family member of individual with SMI, individual with SMI, education, health community, social services, law enforcement, and employment.

Kings County Mental Health Services Act Innovation Program

Innovation Program Youth Transitions

Reported in the articles: “The County is receiving \$944,843 to “start” an Equine-Facilitated Psychotherapy program for students who are not reading at grade level or otherwise not doing well in school. The three-year program is expected to serve 24 people a year.”

Program Objectives

The county indicated in its plan that compliance with Welfare and Institutions Code Section 5830(a),^[1] the purpose of this program was to 1) Increase Access to Underserved Groups and 2) Promote Interagency collaboration.²⁹

Program Description

Youth Transitions is an Innovation program that was approved by the MHSOAC on February 24, 2012. The program is designed to meet the needs of Tachi Yokut Native American youth and in the process, learn how such a model can be adapted to meet the needs of other traditionally underserved and/or inappropriately served populations. Equine based psychotherapy is a well researched evidenced based practice and the county has added community collaborators, as well as a Native American historically underserved population. Youth Transitions is an Equine based psychotherapy program that adds the elements of service coordination and collaboration, with cultural enrichment activities. The program strengthens the bonds between individuals the tribe and family, to build social-emotional skill development.

The program establishes an Implementation and Learning Council (ILC), made up of Behavioral Health staff, Central Union School District teachers and administrators, Tachi Yokut tribal leaders and family members, other local Native American service providers, and contracted Equine Facilitated Psychotherapy providers. This advisory body’s purpose is to ensure that the services are culturally competent, family-oriented and meet the needs of the participants. The program gets notification that certain students transitioning primarily between the 4th, 5th and 6th grades require assistance with behavioral issues or are having lower rates of engagement in traditional behavioral health services.

Stakeholder Process

The county’s MHSOAC planning council is comprised of 24 members. During the Community Planning Process, the council along with an additional 53 unduplicated informal attendees made up the Planning Team for the county. This group met four times during the PEI and INN planning process and approximately 18-34 additional stakeholders attended those meetings. Thereafter, the Planning Team

²⁹WIC 5830(a) states “The innovative programs shall have the following purposes: (1) To increase access to underserved groups. (2) To increase the quality of services, including better outcomes. (3) To Promote interagency collaboration.(4) To increase access to services”

emailed stakeholders, posted information and meeting notices at the wellness centers, the public library, at county administration health buildings, and sent press releases to local medical sources. Bilingual behavioral health staff, First 5 and Migrant outreach staff all provided bi-lingual/translation services as part of this outreach. Seventeen key informant interviews were conducted, 11 focus groups (139 participants), 4 Innovation strategy roundtables (29 participants), and a day long prioritization meeting with 59 participants were included in the planning for the Innovation and PEI planning process. In all, 39 different stakeholder entities participated in the process. A draft of the plan was emailed to all stakeholders who participated in MHSa planning meetings, sent to newspapers, posted on the County MHSa website, and distributed to various public buildings on May 28, 2010. A public hearing was conducted on June 28, 2010. Three of the five public comments were in support of the program, one was about separating rival gang members and the last comment was about including incarcerated youth.

Outcome/Evaluation

The County believes this innovation program will increase the effectiveness of the intervention by promoting collaboration through the ILC to improve academic performance and psychosocial functioning. An unanticipated outcome, anecdotally reported is that family members of those first students are contemplating pursuing behavioral health assistance.

In the first year of the program, 12 students³⁰ participated over the course of two semesters since they were thought to require additional time due to their particular behavioral issues.

The evaluation was initiated in January 2012, with the awarding of the evaluation contract. The contractor is reviewing the program at its various stages and levels. Initial response from the Santa Rosa Rancheria, a rural Native American settlement, has expressed are interested in duplicating the innovation on their Rancheria. The county is extremely hopeful about this development since the Rancheria has been guarded in its participation with governmental agencies.

The following is the budget breakdown:

Budget³¹:

FY 2010-11	\$124,580
FY 2011-12	\$221,506
FY 2012-13	\$221,506
FY 2013-14	\$221,506
FY 2014-15	\$110,752

Staff Conclusion

This innovation program is consistent with WIC 5830(a).

Information for this appendix was culled from telephone contacts with county staff and the County's Innovation Plan.

³⁰ The decision to keep the original 12 students for two semesters instead of one was made by the ILC since these students were especially at risk. It is anticipated that the pace of 24 students, 12 new students per semester will be accomplished in the future, however, the Innovation program has chose to remain flexible and it may be required by circumstances to do that again.

³¹ Includes \$75,000 for evaluation at \$25,000 per year.

San Bernardino County Mental Health Services Act

Innovation Program Holistic Campus Program

Reported in the articles: “San Bernardino 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.”

Program Objectives

The county indicated in its plan that compliance with Welfare and Institutions Code Section 5830(a),³² the purpose of this program was to Increase Access to Underserved Groups.

Program Description

The Holistic Campus in an Innovation Plan that was approved by the MHSOAC on January 27, 2010. The program was implemented on October 1, 2011. The campus provides services in a centralized location by peers, community members and cultural brokers, including individuals representing the County’s cultures, ethnic communities, LGBTQ community and military veterans and their families. Collaborative partnerships are established among physical health providers and community based organizations to address housing, employment, education, benefits issues and culturally specific healing strategies. The Department of Behavioral Health (DBH) provides education and training for service providers to integrate the mainstream approaches, while incorporating the nontraditional mental health strategies to reduce disparity and increase access to mental health services.

The Holistic Campus has an Advisory Board of Directors that consists of peer staff, cultural brokers and vested community groups. While mainstream behavioral health approaches are utilized, the Board also recommends culturally specific healing strategies, reflective of Evidence Based Practices and/or Community Defined Solutions. Examples of the strategies being implemented for inclusion are cross-cultural and cross-generational opportunities, such as acupressure, acupuncture, pet therapy, yoga and healing circles. Evidence based practices that are used include equine assisted therapy, psychotherapy, and functional family therapy. Community based practices are Pow-wows, Art therapy, Acupuncture, Martial Arts and yoga.

With the emphasis on consumer employees, in a non-mental health setting, and having ties to the community and resources, the “Holistic Campus” is much more accessible, culturally/linguistically competent, relevant and community friendly compared to mainstream mental health offices/providers. In addition, the emphasis allows DBH to reach the identified unserved, underserved and inappropriately served populations. The center serves as a hub for community based providers, spiritual leaders and the community at large.

³² WIC 5830(a) states “The innovative programs shall have the following purposes: (1) To increase access to underserved groups. (2) To increase the quality of services, including better outcomes. (3) To Promote interagency collaboration. (4) To increase access to services.”

Stakeholder Process

The stakeholder process specific to the Innovation component included the establishment of an Innovation Working Committee (IWC). This committee had more than 100 members, with representation from community based organizations, faith centers, interagency partners, consumer and family networks, cultural communities, DBH and contractor staff, clients, participants in PEI programs, potential clients and members of the community. The IWC also did outreach and coalition building with the larger community planning process partners. The holistic campus program came out of the county's stakeholders' commitment to addressing disparities in access to service for the ethnic/cultural communities, expansion of community and peer-driven strategies, and tapping into the strengths of their diverse communities.

Outcomes/Evaluation

There are three holistic campus locations in the county, as listed below:

Mental Health Systems, Inc.
316 East 'E' Street
Ontario, CA 91764

Victor Community Support
Services
15400 Cholame
Victorville, CA 92392

LaBaron Group, Inc
1115 South 'E' Street
San Bernardino, CA 92408

Anticipated outcomes include:

- Learning about and evaluating the effectiveness of having a campus run primarily by diverse peers/participants in cooperation with multiple community providers and resources in a centralized location.
- Determining what underrepresented cultures and ethnicities can learn from each other and how they work together.
- Evaluating if these new approaches, in addition to the Advisory Board of Directors, leads to increased access to services from those that would not normally seek mental health services due to stigma and other cultural considerations.
- Determining if this high percentage of culturally diverse peers, along with the availability of resources to local providers, fosters a more diverse environment in which multiple cultures can be served appropriately and concurrently out of one location with both mainstream treatment approaches and cultural adaptive treatment modalities.
- Determining if underserved, unserved and inappropriately served populations are more comfortable seeking mental health services in a Holistic Campus, where the community determines the services offered, the majority of employees are peers and cultural brokers, and where the county provides minimal direction.

Two thousand four hundred clients are projected to be served annually at each of the three locations. As of March 2012, Victor Community Support Services served 2,342 individuals and Mental Health Services served 850 individuals. As of April 2012, LaBaron served 1,800.

The following is the budget breakdown:

FY 2011-12	\$2,796,894
FY 2012-13	\$2,423,016
FY 2013-14	\$2,423,016
FY 2014-15	\$605,754

Staff Conclusion

This program is consistent with WIC 5830(a)

Information for this report was culled from County staff and the County's plan.

**Santa Clara County
Mental Health Services Act**

**Innovation Project
Multi-Cultural Project**

Reported in the articles: “Received \$2.1 million to establish a community center that will be a hub for “traditional” wellness practices, including acupuncture and medication. The center is expected to serve 1,500 people a year and operate for three years.”

Program Objectives

As indicated by the county pursuant to Welfare and Institutions Code, Section 5830(a)³³, the purpose of this program is to promote interagency collaboration.

Program Description

This Innovation program was approved by the MHSOAC on September 27, 2010. The Multi-Cultural Center (MCC) is a community based practice to foster a new governance model grounded in ethnic traditions, synergy and inter-cultural learning stemming from collaboration among multiple ethnic groups, and provide deeper understanding for bridging ethnic cultures and the mental health system. The MCC is open to ethnic events and celebrations, creating a natural place for community members to congregate, and where conversations about mental well-being are inserted and approached within appropriate cultural contexts and languages. Videos and life presentations of testimonials from ethnic community members recovering from mental illness are shown to de-stigmatize mental health, discuss deep-seated cultural beliefs, and reduce fear surrounding mental health services.

Plan Elements: Governance – The first step in this project was to assemble an advisory group composed of representatives of ethnic leaders who are passionate about mental well-being in their communities. At this time, the Ethnic and Cultural Community Advisory Committees governance is modeled after the Way of Council, a Native American tradition. The Way of Council core values of inclusivity, holism, and non-linear and non-hierarchical organization are embodied in the practice of “Talking Circles” where members have a chance to talk from the heart, learn from their own life experiences, and share their personal feelings.

Services: Designed by ethnic family members and peer mentors, engagement and support services are delivered in a community-based, linguistically and culturally appropriate and supportive setting. The intention is to make mental health a natural topic of conversation, thus combating severe stigma, including internalized oppression. Services include those of traditional healers and practitioners that have been shown to be beneficial and complementary to western methods. Experience has shown that many have tried healing methods from other ethnic groups, such as acupuncture, sweat lodges, and meditation. The grouping of services within the same site allows individuals to learn from each other’s experience and provide services to these special groups in all ethnic languages.

³³ WIC 5830 (a) states “The innovative programs shall have the following purposes: (1) To increase access to underserved groups. (2) To increase the quality of services, including better outcomes. (3) To Promote interagency collaboration. (4) To increase access to services.”

Stakeholder Process

The County's Initial Innovation Plan, consisting of eight distinct work plans, was developed with community input over a period of 15 months. The County's MHSA Stakeholder Leadership Committee (SLC) oversaw the process.

1. The SLC authorized the formation of a sub-committee to develop focus areas for potential Innovation (INN) projects. The four focus areas were endorsed by the community in the summer of 2009.
2. With stakeholder endorsement, the Mental Health Director (MHD) solicited "innovative ideas" from the community. In all, they received 150 distinct ideas.
3. In a public setting, the SLC members and other stakeholders identified the ideas that should be developed into full Work Plans. Ultimately, the SLC reviewed all of the community input and endorsed an approach that would ensure that the County's INN plan would address the entire lifespan, while reflecting the strong preferences of the community.
4. Information for all input sessions were broadly disseminated and open to the public. Overall, the MHD held nearly 30 public meetings or focus groups to take the ideas from concepts to draft Innovation Work Plans.

Outcome/Evaluation

The Multicultural Center was partially implemented in Fiscal Year 2011/2012. The County is currently conducting some aspects of the program, while looking for a suitable location to house the program.

If successful, this project will demonstrate how the inclusion of multi-cultural services in one setting can facilitate cross-cultural collaboration between ethnic communities that are within the mental health system, resulting in increased capacity and services with higher receptivity levels.

The following is the budget breakdown:

FY 2012-13	\$1,166,290
FY 2013-14	\$684,499
FY 2015-16	\$285,208

Staff Conclusion

This innovation program is consistent with Welfare and Institutions Code WIC 5830(a).

Information for this appendix was culled from the County's plan and conversations with County staff.

**Stanislaus County
Mental Health Services Act**

**Innovation Program
Arts for Freedom**

Reported in the articles: “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.”

Program Objectives

The county indicated in its plan that in compliance with Welfare and Institution Code Section 5830(a), the purpose of the program is to increase the quality of services, including better outcomes and to increase access to services.³⁴

Program Description

“Arts for Freedom” is an Innovation program first proposed in the FY 2011-2012 Plan Update. At the time of the submission, the MHSOAC did not have review or approval authority for Innovation plans, since this was post AB100. The program was approved through a local planning process on August 9, 2011. The program was designed with the intent to increase quality of services, including better outcomes for individuals of all ages. The Arts for Freedom project has a mission to emphasize what people can do, rather than what they cannot do and focus on artistic expression to channel mental health awareness and growth. By providing a forum where persons can be identified as something other than their mental illness or diagnosis, the program fosters interaction with community members by giving them an artist role to reduce stigma. Implementation of this program began in November of 2011.

Arts for Freedom project is an art gallery with art classes that are open to anyone from Stanislaus County who wants to participate and learn more on how to use art to improve wellbeing.

Stakeholder Process

The planning process for the Innovation component included a stakeholder process to identify area of focus to build the innovation programs on. Countywide workshops were held to discuss and assist stakeholders with project ideas. Sixty-eight stakeholders participated in the workshops. The Stanislaus General Services Agency released requests for Proposals, and proposals were selected from the various applications.

Outcome/Evaluation

The Arts for Freedom asks the following question: “Would building a welcoming and inclusive community that provides opportunity for those with a mental illness to step away from and not be their illness while working (and learning) side by side with others, increase self-esteem, promote recovery, reduce stigma, and contribute to healthier and more productive members of the community who are therefore less dependent on the mental health services system?”

³⁴ WIC 5830 (a) states “The innovative programs shall have the following purposes: (1) To increase access to underserved groups. (2) To increase the quality of services, including better outcomes. (3) To Promote interagency collaboration. (4) To increase access to services.”

The Arts for Freedom opened the gallery at 1222 J Street in downtown Modesto in April of 2012.

Anticipated Outcomes

Reduce stigma by:

- Providing peer support to maximize each individuals creative abilities
- Providing a chance to be defined as more than one's diagnosis of mental illness
- Providing volunteer service opportunities with the potential for paid employment or other income generative activities
- Supporting individual potential for recovery

The targeted number of participants each year is 25 merchants and 50 artists.

The following is the budget breakdown:

FY 2011-12	\$105,300
FY 2012-13	\$103,800
FY 2013-14	\$99,763

Staff Conclusion

The Arts for Freedom program is consistent with WIC 5830(a).

Information for this appendix was culled from the MHSA Plan Update FY 2011-2012 and conversations with County staff.

**San Francisco County
Mental Health Services Act**

**Community Services and Supports
(Adult and Children's System of Care)
Yoga Classes**

Reported in the articles: "The County also holds a lunchtime yoga class for Department of Public Health workers who have had personal experience 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."

Program Objectives

This program is consistent with California Code of Regulations Section 3400(a). The purpose of the program is to reduce turnover of peer support staff working in the various County programs that have a peer support component.

Program Description

The lunchtime yoga classes were part of a 6-week trial wellness pilot program for peer staff. The class was implemented to help reduce the high turnover among peer staff by providing on-site self care and stress reduction. The classes were taught by a consultant in a conference room at lunch time in the Behavioral Health Building.

Stakeholder Process

A stakeholder process was not completed because the yoga classes were not part of a formal plan.

Outcome/Evaluation

The participants in the pilot reported a reduction in stress, an increase in productivity, and overall increased ability to focus.

The budget for the program is as follows:
\$600 total

Staff Conclusion

The yoga classes were not a part of the initially approved CSS plan.

Information for this appendix was culled from conversations from County staff.